

Clinical Preparedness Permit (CPP)

Student Name (First & Last): _____

York Student Number: _____

York E-Mail Address: _____

CPP

The CPP is a requirement from the Ministry of Health and all agencies to ensure you, your peers, instructors, and patients are safe. Please read the instructions carefully to ensure you do not experience any delays in obtaining your CPP.

Instructions

All students are required to complete a CPP prior to their clinical placements. Each CPP must receive a “Pass” from Synergy prior to the deadlines below:

- If you have a practicum course in the fall term, your CPP must receive a “Pass” by **July 15th**.
- If you have a practicum course in the winter term, your CPP must receive a “Pass” by **November 15th**.
- If you have a practicum course in the summer term, your CPP must receive a “Pass” by **March 15th**.

Failure to obtain a “Pass” from Synergy by the deadlines noted above **will jeopardize your clinical placement**. You will not be placed in a clinical group and you will be involuntarily removed from the practicum course. Please visit the [School of Nursing’s Policy page](#) for more information.

Your CPP must be valid with no documents expiring while you are in your practicum course. All documents must be valid for the timeframes below:

- If you have a practicum course in the fall term, each CPP document must be valid from **September 1st-December 31st**.
- If you have a practicum course in the winter term, each CPP document must be valid from **January 1st-April 30th**.
- If you have a practicum course in the summer term, each CPP document must be valid from **May 1st-August 31st**.

Please ensure you upload all documents pertaining to #1-11 listed below.

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Requirement	Page
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<u>Basic Life Support (BLS)</u>	4
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<u>Tuberculosis (TB) Skin Test</u>	5
<u>Titres & Immunizations</u> (MMRV, Hepatitis B, Tdap/Polio)	6-9
<u>COVID-19 Vaccinations</u> (minimum 2 doses)	10
<u>Influenza Vaccinations</u>	10
<u>WHMIS Certificate</u>	11
<u>Worker Health & Safety Awareness Certificate</u>	11

Clinical Preparedness Permit (CPP)

1. Vulnerable Sector Screen (VSS) or Vulnerable Sector Check (VSC)

A Vulnerable Sector Screen (VSS) is **required each year**. Your VSS must be valid for the duration of the term when you have your practicum course.

Note: It may take at least 8-10 weeks to obtain your VSS – so please plan accordingly.

To apply for a VSS you must:

- Be at least 18 years of age – if you are not 18 years of age, please contact the NPCO (npc@yorku.ca)
- Apply to the police station in the region where you live - third-party VSS's will not be accepted.

Please visit the following websites to view specific instructions on how to apply for a VSS:

- Toronto Region (your postal code starts with “M”): <https://www.tps.ca/services/police-record-checks/>
 - i. Register for an “Adult Police Record Check” account & log in to your account to request a new record check
 - ii. Choose a Vulnerable Sector Check as an **unpaid student placement**
 - iii. Complete the following questions using the information bolded below:
 - a. Course Name: **Nursing**
 - b. VSC Organization Code: **202309TPSONF6EFE**
 - c. Vulnerable Clientele Duties: **Nursing student duties on patients of all ages**
 - d. List which vulnerable sectors you will be working with: **Patients of all ages (children <18, adults including the elderly and patients with disabilities)**
- York Region: <https://www.yrp.ca/en/services/vulnerable-sector-check.asp>
- Durham Region: <https://www.drps.ca/online-services/police-records/police-record-checks/>
- Peel Region: <https://www.peelpolice.ca/en/services/record-checks-and-suspensions-pardons.aspx>
- Simcoe Region: <https://southsimcoepolice.on.ca/vulnerable-sector-check/>
- Halton Region: <https://www.haltonpolice.ca/en/services-and-reporting/record-checks.aspx>
- OPP-Policed Community: <https://www.opp.ca/index.php?id=147&lng=en>

If your local police department requires a letter from the School of Nursing to confirm you are an active student, please contact the NPCO (npc@yorku.ca) via e-mail and identify:

- Your full legal name
- Your student number
- The name of the police department you are trying to obtain your VSS through

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2. Basic Life Support (BLS)

Basic Life Support (BLS) certification is **required every year**. Your BLS must be valid for the duration of the term when you have your practicum course.

Your BLS certification must be completed **in-person**. Students cannot participate in a re-certification course - it must be a full course each year.

You can complete your BLS through any of the following options (optional **not mandatory**):

- [Heart & Stroke](#)
- [Canadian Red Cross](#)
- [St. John Ambulance](#)
- [First Aid 4 U](#)
- [Sunnybrook Education](#)

3. Mask Fit Test

A Mask Fit Test is **required every 2 years**. Your Mask Fit Test must be valid for the duration of the term when you have your practicum course.

Your Mask Fit Test must be completed **in-person** and **have a 3M mask assigned**.

You can complete your Mask Fit Test through any of the following options (optional **not mandatory**):

- [MaskFit+](#)
- [Toronto First Aid](#)
- [York University's Student Counselling, Health & Well-Being](#)

NOTE: Your BLS & Mask Fit Test certificate must include the company name, instructor's name and/or signature, date of completion and your full name (first and last).

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4. Tuberculosis (TB) Skin Test

A Tuberculosis (TB) skin test is **required every year**. Your TB skin test must be valid for the duration of the term when you have your practicum course. If your TB test is the **only requirement expiring for your next practicum term**, please complete and upload the York waiver (Appendix A) to Synergy and book an ERV appointment. You are still required to obtain an updated TB test when your active TB test expires. At your next ERV appointment, you will upload the documentation of your updated TB test so your records can be updated accordingly.

You must submit a 2-step TB test with your first CPP. This includes 2 TB skin tests within 7-30 days of each other. In the event the 2-step TB test is **positive**, you will need a chest X-Ray. Every year thereafter, you will need to upload the York waiver (Appendix A) annually because you will not be obtaining the annual 1-step TB test, only a chest X-ray every 2 years.

After your 2-step TB test with your initial CPP, you are required to obtain a 1-step TB test annually.

Your healthcare provider will need to complete and sign the table below.

	Date	Date Read (48-72hrs from test)	Induration (mm)	Healthcare Provider Signature	
First CPP					Chest X-Ray <i>(Only if 2-step is positive)</i>
Step 1					Date: <i>Upload X-Ray report</i>
Step 2					
Annual CPP					Chest X-Ray
1-Step TB Test					Date: <i>Upload X-Ray report</i>
1-Step TB Test					
1-Step TB Test					

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5. Titres & Immunizations: MMRV (Measles, Mumps, Rubella, Varicella)

Documentation of your titres (serology/bloodwork) and immunizations is **required for your first CPP**.

Your healthcare provider will need to complete and sign the table below **and** you will need to submit your serology/bloodwork results for: Measles, Mumps, Rubella & Varicella. Your serology/bloodwork results must include your full name (first and last).

		MMRV (Measles, Mumps, Rubella, Varicella)	
		Serology Results	Booster & Healthcare Provider Signature <i>(If serology results are not immune)</i>
Measles	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> Indeterminate	MMR Booster Date:	Healthcare Provider Signature:
Mumps	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> Indeterminate		
Rubella	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> Indeterminate		
Varicella	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> Indeterminate	Varicella Booster Date:	Healthcare Provider Signature:

NOTE: The turnaround time to receive serology/bloodwork results can be up to 2 weeks so please plan accordingly.

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Titres & Immunizations: Hepatitis B

Documentation of your titres (serology/bloodwork) and immunizations is **required for your first CPP**. Your healthcare provider will need to complete and sign the table below **and** you will need to submit your serology/bloodwork results for: Hepatitis B. Your serology/bloodwork results must include your full name (first and last).

		Hepatitis B	
		Serology Results	Booster & Healthcare Provider Signature <i>(If serology result is not immune or indeterminate)</i>
Hepatitis B		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> Indeterminate	<p style="text-align: center;">Primary Booster Series</p> <p>Hepatitis B Booster #1 Date:</p> <p>Healthcare Provider Signature:</p> <p>Hepatitis B Booster #2 Date:</p> <p>Healthcare Provider Signature:</p> <p>Hepatitis B Booster #3 Date:</p> <p>Healthcare Provider Signature:</p>

NOTE: Please ensure your serology (bloodwork) is for antibody **not** antigen.

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If you are not immune to Hepatitis B, you will need to:

- Receive a primary booster series (total of 3 boosters)
 - You will need a minimum of 2 boosters to attend placement – the time from the first to second booster is roughly 4-8 weeks.
 - Once you receive all 3 boosters, you are required to obtain updated serology/bloodwork and submit it to Synergy. In the event your serology/bloodwork returns as not immune, you are required to complete a secondary booster series (see table below). You will need a minimum of 1 booster of the secondary booster series in order to attend placement.
- Sign and submit York’s waiver (Appendix A)

NOTE: The table below should only be completed if you remain not immune to Hepatitis B, despite a completed primary booster series.

Hepatitis B		
	Serology Results #2	Booster & Healthcare Provider Signature <i>(If serology results after 3 boosters is not immune or indeterminate)</i>
Hepatitis B	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> Indeterminate	Secondary Booster Series Hepatitis B Booster #1 Date : Healthcare Provider Signature : Hepatitis B Booster #2 Date : Healthcare Provider Signature : Hepatitis B Booster #3 Date : Healthcare Provider Signature :

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Polio & Tetanus/Diphtheria/Pertussis

Documentation of these immunizations is **required for your first CPP**. Your healthcare provider will need to complete and sign the tables below.

Polio	
Date of Primary Series Completion <i>Or</i> Date of Last Booster	Healthcare Provider Signature

Tetanus/Diphtheria/Pertussis	
Date of Primary Series Completion <i>Or</i> Date of Last Booster	Healthcare Provider Signature
Date of Adacel (1 dose) if given:	

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6. COVID Vaccinations

Documentation of these vaccinations is **required for your first CPP**.

Please upload your COVID vaccination receipt(s). A minimum of 2 doses are required by our agency partners.

7. Influenza Vaccinations

Documentation of this vaccination is **required every year**.

Each student is required to obtain the Influenza vaccine every October/November when the vaccine becomes available.

If you are uploading your documents for a practicum course in the fall, you will not be able to upload proof of the influenza vaccine as the vaccine is unavailable in July. However, you are expected to still receive the Influenza vaccine when it becomes available in October/November and upload the proof to Synergy. There is no additional fee for this – Synergy will review the uploaded documents within five (5) business days. Your Influenza vaccine must be uploaded prior to December 1.

If you are uploading your documents for a practicum course in the winter or summer, your Influenza vaccine proof is mandatory to upload in order to receive a “Pass” from Synergy.

Influenza Vaccinations	
Dates	
1.	
2.	
3.	
4.	

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8. Workplace Hazardous Materials Information System (WHMIS) Certificate

The WHMIS certificate is **required every 2 years**. You are required to submit the completed certificate to Synergy.

You can obtain your WHMIS certificate from [YU Learn](#). If your access is restricted, please e-mail hslearn@yorku.ca for access.

9. Worker Health & Safety Awareness (WHSA) Certificate

The Worker Health & Safety Awareness certificate is **required every 2 years**. You are required to submit the completed certificate to Synergy.

You can obtain your Worker Health & Safety Awareness certificate from the [Ministry of Labour, Immigration, Training & Skills Development](#) website.

NOTE: If your WHMIS and/or WHSA certificate's expiry is after 2 years, the expiry date will reflect 2 years on Synergy to ensure you renew the certification at the right time.

10. CPP Document

You are required to upload pages 1-11 to Synergy for your first CPP. For each CPP thereafter, you are only required to upload the pages relevant to your deadlines.

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Clinical Preparedness Permit (CPP) Tracker

Requirement	Page	Frequency	Completed Date(s)	Expiry Date(s)
Vulnerable Sector Screen (VSS)	3	Every Year	1. 2. 3. 4.	1. 2. 3. 4.
Basic Life Support (BLS)	4	Every Year	1. 2. 3. 4.	1. 2. 3. 4.
Mask Fit Test	4	Every 2 Years	1. 2.	1. 2.
Tuberculosis (TB) Skin Test	5	Every Year	1. 2. 3. 4.	1. 2. 3. 4.
Titres & Immunizations (MMRV, Hepatitis B, Tdap/Polio)	6-9	Once* <i>*Pending titre results</i>		
COVID-19 Vaccinations (minimum 2 doses)	10	Once		
Influenza Vaccinations	10	Every Year (October/November)	1. 2. 3. 4.	
WHMIS Certificate	11	Every 2 Years	1. 2.	1. 2.
Worker Health & Safety Awareness Certificate	11	Every 2 Years	1. 2.	1. 2.

YORK UNIVERSITY

SCHOOL of NURSING, FACULTY of HEALTH

STUDENT IMMUNIZATION NON-CLEARANCE

ASSUMPTION of RISKS, INFORMED CONSENT, RELEASE, WAIVER and INDEMNITY AGREEMENT

I am aware of all the immunizations and tests required as part of my participation in the practicum component of the nursing program supervised by the School of Nursing, Faculty of Health of York University. I am aware that through my participation in the practicum component of the nursing program there are certain risks and dangers which may occur at my clinical/field placement setting, including but not limited to illness, infection, bodily injury, or exposure to communicable diseases including but not limited to: measles, mumps, rubella, varicella, and hepatitis B.

Given my inability to demonstrate immunity to these or other communicable diseases, I understand that York University is not able to ensure my safety from such risks and dangers.

I acknowledge that I am responsible for my own safety and assume any and all risks arising from my voluntary participation during my time at the clinical/field placement including, without limitation, the risks of illness, infection, bodily injury, or exposure to communicable diseases or the negligent or deliberate act of another person. My signature below is given freely in order to indicate my understanding and acceptance of these realities and my assumption of responsibility.

I hereby release York University, its Board of Governors, officers, employees, agents, successors and assigns (the "Released Parties") from any and all losses, liabilities, damages, injuries including death, and any other liability of any kind including negligence, howsoever arising out of or in connection with my participation in the practicum component of the program, and I hereby waive all claims, demands, lawsuits, costs, and expenses I may incur including legal fees and disbursements.

I shall indemnify and hold harmless the Released Parties from any and all losses, liabilities, damages, injuries, claims, demands, lawsuits, costs, expenses including legal fees and disbursements, and any other liability of any kind including negligence, howsoever arising out of or in connection with my participation in the practicum component of the program.

HAVING READ THIS DOCUMENT CAREFULLY, I ACKNOWLEDGE MY RESPONSIBILITIES AND THE EFFECT OF THIS RELEASE.

Signed this _____ day of _____, 20_____

PLEASE PRINT:

Student Name: _____ Student Number: _____

Permanent Address: _____
(street, city, province, postal code)

Permanent Telephone: (____) _____

Student Signature: _____

Witness Signature: _____ Witness Name: _____

Privacy: Personal information in connection with this form is collected under the authority of *The York University Act, 1965* and will be used for the purpose of administering your participation in the off campus course and related purposes. If you have any **questions about the collection, use and disclosure** of your personal information by York University, please contact: [Manager, Clinical Resources Services].