

# PRIMARY CARE PARAMEDIC PROGRAM

## Confederation College — Ambulance Field Placement Package Document Submission Package

**Student Name:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

**Program Year:** \_\_\_\_\_

### How to Use This Package

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This package must be completed in full before you begin your preceptorship. Each stage below lists the required documents and their sources.

**Submission deadline:** September 30<sup>th</sup> of your first semester in the Paramedic Program.

**Note:** Placement sites are awarded based on completion of this package AND on your grade point average (GPA) at the end of semester two of the Paramedic Program.

### How to Convert a Picture (JPEG) to a PDF on an i-Phone

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#### Method 1: Using the Files App (Best for Single/Quick Conversion)

- Go to the Photos app.
- Select your photo and tap the Share button.
- Choose Save to Files and select a folder.
- Open the Files app, find the photo.
- Long-press the image and select Quick Actions -> Create PDF.

#### Method 2: Using the Print Function (Fastest)

- Open the Photos app and select your image.
- Tap the Share button.
- Select Print.
- On the print preview screen, pinch outwards on the image to open it as a PDF.
- Tap the Share button on the top right, then select Save to Files.

<https://www.youtube.com/watch?v=KzrM31FHKAo>

## How to Convert a Picture (JPEG) to a PDF on an Android Phone

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### Method 1: Use the Built-in "Print" Feature (No App Needed)

- This is the fastest method, works on most Android devices, and does not require third-party apps.
- Open Google Photos or your Gallery app.
- Open the JPG image you want to convert.
- Tap the three-dot menu (often in the top-right corner).
- Scroll to find and select Print or Export to PDF.
- At the top, select the drop-down menu that says, "Select a printer" and pick Save as PDF.
- Tap the PDF icon (or "Save" button) to download the document.

<https://www.youtube.com/watch?v=CnswH-DqZFU>

## Master Document Checklist

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Use the table on the following page to track your progress. Check off each item as you collect it.

Stage	Document	Source	✓
1	Canadian Driver's License — front and back (colour copy)	MTO Issued	<input type="checkbox"/>
1	Uncertified 3-Year Driver's Abstract	MTO Website	<input type="checkbox"/>
2	Basic Life Support (BLS) – CPR certificate	Training Provider	<input type="checkbox"/>
2	Standard First Aid (or equivalent) certificate	Training Provider	<input type="checkbox"/>
3	Pledge of Confidentiality/Code of Conduct (signed)	Pg. 6-7 of this package	<input type="checkbox"/>
3	Confidentiality Agreement with Paramedic Service (signed)	Pg. 8 of this package	<input type="checkbox"/>
4	Immunization – Communicable Disease Form Part A (physician completed)	Pg. 9–14 of this package	<input type="checkbox"/>
4	Mandatory Immunizations for Paramedic Students	Pg. 9–14 of this package	<input type="checkbox"/>
4	COVID-19 Vaccination Record 1	Health Provider	<input type="checkbox"/>
4	COVID-19 Vaccination Record 2 (if needed)	Health Provider	<input type="checkbox"/>
5	Paramedic Program uniform (photo or receipt)	Uniform Pros	<input type="checkbox"/>
5	Black safety boots with a green CSA logo (photo)	Any safety equipment store	<input type="checkbox"/>
5	Student Respirator Mask Fit Testing Assessment Form	Pg. 16-17 of this package	<input type="checkbox"/>
5	Communicable Disease Health Status Report — Part B	Pg. 18-19 of this package	<input type="checkbox"/>
6	Police Vulnerable Sector Check	Police Service	<input type="checkbox"/>
6	Paramedic Student Personal Data Form	Pg. 21 of this package	<input type="checkbox"/>
7	Confederation College Student Identification Card (copy)	Confederation College	<input type="checkbox"/>
8	Ambulance Field Placement Preference Sheet	Pg. 23 of this package	<input type="checkbox"/>
9	Influenza Acknowledgement	Pg. 24 of this package	<input type="checkbox"/>

\* Placement preference sheets will be considered once all the above documents have been submitted and your semester-two grade point average (GPA) has been generated.

## Stage 1: Canadian Driver's License and Uncertified 3-Year Driver's Abstract

### What You Need

- A legible colour photocopy of the front and back of your valid Ontario G/G2 (or equivalent) driver's license.
- An uncertified 3-year driver's abstract from the Ministry of Transportation Ontario <https://www.ontario.ca/page/get-driving-record>

**Why it's needed:** The Paramedic Service and Confederation College require verification that you hold a valid driver's license for the duration of your paramedic training. In order to obtain an F-class (ambulance) license, you must first have a full-G license.

**Important Information:** Please note that you MUST have a full-G driver's license by September 1<sup>st</sup> of your third semester, upon the start of the second year of the Paramedic Program, to participate in the AB 325 Ambulance Operations class. If you cannot obtain a full-G license by that date, you will have to transfer to another Confederation College program or defer your Paramedic Program start date until you can meet the licensing requirements.

## Stage 2: Basic Life Support (BLS) CPR and Standard First Aid Certificates

### What You Need

- A legible photocopy of your valid Basic Life Support (BLS) CPR certificate.
- A legible photocopy of your valid Standard First Aid certificate (or equivalent).

### Important:

- Your Basic Life Support (BLS) CPR certificate is considered valid for one year from the date of the course, regardless of the expiry date printed on the certificate. The certificate must remain valid for the entire duration of your preceptorship.
- Your Standard First Aid certificate is considered valid for three years from the date of the course, regardless of the expiry date printed on the certificate. The certificate must remain valid for the entire duration of your preceptorship.

## Stage 3: Pledge of Confidentiality/Code of Conduct

### What You Need

- Signed Pledge of Confidentiality/Code of Conduct.

### Pledge of Confidentiality / Code of Conduct

As a student of the Confederation College Primary Care Paramedic Program, you will have access to private and confidential patient information. By signing below, you agree to the following:

#### **Patient Privacy & Records**

- You will respect the privacy and dignity of patients, faculty, peers, and fellow students at all times.
- You will treat patient records as confidential and will not read, discuss, or disclose any such information unless it directly relates to your education as a Paramedic Program student.
- You will maintain confidentiality of all patient information both during and after the completion of your education.
- You will not inappropriately access, use, or release confidential information.
- You will only access, process, and transmit non-confidential information using authorized Confederation College Paramedic Program hardware, software, and equipment. Patient names, addresses, or identifying details will not be documented.

#### **Professional Conduct**

- You will treat others with respect, dignity, care, and compassion, while demonstrating honesty and integrity.
- You will maintain an environment that protects each patient's right to personal dignity and privacy, regardless of culture, race, ancestry, place of origin, citizenship, religion, gender, sexual orientation, age, or disability.
- You will refrain from using abusive or offensive language.
- You will act professionally and promote accountability within the paramedic profession.
- Your physical appearance will portray professionalism at all times.
- You will not post, distribute, or share electronically any comments, conversations, or images that are offensive, vulgar, or that negatively depict the profession of Paramedicine or the Paramedic Program at Confederation College.
- You will not electronically post assignments, presentations (in whole or in part), or case examples delivered as part of the program.
- As a Confederation College Paramedic student, you will act as an ambassador of the profession at all times — including at clinical sites and preceptorship/practicum locations.
- You will comply with all applicable federal, provincial, and municipal laws, and you will notify the Paramedic Program Coordinator if your criminal record status changes in a way that could affect your placement or employability.

I have read, understand, and agree to abide by the conditions outlined in this statement. I understand that a breach of these conditions may result in disciplinary action, up to and including loss of clinical and preceptorship/practicum privileges, at the discretion of Confederation College Paramedic Programs faculty in consultation with the Dean of the School of Health and Community Services.

**Student Name (Print):**

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**Student Signature:**

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**Date:**

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**Faculty Initial:**

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## Stage 3: Confidentiality Agreement with Paramedic Service

### What You Need

- Signed Confidentiality Agreement with Ambulance Service.

### Confidentiality Agreement with Paramedic Service

**Student Name:** \_\_\_\_\_

**Paramedic Service: SNEMS, KDSB, RREMS**

I acknowledge and agree that during my student placement with the above-named paramedic service:

1. All information of any kind that I encounter is the sole and exclusive property of the paramedic service or its parent organization.
2. I will comply with the Personal Health Information Protection Act, 2004, the Municipal Freedom of Information and Protection of Privacy Act, and all other applicable federal or provincial legislation governing the collection, retention, use, disclosure, and disposal of information.
3. I will not collect, use, access, or disclose any information acquired through my placement except as authorized by law.
4. I will comply with all internal confidentiality and privacy policies of the paramedic service and its parent organization.
5. I will not collect, use, access, disclose, duplicate, modify, or dispose of information for my own benefit or for the benefit of any third party.
6. I will immediately notify the appropriate management contact if I become aware of any unauthorized access, disclosure, or loss of information.

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**Student Signature**

**Date**

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**Witness Signature**

**Date**

## Stage 4: Immunization and Communicable Disease Forms

**Why it's needed:** Completion of these immunization requirements is mandatory under the Ministry of Health and Long-Term Care Ambulance Service Communicable Disease Standards. Students who do not meet these requirements will not be permitted to begin their preceptorship.

### What You Need

- Immunization – Communicable Disease Form Part A (completed and signed by your physician or nurse practitioner).
- Mandatory Immunizations Confirmation Form.
- COVID-19 Vaccination Record.
  - Only one COVID-19 vaccination is required if you received your first COVID-19 vaccination **after** January 1<sup>st</sup>, 2025.
  - Two COVID-19 vaccinations are required if you received your first COVID-19 vaccination **before** January 1<sup>st</sup>, 2025.

### Secure Handling of Medical Records

Contact Sandy Tafe at the Confederation College Health Center to make arrangements to have your medical records transferred to her for processing and safe storage. **DO NOT** send your medical records to the Paramedic Program Coordinator, as they do not have the authority to examine or store this information, and they will be forced to delete your message without opening your attachments.

Once processed, Sandy will send the Paramedic Program Coordinator an Excel spreadsheet with your document completion status. Only when all the above documents have been received by the Confederation College Health Center will this task be considered complete.

Please note that the Confederation College Health Center may be able to help you obtain immunizations, mask fit testing etc.

NOTE: Sandy Tafe of the Confederation College Health Center asks that TB skin testing be done closer to September.

## Immunization and Communicable Disease Form — Part A

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student Number: \_\_\_\_\_

### A. Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ Admission Year: \_\_\_\_\_

Address: \_\_\_\_\_

City / Province / Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone / Cell: \_\_\_\_\_

### B. Immunization Record — Part A

To be completed and signed by your physician or nurse practitioner. Attach a copy of your immunization record. This form must be submitted by August 16 of each year to the College Health Centre.

*The Confederation College Health Centre can assist you if you do not have access to a health care professional.*

**Phone:** (807) 475-6169 **Location:** Main Floor, REACH Building (attached to Dental Clinic)

**Hours:** Mon–Fri, 8:30 a.m. – 4:30 p.m.

Disease / Vaccine	Date Last Received (YY/MM/DD)	Contraindicated or Exempted	Schedule / Notes
Tetanus / Diphtheria		<input type="checkbox"/>	Every 10 years
Pertussis (Tdap)		<input type="checkbox"/>	
Polio		<input type="checkbox"/>	Every 10 years
Varicella (Chicken Pox)		<input type="checkbox"/>	Serology mandatory
Measles		<input type="checkbox"/>	Serology mandatory
Rubella		<input type="checkbox"/>	Serology mandatory
Mumps		<input type="checkbox"/>	Serology mandatory
Hepatitis B		<input type="checkbox"/>	Serology mandatory

### C. Tuberculosis (TB) Skin Testing — Mantoux

**Requirements:** A 2-step TB skin test is required before entering the program, followed by a yearly 1-step test. Two-step testing is only required once in a lifetime. The second test may be administered 7 days after the first. Paramedic students must have TB tests completed within 6 months prior to their first ambulance ride-out.

**Positive result:** If your first TB test is positive (induration  $\geq 10$  mm), do not administer a second test. Attach a chest X-ray report (dated within the last 6 months) to this form instead.

**Live vaccines:** TB skin testing should be done prior to or on the same day as live vaccines (e.g., MMR, Varicella). If a live vaccine is given first, wait 4–6 weeks before TB testing.

TB Skin Test Step	Date Administered	Date Read	Induration (mm)	Healthcare Provider Signature
Step 1 (Initial)				
Step 2 (7 days later)				
Annual				
Annual				
Annual				

**Chest X-Ray (if required):** Date: \_\_\_\_\_ Results:

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**INH Treatment Prescribed:**  Yes  No If not prescribed, reason:

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#### D. Vaccine-Specific Details

**Tetanus / Diphtheria / Pertussis / Polio** (full primary series required; booster every 10 years for tetanus and diphtheria)

**Date of last immunization:** \_\_\_\_\_

**MMR (Measles, Mumps, Rubella)** — Two doses required. Serology is mandatory for paramedic students.

**1st dose date:** \_\_\_\_\_ **2nd dose date:** \_\_\_\_\_

**Serology enclosed:**  Yes  No **Date:** \_\_\_\_\_ **Immune:**  Yes  No

**Booster date (if required):** \_\_\_\_\_

**Hepatitis B** — Three-dose series required; serology is mandatory for paramedic students.

**1st dose:** \_\_\_\_\_ **2nd dose:** \_\_\_\_\_ **3rd dose:** \_\_\_\_\_

**Serology enclosed:**  Yes  No **Date:** \_\_\_\_\_ **Immune:**  Yes  No

**Varicella (Chicken Pox)** — Serology is mandatory for paramedic students.

**History of disease:**  Yes  No **Serology enclosed:**  Yes  No **Immune:**  Yes  No

**Vaccination dates (if no prior immunity):** 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_

**Influenza (Flu) Vaccine** — Mandatory for paramedic students prior to placement.

**Vaccination date:** \_\_\_\_\_

### E. Physician / Nurse Practitioner Declaration

This is to certify that the above-named student has been immunized against the diseases listed in Table 1 – Part A of the Ministry of Health and Long-Term Care Ambulance Service Communicable Disease Standards (Version 2.0, August 1, 2015), or that immunization is medically contraindicated, or that there is laboratory evidence of immunity or a medically documented diagnosis.

**Physician / NP Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Stamp / Registration #:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mandatory Immunizations Note:** Students who decline the influenza vaccine must complete the Ministry of Health Influenza Educational Review package. Students who decline will not be permitted to ride out during a declared outbreak.

## Stage 5: Paramedic Program Uniform

### What You Need

- Receipt or photo verifying purchase of an approved Paramedic Program uniform.
- Photo of black, safety-toed boots displaying a green CSA logo.

### Uniform Requirements

All students in the Paramedic Program must wear an approved uniform and carry required safety equipment in accordance with Ontario Ministry of Health and Long-Term Care Ambulance personnel requirements. Your uniform must appear neat, clean, and professional at all times.

#### **Mandatory safety equipment (student-supplied unless noted):**

- Ministry of Health approved blue safety helmet with a chin strap and a visor – used for automobile accidents or when at an industrial site.
- Clear plastic, protective eyeglasses with a CSA logo – used for patient care.
- Wrap around safety goggles – used for automobile accidents (woodworker style).
- Approved N95 respirator mask — must be fit-tested (provided to paramedic students by the ambulance field placement organization during the placement period).
- Bright green or yellow safety vest.
- General purpose work gloves – used for automobile accidents.
- Black safety-toed boots (steel or composite toe) with green a CSA logo – full boot, not running shoe style.

## Stage 5: Mask Fit Test

### What You Need

- Completed Student Respirator Mask Fit Testing Assessment Form (below).

### Student Respirator Mask Fit Testing Assessment Form

**Student Name (Print):** \_\_\_\_\_

Please answer each question by circling YES or NO.

1. Do you currently experience any of the conditions listed in the Mask Fit Testing Reference Sheet?

YES / NO

2. Have you had previous health concerns or difficulties while using a respirator mask?

YES / NO

3. Do you have concerns about your future ability to use a respirator mask safely?

YES / NO

**Important:** A YES answer to any question above requires further assessment by your physician or nurse practitioner before fit testing and respirator mask use. Medical clearance and completed fit testing must be obtained before any placement shifts are approved.

**Signature of Respirator Mask User:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** Please attach your Mask Fit Certificate. It must be renewed annually.

**Conditions that may affect respirator mask use include:**

**Cardiac**

- Chest pain on exertion
- CAD / Angina
- Uncontrolled hypertension

**Respiratory**

- Shortness of breath
- COPD / Emphysema
- Asthma
- Chronic cough

**Neurological / ENT / Other**

- Myasthenia gravis
- Facial paralysis
- Multiple sclerosis
- Dizziness / Vertigo
- Severe allergic rhinitis
- Angioedema
- Nausea
- Claustrophobia

**Physician Clearance (if required)**

**Medical Clearance Date:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

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**Physician Signature**

**Date**

## Stage 5: Communicable Disease Health Status Report – Part B

### What You Need

- Communicable Disease Health Status Report — Part B (below).

### Communicable Disease Health Status Report — Part B

This report is required to comply with the Ministry of Health and Long-Term Care - Ambulance Services Communicable Disease Standards. The Confederation College paramedic student must be free from all communicable diseases listed below.

Acquired Immunodeficiency Syndrome (AIDS)	Measles
Amebiasis	Viral Meningitis
Anthrax	Meningococcal Meningitis
Botulism	Mumps
Campylobacter Enteritis	Ophthalmia Neonatorum
Chicken Pox (Varicella)	Paratyphoid Fever
Cholera	Pertussis (Whooping Cough)
Cytomegalovirus Infection (Congenital)	Plague
Diphtheria	Poliomyelitis (Acute)
Encephalitis (Primary Viral)	Psittacosis/Ornithosis
Gastroenteritis	Q Fever
Giardiasis	Rabies
Group A Streptococcal Disease (Invasive)	Rubella
Haemophilus Influenzae B Disease (Invasive)	Rubella (Congenital Syndrome)
Hemorrhagic Fevers (including Ebola, Marburg, and other viral causes)	Salmonellosis
Viral Hepatitis (including Hepatitis A, B, and C)	Shigellosis
Influenza	Tuberculosis
Lassa Fever	Tularemia
Legionellosis	Typhoid Fever
Leprosy	Verotoxin-Producing E. Coli Infections
Listeriosis	Yellow Fever
Malaria	Yersiniosis

To the best of our knowledge, the aforementioned Confederation College paramedic student is in compliance with the requirements of the Ministry of Health and Long-Term Care Ambulance Service Communicable Disease Standards, Table 1 – Parts A and B.

**College Representative  
(Overseeing Placement):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**College Paramedic Student (Print Name):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Stage 6: Police Vulnerable Sector Check

### What You Need

- Police Vulnerable Sector Check — mark the purpose as EMPLOYMENT (not volunteer).

**Note:** The vulnerable sector check must be dated no earlier than 10 months before the start of your preceptorship. Students must provide proof of no criminal conviction involving moral turpitude for which they have not been pardoned. The original criminal record search is provided directly to the paramedic service by the student.

### Police Vulnerable Sector Check – Important Information

1. This is a **Police Vulnerable Sector Check**, not a **Criminal Record Check**. Please ensure you obtain the correct document.
2. The Police Vulnerable Sector Check must be completed properly and **MUST be on official police service letterhead**.
3. You may not obtain Police Vulnerable Sector Check from a private, third-party service. Police Vulnerable Sector Checks that are not from an established provincial or municipal police service will be rejected.
4. The Paramedic Program Coordinator will provide you with a letter to submit with your request for a Police Vulnerable Sector Check.
5. If you are under 18 years of age, you will not be able to obtain a Police Vulnerable Sector Check until you turn 18 years old. Please email the Paramedic Program Coordinator, advising that you are not of age. You will require a Police Vulnerable Sector Check immediately upon turning 18 years old.

## Stage 6: Personal Data Form

### What You Need

- Completed Paramedic Student Personal Data Form (below).

### Paramedic Student Personal Data Form

#### CONFIDENTIAL WHEN COMPLETED

Please complete all fields. If any information changes, provide updated details to the Program Coordinator.

#### TO BE COMPLETED BY THE PARAMEDIC SERVICE

Ride-Out Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_  
Assigned Preceptor(s): \_\_\_\_\_

#### TO BE COMPLETED BY THE STUDENT

#### STUDENT INFORMATION

Surname: \_\_\_\_\_  
Given Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Student Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Student Email: \_\_\_\_\_

#### EMERGENCY CONTACT

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_

## Stage 7: Confederation College Student Identification

### What You Need

- A legible colour photocopy of your Confederation College student photo identification card

Your student ID is available from the Confederation College Library or via the student ID kiosk, on-site inside the Shuniah building of the Thunder Bay campus. Ensure your card is current before submitting your copy.

## Stage 8: Ambulance Field Placement Preference Sheet

### What You Need

- Completed Ambulance Field Placement Preference Sheet (below).

**Important:** Placement sites are awarded based on fully completed ambulance field placement packages AND your end of semester-two grade point average (GPA). Confederation College does not guarantee ambulance field placement at your preferred site. The student is responsible for all costs (food, housing, transportation etc.) associated with ambulance field placement.

**Student Name:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

**Placement Preference 1:** \_\_\_\_\_

**Placement Preference 2:** \_\_\_\_\_

**Placement Preference 3:** \_\_\_\_\_

### Paramedic services who offer ambulance field placement to Confederation College paramedic students:

- Superior North Emergency Medical Services – City of Thunder Bay.
- Superior North Emergency Medical Services – District of Thunder Bay (Upsala to Manitouwadge to Armstrong).
- Kenora District Services Board (Ignace to Ontario/Winnipeg border).
- Rainy River District Service Board (Fort Frances, Emo, Rainy River, Atikokan).
- Nootkamegwanning Emergency Medical Services (White Dog First Nation).

**Comments / Special Considerations:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Stage 9: Influenza Acknowledgement

### What You Need

- Signed Influenza Acknowledgement (below)

The influenza (flu) vaccine is mandatory for all paramedic students in the autumn prior to ambulance field placement.

If you decline the influenza vaccine, you must complete the Ministry of Health Influenza Educational Review package. Students who decline the vaccine will not be permitted to attend any ambulance field placement during any declared influenza outbreak.

I, \_\_\_\_\_ (student name — print), acknowledge the following:

- I understand that the influenza vaccine is mandatory for paramedic students prior to field placement.
- I have either received the influenza vaccine for the current season, OR I am declining and understand I must complete the Ministry of Health Influenza Educational Review package.
- I understand that declining the vaccine means I will not be permitted to ride out during a declared outbreak.

Vaccine received      Vaccination Date: \_\_\_\_\_

Vaccine declined      I will complete the Ministry of Health Influenza Educational Review package.

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**Student Signature**

**Date**

**College Representative  
(Overseeing Placement):**

**Date:** \_\_\_\_\_

*Questions? Contact the Program Coordinator or the Confederation College Health Centre at (807) 475-6169.*