

## KHSC Learner Placement Package

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

This package includes:

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

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

- The student will review and complete all applicable sections.
- The student will sign and date the form (including confidentiality agreement).

### 2. Mandatory Pre-Placement Training

- The student will complete all required 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

- The school representative will verify that each student meets the Communicable Disease Screening Requirements to ensure compliance with KHSC's policy. [Click here to download](#)
- The school representative confirms compliance by indicating the completion date in the designated section of the package below.

Reminder: KHSC does not require, and will not retain copies of the student's immunization records

### 4. Criminal Reference Check/ Vulnerable Sector Screening

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

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The school representative must email all sections of the completed student placement package to: [AcademicAffairs@kingstonhsc.ca](mailto:AcademicAffairs@kingstonhsc.ca) at least 1 week before the placement start date.

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

## Placement Confirmation & Access Instructions

- Once the completed placement package is received, KHSC will send a placement confirmation email to the Student, School Coordinator, Preceptor and Program Manager.
- 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.

## Departmental Orientation - Safety Training Checklist – 48 Hours Post Start

This form/checklist is **not included in this package**. A copy of this form/checklist can be downloaded by clicking the following link. [Click here to download](#)

- Within 48 hours of starting placement, students must participate in a unit- or department-specific health and safety orientation with their preceptor/supervisor/instructor or mentor.
- This orientation includes a review of local safety procedures, unit-specific hazards, safe use of equipment, and the location of safety resources (e.g., eyewash stations).
- The Unit/Department Health & Safety Checklist is used to guide and document this review and should be reviewed and completed with your preceptor/supervisor/instructor or mentor.
- Return completed form to: [AcademicAffairs@kingstonhsc.ca](mailto:AcademicAffairs@kingstonhsc.ca) **within 48 hours** of placement start.  
**Subject line: Student's full name - School name**

## General Reminders

- KHSC is a **scent-sensitive environment** – avoid wearing 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: [AcademicAffairs@kingstonhsc.ca](mailto:AcademicAffairs@kingstonhsc.ca)

## KHSC Learning Placement Authorization (LPA) Form

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

Learner Information	
Name <i>(please include your pronouns)</i>	
Email Address	
Emergency Contact Information	Name:
	Telephone Number:
School Information	
School or Institution	
Program or Course Name	
Length of Program <i>(where applicable)</i>	
School or Program Placement Coordinator	
KHSC Placement Information	
Type of Placement	
Placement Dates/Duration	
Department or Unit	
Program Manager Name	
Preceptor Name	

The information below describes some of the responsibilities that you must understand in advance of your learning placement. 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.
- I understand that performance or conduct issues, including but not limited to breach of confidentiality or failure to adhere to department protocols, may result in termination of my placement. This termination will be conducted in partnership with the School.
- For clinical placements, I understand that 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.
- I understand that it is my responsibility to report any misconduct or improper instructions to my placement supervisor.
- I understand that KHSC and the School will not accept responsibility for any financial cost I incur during my attendance at KHSC, including, but not limited to meals, parking, and emergency medical care.
- I understand that last-minute changes can and do occur with respect to placement location and schedules. KHSC and the School will not accept any responsibility for any financial costs I may incur because of such last-minute changes in placement.
- I will be subject to the policies, procedures, and regulations of KHSC and the School while I am participating in placement(s) 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 acknowledge that working in a healthcare setting involves certain inherent risks, including potential exposure to hospital-acquired infections. I understand these risks and agree to take reasonable precautions as directed. This acknowledgment does not waive or diminish the responsibilities of the placement employer or KHSC to provide a safe and compliant work environment.
- I acknowledge that working in a healthcare setting may involve exposure to high-stress situations, including aggressive or unpredictable behaviour from patients or visitors. I agree to familiarize myself with and follow all required safety protocols. If I feel unqualified or unsure how to respond appropriately, I will remove myself from the situation and seek assistance. This acknowledgment does not waive or diminish the responsibilities of the placement employer or KHSC to provide training, guidance, and a safe environment.

**By signing this Learning Placement Authorization Form, I expressly state that I have had sufficient opportunity to read this LPA Form in its entirety and had the opportunity to ask questions. I further certify that I have read and understood it, and I agree to be bound by its terms and conditions.**

**DATE**

**STUDENT/LEARNER SIGNATURE**

Please note: Signature must be handwritten or a verified e-signature. A 'typed' signature is not accepted.

## KHSC Learner Training & Documentation Requirements

Learners are required to complete the following documentation and training before their placement start date.

For access to current training modules, please visit our [Student Pre-Placement Training site](#).

Legislated training requirements are the responsibility of the student and/or their educational institution to obtain and complete prior to placement.

Course/Module	Date of Completion
<b>Legislated Training Requirements</b>	
<b>Accessibility for Ontarians with Disabilities Act (AODA)</b>	
<b>Worker Health &amp; Safety Awareness Training</b>	
<b>Workplace Violence &amp; Harassment (General)</b>	
<b>Workplace Hazardous Materials Information System (WHMIS)</b> Required every 2 years.	
<b>Non-Violent Crisis Intervention (NVC) Training</b> This training must be completed within the last 2 years and is provided by the school. NCVI is required for Nursing, Medicine, PT/OT, BST, Bachelor of Psychology, and PSW students placed in the Mental Health units only.	
<b>Annual KHSC Training Requirements</b>	
<b>Emergency Codes &amp; Fire Safety</b>	
<b>Be REAL – KHSC Code of Behaviour for Students</b>	
<b>Foundations for Inclusion at KHSC for Students</b>	
<b>Musculoskeletal Injury Prevention (MSI)</b> Students are only required to complete one module (clinical or non-clinical)	
<b>Health &amp; Safety Training</b>	
<b>Alaris Systems Training</b> Required for clinical students only	
<b>Medication Safety Training</b> Required for Nursing and Pharmacy students only	
<b>Privacy Training</b> Please ensure you fill out and submit the confirmation form at the end of the training module. This step is verified by our team and missing it may delay your start date.	
<b>Additional Documentation Requirements</b> <b>Verify/Submit to <a href="mailto:AcademicAffairs@Kingstonhsc.ca">AcademicAffairs@Kingstonhsc.ca</a></b>	
<b>Communicable Disease Screening Requirements</b>	
<b>Criminal Reference Check (CRC) and/or Vulnerable Sector Check (VSC)</b> Current within 3 months	

**DATE**

**PLACEMENT COORDINATOR SIGNATURE**

Please note: Signature must be handwritten or a verified e-signature. A 'typed' signature is not accepted.

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