

Clinical Preparedness Permit - CPP (Updated March 2022)

Student Surname: _____ First Name: _____

York Student Number: _____ York Student E-mail: _____

Congratulations on the beginning of your journey towards joining the nursing profession. The requirements outlined throughout this document are an expectation of the Government/Ministry of Health and agency partners. You will be responsible for maintaining these requirements throughout your nursing student career, and after you graduate (and obtain licensure) for the length of your professional career as a Registered Nurse.

Students are required to:	Requirement	Page	Upon Entry	Every Year	Every 2 Years
<p>1. Have an authorized health care provider sign-off and provide the appropriate lab report(s) to support the immunization record.</p> <p>2. Present CPP and <u>original documents</u> to Synergy for verification stamping. Students will not enter placement unless CPP has been cleared/verified and stamped in advance.</p> <p>3. Present CPP with original documents before starting each placement if any items within your document will be expiring during the placement.</p> <p>4. Make sure CPP or copy is available to present if requested by placement partner.</p> <p>5. It is the student's responsibility to keep CPP and associated documents current and up-to-date for placement purposes.</p> <p style="text-align: center;">IMPORTANT: AFTER EACH UPDATE, RETAIN PHOTOCOPY OF CPP FOR YOUR FILES IN CASE IT'S MISPLACED.</p> <p><i>NOTE: Any student without a completed CPP will not proceed to placement thereby jeopardizing course completion.</i></p>	Vulnerable Sector Search (VSS) Police Check	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	CPR – Level BLS or Healthcare Provider <i>Level (Not for General Public)</i>	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Worker Health & Safety Awareness	5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
	WHMIS Certificate	5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
	Respirator Mask Fit Test	5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
	Base-line Two-Step TB Mantoux Skin Test	2	<input checked="" type="checkbox"/>		
	One-Step Annual TB Mantoux Skin Test	2		<input checked="" type="checkbox"/>	
	Immunizations/Vaccinations & Titres	2	<input checked="" type="checkbox"/>		
	Influenza Vaccination (<i>availability begins in October/November</i>)	3		<input checked="" type="checkbox"/>	
	COVID-19 Vaccination (may be required more frequently)	4	<input checked="" type="checkbox"/>		
	CPP Stamping/Synergy Clearance Verification (<i>with supporting documentation</i>)	6&7			<input checked="" type="checkbox"/>

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Mandatory Titres (Lab Reports/serology)					
Mantoux TB Skin Test				MMR (Measles, Mumps, Rubella) & Varicella	
TB Skin Test:	Date Given:	Date Read: (48-72hs from test)	Induration: (mm)	Immunity Information:	
Baseline Step 1				Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Step 2* (*7-28 days after Step 1)					
Annual TB Skin Test				Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Annual TB Skin Test					
Annual TB Skin Test				Rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Annual TB Skin Test					
Annual TB Skin Test					
Annual TB Skin Test				Varicella	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Chest x-ray Information (to be updated every 2 years)					
Chest x-ray Date:		Chest x-ray Result:		<i>If lab results show "no" or "indeterminant" immunity for any of the above, a booster is required and no further titres are required.</i>	
Chest x-ray Date:		Chest x-ray Result:		Booster:	Date Given:
				MMR	
				Varicella	
<i>Annual HCP assessment letter for TB clearance attached</i>				HCP Signature	

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COVID-19 VACCINATION INFORMATION	Vaccine Type	Date Received	HCP Signature
<p>This vaccination is required by placement partners for access to their facilities and patient population. Any student without this vaccination will be denied access to the facility thereby jeopardizing successful completion of the course/practicum.</p>	Single-dose (eg. Johnson & Johnson)vaccine date		
	1 st dose of 2-dose vaccine date		
	2 nd dose of 2-dose vaccine date		
	Booster		
	Booster		
	Booster		
	Booster		

Vulnerable Sector Screen (VSS) Police Record Checks (Required Annually or every 6 months depending on placement agency). <i>All students are required to complete the section below and retain a copy of certificate with CPP at all times.</i>	
Police Services where you reside (eg. Toronto Police, OPP, etc.)	Date of Issue

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CPR at the Health Care Provider Level (BLS) Completed Every Year <i>All students are required to complete the sections below, and retain a copy of certificate with CPP at all times</i>		Ministry of Labour's Worker Health and Safety Awareness Certification Completed Every Two Years <i>All students are required to complete the sections below, and retain a copy of certificate with CPP at all times</i>	
Company	Date of Issue	Date of Issue	
		WHMIS (Completed Every Two Years)	
		Date of Issue	
		Date of Issue	
Respirator Mask Fit Testing (Completed Every Two Years)			
<i>All students are required to complete the sections below, and retain a copy of certificate with CPP at all times.</i>			
Date of issue upon entry to program		Date of issue after 2 years	

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This page is for the Practicum "verification" stamp. This means that the appropriate staff person/agency has verified that the required clinical documents and information is current and clear and up to date as per clinical requirements.

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<u>Approved by:</u>	<u>Approved by:</u>
<u>Date:</u>	<u>Date:</u>
<u>Verification of Clearance:</u>	<u>Verification of Clearance:</u>
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