# Trent University

## Department of Biology

### Important Requirements for PRHC Placements

**Welcome to Biology PRHC Placements.** You are enrolling in a program that has specific requirements designed to keep you and your contacts as safe as possible.

Among these requirements are:

1. Completion of an Immunization and Communicable Disease Review Form
2. Criminal Record Check with Vulnerable Sector Screening
3. Mask Fit Testing
4. Trent Health and Safety Modules
5. COVID 19 Vaccine Receipt

**These are due preferably end of July, however no later than August 10, 2024. If this deadline is not met, you will be deregistered from the course at 5 pm on August 10, 2024. There will be no exceptions.**

**\* It can take as long as 8 weeks to complete all these requirements, so start early!**

#### Immunization and Communicable Disease Form

It is advised that you arrange an appointment with your healthcare provider (physician, nurse practitioner) as soon as possible to ensure you are able to get the required documentation, vaccinations, or blood tests done in a timely fashion. When making your appointment, state that it is for the completion of an **immunization and tuberculosis screening form.** Inquire at that time whether there will be a charge for this service. Many walk-in clinics will also off this service.

Students who cannot be vaccinated for medical reasons must submit a physician/nurse practitioner certificate/note to the Biology Placement Officer by the deadline date. An attempt will be made to find an alternate placement for students who, **for medical reasons only**, cannot receive any required vaccinations.

#### Criminal Record Check with Vulnerable Sector Screening

The initial police check received into the University **MUST** have an issue date after January 1, 2024 for the 2024 fall term or April 6 for the winter 2025 term.

Students will be required to obtain a Criminal Record Check including a Vulnerable Sector Screening. **A Criminal Record Check, Vulnerable Sector Screening requires annual renewal.** The processing time for a Criminal Record Check varies depending on the police service and may take up to three months to complete. Some police services require additional forms to be completed by the Biology program for the volunteer rate. This may require traveling to the University. Contact Jennifer Kerswill for further assistance. Students who will be **living within the Peterborough city limits** (Trent student residence or city of Peterborough) while attending Trent University, may complete their criminal checks at the Peterborough Community Police Service on George Street. Otherwise, they may choose to do this from their permanent home if it is in Canada.

The Biology Department will only accept an **original copy** of the Police Records Check with Vulnerable Sector Screening (No photocopies, faxes, or scanned copies will be accepted). After admission and at any time prior to completing the program, students charged with a criminal offence or convicted of a criminal offence are required to report this information immediately to the Biology Placement Coordinator.

##### Authorization to Release Healthcare/Police Information Form

##### Students who have a positive police record check (a criminal record has been found) will be required to disclose this information to all clinical practicum sites the student is attending. All clinical agencies have the right to refuse to accept any student for placement based on the results of the police record check. Students who are denied access to placements will not be sent to an alternate placement. A positive police record check may limit the opportunities for students to meet program requirements and may result in deregistration from the course.

#### Fit Testing for N95 Masks

N95 masks are masks worn by health care professionals in health care settings to help prevent the spread of certain respiratory infections. Health care professionals must be tested to determine which particular type of N95 mask fits properly. Fit-testing is a requirement of a placement at PRHC. An opportunity for students to be fit-tested for N95 masks will be offered during the fall term and winter term. Students will be responsible for the cost associated with fit-testing (approx. $35). If students have previously been fit tested for N95 Masks within 18 months of the program start date, please attach a copy of the certificate indicating the date of testing and type of mask required. Students are required to complete Mask Fit testing every 24 months throughout the program. You are not expected to complete this before you return in September. You will be contacted with dates for this test.

\*Tb Skin Testing is subject to additional fees.

The completion of the enclosed Immunization and Communicable Disease Form and all other supporting documentation is mandatory and must be submitted as a paper copy before August 10, 2024 to:

Jennifer Kerswill, Coordinator, Placements, Internships and Co-ops

Trent University, Biology Department, LHS D223

1600 West Bank Drive, Peterborough, ON K9J 7B8

Or scan and email [jkerswill@trentu.ca](mailto:jkerswill@trentu.ca)

Please include contact information where you can be reached if questions arise.

**Please keep a copy of all documents for your own records.**

**Trent University**

**Immunization and Communicable Disease Form (page 1 of 2)**

**Due: August 10, 2024**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trent email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note to Healthcare Provider**

Thank you for your cooperation with the immunization process for candidates to the Biology Placement Program. The Non-Academic Requirements have been developed to reflect the immunization and screening requirements of the various agencies where the students may attend clinical practice. Failure to complete the form and provide documentation of the required serology results will prevent the student from attending their placement with PRHC.

**Tuberculosis Screening**

Documentation of a two-step Mantoux skin test is required. Step 2 must be administered 7 to 28 days after step 1. Results must be measured in mm. If a two-step Mantoux test has been administered previously, students are not required to repeat the two-step testing. Documentation of the previous 2 step skin testing must be provided.

If Mantoux test result is equal to or greater than 10mm a chest x-ray is required.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: Step #1 | Date Read: | Results in mm: | HCP initials: |
| Date: Step #2  (7 to 28 days apart) | Date Read: | Results in mm: | HCP initials: |

|  |  |
| --- | --- |
| If Mantoux Positive : Chest x-ray required |  |
| Date of x-ray: | Result: |
| Did the student receive prophylactic treatment (INH?) Yes No | |
| Has the student had a BCG Vaccination Yes No | |
| Any current signs and symptoms of active TB Yes No | |

If the two step was not completed within 12 months of the clinical start date, documentation of a one step must be provided. Individuals who have received a BCG vaccination in the past are still required to have a two step skin test administered and an annual 1 step.

**Annual 1 Step**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Date Read: | Results in mm: | HCP initials: |

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**Immunization and Communicable Disease Form (page 2 of 2)**

**Due: August 10, 2024**

**Red Measles, Mumps, Rubella (German Measles**) – **MMR**

Documentation of serology (blood work) results to verify immunity is required. If serology results indicate non-immunity or indeterminate result, documentation of a MMR booster is required. **Please ensure that the blood test covers measles, mumps, and rubella and *attach a copy of results*.**

|  |  |
| --- | --- |
| Measles Titre (dd/mm/yy) | Result: |
| Mumps Titre (dd/mm/yy) | Result: |
| Rubella Titre (dd/mm/yy) | Result: |
| MMR Booster (dd/mm/yy) | \*Required if not immune to measles, mumps or rubella\* |

\*If a MMR booster was required, proof of childhood MMR immunization is required. Please photocopy yellow immunization record and submit with this form.

**Varicella (Chicken Pox or Shingles)**

Documentation of serology (blood work) results to verify immunity is required*.* ***Attach a copy of the*** ***results.*** If serology results are negative, documentation of vaccination (2 doses) is required.

\*Students who have documentation of a two-dose vaccination for varicella immunization **do not** require serology titres to be drawn.

|  |  |
| --- | --- |
| Varicella Titre (dd/mm/yy) | Result: |
| Dose # 1 (dd/mm/yy) | \*Required if not immune to varicella\* |
| Dose # 2 (dd/mm/yy)  1 month after 1st dose |  |

Has the student had chicken pox? Yes No

|  |  |
| --- | --- |
| Signature of Healthcare Provider: | Date: |

Jennifer Kerswill

Placement Coordinator, Biology Department

1600 West Bank Drive, LHS D223

Peterborough, ON K9L 0G2

Office # (705)748-1011 ext. 7808 or [jkerswill@trentu.ca](mailto:jkerswill@trentu.ca)

### Authorization to Release Healthcare/Police Information

Student’s Name:

Previous Name:

Student Number:

I request and authorize Jennifer Kerswill, Biology Placement Coordinator (or acting person in that position) to release healthcare information and police check information, including vulnerable sector screening results, on my behalf to clinical practice placement agencies, as necessary, to meet with placement requirements.

Please check boxes:

Healthcare information relating to the following: measles, mumps, rubella, tuberculosis screening, chest x-ray reports, varicella, immunization records, and titre serology.

Police check information including vulnerable sector screening: I am aware that if I have a positive police record search (meaning convictions under the *Criminal Code of Canada* for which a pardon has not been granted, or charges that are ongoing or have been withdrawn, or any sexual offences under the *Criminal Records Act*), that the Placement Officer (or acting person in that position) will be required to disclose this information to **all** clinical practice placement agencies.

**I understand the purpose for disclosing my health information to a clinical placement agency. I understand that I can refuse to sign this consent form**

**Student Info**

Student Name (please print):

Address:

Home Telephone:

Cell Phone:

Signature:

Date:

**Witness Info**

Witness Name (please print):

Address:

Home Telephone:

Cell Phone:

Signature:

Date:

**This authorization form is valid for all clinical placements while enrolled in a Trent University Biology Department Health Sciences Specialization placement.**