Southern Health-Santé Sud <u>Current Employee and/or Previous Student Student Required Learning Modules and Pre-Requisites</u>



Please review all of the below information and initial after each section has been accessed and is complete. When you have completed this checklist and gathered all required documentation as described below press the submit button to email your checklist, attaching all required documents, to Student Placement. If some items will be sent separately please clearly

Student Name:	
School/Program:	
Placement ID (if known):	
Manager:	
Site:	

indicate same in the comments section. Any questions or requests for clarification can be directed to the Receiving Coordinators (contact information at the end of page 2).

	Tasks:	Initial		
1.	I agree to have student ID available to carry on my person at all times during practicum shifts.			
2. Security Checks				
	Previous Student:			
	• If you supplied your Criminal Record Check and Adult & Child Abuse Registry Checks for your previous placement they are not required again. If you did not they must be provided when you submit this checklist.			
	Current Employee:			
	 If the security checks on your personnel file are less than 1 year old as of the start date of your practicum you do not need to apply for them again. In this situation ask your manager to fill out the final page of this checklist to attach when you email this completed checklist. 			
	• If the security checks on your personnel file are more than 1 year old you must apply for updated checks and attach them when you email this completed checklist. Criminal Record Checks can be obtained from the your local RCMP detachment or, if there is a local police force, by following their process. Abuse Registry Checks can be applied for online.			
3.	Personal Health Information Act (PHIA)			
	Watch this PHIA Video (24 minutes)			
	Previous Student:			
	 If you provided both the <u>SH-SS Declaration of Confidentiality</u> and evidence of completion of the PHIA for Healthcare Course on the LMS you do not need to submit them again. If you need to take the PHIA for Healthcare course on the LMS please see instructions below. 			
	Current Employee:			
	 You must complete the <u>SH-SS Declaration of Confidentiality</u> and submit with this checklist in your present capacity as a student. 			
	Provide evidence that you have completed the Learning Management System PHIA for			
	Healthcare course. If you have taken this course as an employee or as a part of your education			
	log into LMS, go to Learning History and get the certificate for the			
	course. Note: This course must be completed in one sitting (20 min.)			
	If you do not already have an LMS account instructions for guest			
	access are below: □ □			
	 Go the <u>LMS login</u> page Note: pop-up blockers must be turned off 			
	 Log in with these credentials: Username: casual.employee Password: password123 			
	Select the "Learning History" tab			
	 Click the Launch button next to PHIA for Health Care – Manual Pledge Take an image of the final page titled "The End" and submit it with this checklist. 			
	Take an image of the imal page theu The Life and submit it with this thetalist.			

4.	Infection Prevention and Control							
	Review the <u>Personal Protective Equipment: Shared Health</u> website.							
5.	. Respiratory Virus Information Reviewed each link below and retained the links for review should the need arise.							
	Return to Work for Health-Care Workers							
	\(\frac{1}{2}\)	Designate and Unit Contact/Preceptor if you are ill and unable to work.						
	itotiny your comoon	- confinate and only contactly resoluter in you are in and analyst to morni						
	Students Providing Direct Care to Clients, Patients, or Residents							
6.	Please complete the	e below. While we may already have this information on file, this checklist is provi	ded at					
	the start of your practicum to the site so that they have all pertinent information readily available to them. My N95 fit test Make: Model: Size:							
	My N95 fit test date	e: Tester Name as shown on card:						
		pility to have your N95 card on your person during all practicum hours.						
7.		g and Injury Prevention Program (SCHIPP) is required for all HCA and Nursing stude	nts. If					
	_	t been received in your classroom, as a previous student, or as an employee, you m						
	_	I session either prior to, or at the start of, your practicum.	•					
		reviously attended SCHIPP training, or has a session been scheduled, run by Southe	ern					
	Health-Sant	té Sud, at your school?						
	Yes □	No ☐ If Yes, date and location:						
	The SCHIPP Module	1 <u>video</u> (23 minutes) should be reviewed <u>prior to</u> the date of classroom training.						
		Senior Nursing Practicum Students only						
8.	 Regional Clinical Orientation (RCO) is a two-day orientation presented at our three regional centres: Bethesda Regional Health Centre, Boundary Trails Health Centre, and Portage District General Hospital. RCO is required for all new nurse hires within our SDO, and senior nursing students are strongly encouraged to attend. RCO helps prepare nursing students for their roles as part of the Southern Health-Santé Sud team. Unless you indicate that you have previously attended RCO it will be included in your Senior Practicum Schedule. Have you previously attended Regional Clinical Orientation (ie: as a UNE)? Yes \(\subseteq \) No \(\subseteq \) If yes, date and location of session: \(\subseteq \) 							
		reviously attended Regional Clinical Orientation (ie: as a UNE)?						
	Yes □	reviously attended Regional Clinical Orientation (ie: as a UNE)? No If yes, date and location of session:						
	Yes □ ached to the email to	reviously attended Regional Clinical Orientation (ie: as a UNE)? No If yes, date and location of session: Student Placement along with this completed checklist:						
	Yes ached to the email to Southern Health-	reviously attended Regional Clinical Orientation (ie: as a UNE)? No						
	Yes ached to the email to Southern Health- Evidence of com	reviously attended Regional Clinical Orientation (ie: as a UNE)? No If yes, date and location of session: Student Placement along with this completed checklist: -Santé Sud PHIA Declaration pletion of LMS PHIA for Healthcare Course						
	Yes ached to the email to Southern Health- Evidence of com	reviously attended Regional Clinical Orientation (ie: as a UNE)? No						
	Yes ached to the email to Southern Health- Evidence of complete Policy Reference	reviously attended Regional Clinical Orientation (ie: as a UNE)? No If yes, date and location of session: Student Placement along with this completed checklist: -Santé Sud PHIA Declaration pletion of LMS PHIA for Healthcare Course						
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Con	Yes ached to the email to Southern Health- Evidence of comp Policy Reference mments:	reviously attended Regional Clinical Orientation (ie: as a UNE)? No If yes, date and location of session: Student Placement along with this completed checklist: -Santé Sud PHIA Declaration pletion of LMS PHIA for Healthcare Course : Security Checks for Employment This publication is available in alternate format upon request.						
Con	Yes ached to the email to Southern Health- Evidence of complete Policy Reference	reviously attended Regional Clinical Orientation (ie: as a UNE)? No						

Student-Employee Security Check Confirmation (for use by current Southern Health-Santé Sud Employees Only)



To the Manager of our student-employee:

All students who wish to complete their practicum hours in Southern Health-Santé Sud facilities are required to provide copies of their Criminal Record Check and Adult and Child Abuse Registry Checks to Student Placement prior to their practicum start date. This includes students who are current employees in our SDO.

We acknowledge that these student-employees will have security checks on their personnel files, however we need to ensure that these checks are less than 12 months old as of the start date of their practicum.

Please complete the below and provide back to the student-employee for them to submit to Student Placement along with their other pre-requisites.

Student-Employee's Full N	ame:		
Facility/Program/Location	of employment:		
Please check off all checks	are on file and include the date each	security che	eck was complete:
☐ Criminal Record Cl	heck with Vulnerable Sectors Check	Date:	
☐ Adult Abuse Registry Check		Date:	
☐ Child Abuse Regist	ry Check	Date:	
Manager Full Name:			
Manager Signature (writte	n or electronic):		
If you have any questions of this form.	or require clarification please connec	t with one o	f the two staff listed at the bottom of
Sincerely,			
Student Placement Staff Development, IP&C			
Receiving Coordinators	Student Placement		
	Email studentplacement@souther	nhealth.ca	