

Student Practice Education Core Orientation - Preparation Checklist

All students/faculty/residents participating in practice education must complete this checklist and maintain currency of all applicable pre-requisites. Submit this form **with supporting documentation to your school** and retain a copy for your records. It is your responsibility to re-submit an updated checklist as required.

Legal last name:	Legal first name:	
Your school email:	Phone:	Date:
School:	Program:	

1. Pre-requisites - all students/residents*

The following are administered and tracked by your school:	Renewal Period	Direct** Care	Non-clinical
Immunizations (per Practice Education Guidelines for BC)			
CPR (as required by your program)			
Flu Shot	Annual		
Criminal Records Check	5 years (Or upon any subsequent charge or conviction)		
Fit Testing / Respiratory Protection	Annual (as required)		

2. Student Practice Education Core Orientation ([SPECO](#))

Online modules on LearningHub	Course Code	Renewal Period	Direct** Care	Non-clinical
Quick Reference Guide for account set-up				
Introduction to Student Practice	8558			
<ul style="list-style-type: none"> Introduction, Information Privacy, Safety at Work, MSIP 				
Violence Prevention (Modules 1 – 8)	7317 , 7318 , 7321 , 7323 , 7324 , 7327 , 7328 , 7329			
Violence Prevention Classroom Training		Annual		
<ul style="list-style-type: none"> May be required for high risk areas. Check with your schools and/or health authority website. 				
Provincial Code Red – Fire Safety Training (Acute & LTC Facilities)	10853	Annual		
Infection Prevention and Control Practices for Direct/Clinical Care Providers	8300	2 years		
Infection Prevention and Control Practices for Health Care Personnel Not Involved in Direct Clinical Care	8301	2 years		
Waste Management Basics	6007			
WHMIS 2015 Provincial Course	6941	3 years		

As per the [Practice Education Guidelines](#), educational institutions are expected to maintain records of completion for pre-requisites identified above.

***Exceptions:**

Health organization employees participating in practice education at any health organization (including their own) are required to provide completion record of above courses or equivalent to school.

Off site students completing their practicum experience at non-health organization site (eg. at school campus), are only required to have current Criminal Records Check and meet relevant Confidentiality requirements (see list below).

****Direct care** is anyone who comes within 2 metres of patients, regardless of role.

(per Health Care Worker All Hazard Personal Protection Training Framework, BC Ministry of Health, April 2016)

3. Health organization specific pre-requisites - all students/residents - each Health Authority or organization may require additional pre-requisites, including e-learning for clinical systems access. Confidentiality requirements must be met at each Health Authority you attend.

Websites	Confidentiality links
First Nations Health Authority	
Fraser Health Authority	FHA Privacy & Confidentiality training
Interior Health Authority	
Island Health	Island Health Student Practice Curriculum & Confidential Info Management (CIM) Code of Practice
Northern Health Authority	NHA Acknowledgement form
Providence Health Care	PHC Undertaking form
Provincial Health Services Authority	PHSA Privacy & Confidentiality training
Vancouver Coastal Health	VCH Confidentiality

I agree that by completing the checklist and signing this form I have met the mandatory pre-requisites and confidentiality form in preparation for my practice education placement. In addition, I am aware that each health organization and placement site/location will have specific policies and additional information that I must review and understand prior to commencing practice education activities.

Any requirements not met or completed may result in the cancellation or suspension of your practicum. Ensure records are maintained and accurate. "The HCO may cancel practice education experience if there is evidence that the student has not met the pre-requisites or orientation requirements." ([PEG 1-6](#))

Type your full name below to serve as your electronic signature, thereby indicating that you have read, understand, and agree with the contents of this document.

Signature

Date