

## STUDENT PLACEMENT PACKAGE

Welcome to Kingston Health Sciences Centre (KHSC). To ensure a safe and successful learning experience, all students participating in placements at KHSC must complete the requirements outlined in this document. Please read and follow the steps below.

This package includes:

- Learning Placement Authorization (LPA) Form
- Student Pre-Placement Training Requirements
- Communicable Disease Screening Requirements
- Criminal Reference Check (CRC)/OR Vulnerable Persons Sector Check(VSC) Guidelines

### 1. Learning Placement Authorization (LPA) Form

- Student will review and complete all applicable sections.
- Student will sign and date the form (includes confidentiality agreement).

### 2. Mandatory Pre-Placement Training

- Student will complete all required **legislated and corporate** applicable training modules listed in the package.
- The **school representative** must confirm completion and sign off in the designated signature section of the package.

### 3. Immunization Requirements

- School will verify that each student meets the Communicable Disease Screening Requirements to ensure compliance with KHSC's health and safety protocols. [Click here to download](#)
- We do not require copies of the student's immunization records.
- The **school** confirms compliance by indicating the **completion date** in the designated section of the package below.

### 4. Criminal Reference Check

- Must be dated **within 3 months** of placement start.
- The **school** confirms compliance by indicating the **completion date** in the designated section of the package below.
- Students must email a scanned copy to: ✉ [StudentPlacementRequests@kingstonhsc.ca](mailto:StudentPlacementRequests@kingstonhsc.ca)  
! *Missing this will delay your placement.*

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The **school representative** must email this completed form/package to:

✉ [StudentPlacementRequests@kingstonhsc.ca](mailto:StudentPlacementRequests@kingstonhsc.ca)

🕒 **At least 1 week before the placement start date.**

★ **Subject line: *Student's full name - School name***

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## Placement Confirmation & Access Instructions

- Once the completed placement package is received, KHSC will send a placement confirmation email to the **STUDENT, SCHOOL COORDINATOR, and PRECEPTOR.**
- This confirmation email will include **all necessary instructions**, such as:
  - How to collect your KHSC ID badge
  - IT access information (username and password, if applicable)
  - Any other department-specific onboarding steps

💡 **Tip:** Please contact your preceptor in advance to confirm your arrival time and meeting location for the first day of your placement.

## Final Step: Health & Safety Checklist – 48 Hours Post Start

This form/checklist is **not included in this package.**

✦ *A copy of this form/checklist can be download by clicking the following link. [Click here to download](#)*

- Upon arrival, students must complete the **Unit/Department Health & Safety Checklist** within 48 hours of starting placement.
- Review the checklist with your **preceptor/supervisor/instructor or mentor.**
- Return completed form to:
  - ✉ [StudentPlacementRequests@kingstonhsc.ca](mailto:StudentPlacementRequests@kingstonhsc.ca)
  - 🕒 **Within 48 hours** of placement start
  - ✦ Subject line: Student's full name - School name

## 🔔 General Reminders

- KHSC is a **scent-free environment** – avoid using scented products on-site.
- Bring any required documents and wear appropriate ID and attire.
- Follow all KHSC policies during your placement.

✉ Questions? Contact your school's placement coordinator or email:  
[StudentPlacementRequests@kingstonhsc.ca](mailto:StudentPlacementRequests@kingstonhsc.ca)

## LEARNING PLACEMENT AUTHORIZATION (LPA) FORM

This form to be completed and signed by the Student/Learner.

**Student/Learner Name:**

**School/Institution:**

**School Program/Course:**

**Email Address:**

**Are you currently employed by KHSC at this time?**

Yes      Role/Department

**Placement Start & End Date:**

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**School Placement/Program Coordinator Name & Email:**

**Length of Program:**

**Type of Placement:**

**KHSC Placement Unit/Department Name:**

**Unit/Department Manager or Director Name:**

**Preceptor/Supervisor/Instructor Name:**

**Next of Kin Contact Information:**      Full Name:

Telephone:

The information below describes the responsibilities you must assume during your placement, as well as other important information you should know. If you require clarification or have a question regarding any of the points below, please contact the coordinator of your program at the school. Please keep a copy of this agreement for your records.

- I understand that education programs cannot compromise the patient care and service objectives of KHSC. KHSC has the final authority for all aspects of patient care and service.
- I will treat all KHSC administrative, financial, patient, employee, and other records, whether written, verbal or electronically stored, as confidential material and I will protect it to ensure full confidentiality. I will not read records, discuss, or use such information unless there is a legitimate purpose to do so in my normal KHSC duties and responsibilities.

- All hardware, software and other equipment are to be used for business purposes only. Any system User-ID(s) issued to me and/or any Password(s) created and personally entered by me into KHSC Information Systems are unique codes that identify me to KHSC Information Systems. All entries made will be associated with my identity. I will protect the security of my signature code and I will not use the code of another person or enable another person to know or use my code. This confidentiality extends indefinitely (beyond the period of placement). A breach of any of these conditions will result in disciplinary action up to and including termination of placement.
- Performance or conduct issues, including but not limited to breach of confidentiality, may result in termination of my placement. This termination will be conducted in partnership with the school.
- I will be assigned patient care or service responsibilities only to the degree commensurate with my level of ability, and optimum learning. I acknowledge that a patient has the right to refuse to be a participant in educational programs.
- KHSC and the School cannot accept responsibility for any financial cost I incur during your attendance at KHSC, including, but not limited to meals, parking, and emergency medical care.
- KHSC and the School cannot accept responsibility for any financial costs I may incur as a result of a last-minute changes in my placement. Last minute changes can and do occur, and I will be prepared for this potential situation.
- KHSC practices under the care model of Interprofessional Collaborative Practice (ICPM). ICPM is a patient and family centered interprofessional model of care designed by a team of health care providers. The model defines how team members work together in a coordinated/collaborative fashion. As well as enabling communication, it clarifies roles and empowers members to function to 'full scope'. ICPM is a means of transforming how care is delivered for patients and families.
- I will be subject to the policies, procedures, and regulations of KHSC and the School while I am participating in a placement at KHSC. This includes having all required immunizations, wearing appropriate identification, clothing, use of personal devices, etc. at all times while at KHSC.
- My school covers me under Workers Safety Insurance Board (WSIB). If I am injured and require medical assistance, I will declare my student status at Occupational Health & Safety, or Emergency Services.
- I understand I am voluntarily assuming the risks associated with working in a healthcare setting, which includes but is not limited to hospital acquired infections such as Covid-19, Influenza, etc. I agree to hold KHSC harmless for any claim, damage, or action associated with any reasonably foreseeable risks involved in this work placement.

**Upon signing this form, the student/learner agrees that they have read and understand the conditions outlined.**

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**DATE**

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**STUDENT/LEARNER  
SIGNATURE**

(Please note: Signature must be hand-written or a verified e-signature. 'Typed' signature is not accepted.)

## STUDENT TRAINING REQUIREMENTS FOR CLINICAL/LEARNING PLACEMENTS

(Students are responsible for completing the applicable Student Training Requirements prior to their placement at KHSC.  
The school confirms completion by signing the form below.)

Type of Training	Training Frequency	Completion Date	N/A
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### ❖ LEGISLATED TRAINING REQUIREMENTS

<b>1. Accessibility for Ontarians with Disabilities Act (AODA) - Integrated Accessibility Standards</b> <a href="http://www.ohrc.on.ca/en/learning/working-together-code-and-aoda">➤ http://www.ohrc.on.ca/en/learning/working-together-code-and-aoda</a>	One-time
<b>2. Worker Health &amp; Safety Awareness Training - MOL (Ministry of Labour)</b> <a href="http://www.labour.gov.on.ca/english/hs/training/workers.php">➤ http://www.labour.gov.on.ca/english/hs/training/workers.php</a>	
<b>3. Workplace Violence &amp; Harassment (General)</b> <a href="http://emodules.med.utoronto.ca/TAHSN/WVH/story.html">➤ http://emodules.med.utoronto.ca/TAHSN/WVH/story.html</a>	
<b>4. Workplace Hazardous Materials Information System (WHMIS)</b> <a href="http://emodules.med.utoronto.ca/TAHSN/WHMIS/story.html">➤ http://emodules.med.utoronto.ca/TAHSN/WHMIS/story.html</a>	Every 2 Yrs.
<b>5. Non-Violent Crisis Intervention (NVCI) Training**</b> <b>➤ (**Required for Nursing, Medicine, PT/OT, BST, Bachelor of Psychology, and PSW students placed in the Emergency or Mental Health units only)</b>	Current within 2 years of placement

### ❖ KHSC CORPORATE TRAINING/REQUIREMENTS

<b>1. Emergency Codes</b> <b>2. Musculoskeletal Injury Training (Student will complete one of the applicable module)</b> <ul style="list-style-type: none"> <li>• KHSC Health and Safety Training: MSI Prevention (Patient Handling) for Clinical Students</li> <li>• KHSC Health and Safety Training: MSI Prevention for Non-Clinical Students.</li> </ul> <b>3. Health and Safety Training(Student will complete one of the applicable module)</b> <ul style="list-style-type: none"> <li>• KHSC Health and Safety Training: Nursing and Medical Students</li> <li>• KHSC Health and Safety Training: Other Clinical Students</li> <li>• KHSC Health and Safety Training: Non-Clinical Students</li> </ul> <a href="https://kingstonhsc.ca/learning/student-learning-and-placements/student-pre-placement-training">➤ https://kingstonhsc.ca/learning/student-learning-and-placements/student-pre-placement-training</a>	Annually
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<b>4. Privacy Training</b> (All students must complete Privacy Training before the start of placement and provide certificate of complete to their program coordinator at the school.)  ➤ <a href="#">KHSC Annual Privacy Review</a>	Annually
<b>❖ COMMUNICABLE DISEASE SCREENING REQUIREMENTS</b> (School will verify that each student meets the KHSC Communicable Disease Screening Requirements.)  <a href="https://kingstonhsc.ca/learning/student-learning-and-placements">https://kingstonhsc.ca/learning/student-learning-and-placements</a>	As required
<b>❖ COVID-19 VACCINATION REQUIREMENT</b> (Students are highly recommended to be COVID-19 vaccinated (post 14 days) in order to commence placement.)	Highly Recommended
<b>❖ CRIMINAL REFERENCE CHECK AND/OR VULNERABLE PERSONS SECTOR CHECK (VSC).</b> (Student to provide a copy via email to the KHSC Student Affairs Coordinator in advance of placement at <a href="mailto:StudentPlacementRequests@kingstonhsc.ca">StudentPlacementRequests@kingstonhsc.ca</a> )	within 3 months of the start of placement
<b>❖ SCHOOLS TO PROVIDE WSIB OR DECLARATION OF INSURANCE COVERAGE TO KHSC</b>	
<b><u>Workplace Safety &amp; Insurance Board (WSIB) form</u></b> (if applicable) or Declaration of Insurance Coverage (provided to KHSC by the School)	

**DATE**

**PLACEMENT/PROGRAM COORDINATOR  
SIGNATURE**

(Please note: Signature must be hand-written or a verified e-signature. 'Typed' signature is not accepted.)

Please email the completed form to [StudentPlacementRequests@kingstonhsc.ca](mailto:StudentPlacementRequests@kingstonhsc.ca) Ensure the subject line includes the student's first and last name along with the school name.