

## Student Practice Education Core Orientation (SPECO) - 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.

1

Legal last name:	Legal first name:	
Your <b>school</b> email:	Phone:	Date:
School:	Program:	
Health Authority Network ID (if known):		

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All students/residents\*

The following pre-requisites are administered and tracked by your school:	Renewal Period	Completed
Follow immunization guidance for health care workers as outlined in the <a href="#">BCCDC Communicable Disease Control Manual</a>		
Criminal Records Check	5 years (Or upon any subsequent charge or conviction)	
Fit Testing / Respiratory Protection	Annual (as required)	
CPR (as required by your program)	---	

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

Online modules on LearningHub	Course Code	Renewal Period	Date completed
<a href="#">Setting up your LearningHub account</a>			
Introduction to Student Practice	<a href="#">8558</a>	---	
- Introduction, Information Privacy, Safety at Work, MSIP			
Violence Prevention (Modules 1 – 8)	<a href="#">7317</a> , <a href="#">7318</a> , <a href="#">7321</a> , <a href="#">7323</a> , <a href="#">7324</a> , <a href="#">7327</a> , <a href="#">7328</a> , <a href="#">7329</a>	---	
Violence Prevention Classroom Training		Annual	
- May be required for <a href="#">high risk areas</a> . Check schools/health authority websites.			
Provincial Code Red – Fire Safety Training (Acute & LTC Facilities)	<a href="#">10853</a>	Annual	
Infection Prevention and Control Practices – complete one of the options			
- for Direct/Clinical Care Providers**	<a href="#">24610</a>	2 years	
- for Health Care Personnel Not Involved in Direct Clinical Care			
Waste Management Basics	<a href="#">9114</a>	---	
WHMIS Provincial Course	<a href="#">6941</a>	3 years	
Code Silver – Active Attacker	<a href="#">29687</a>	---	
Hazardous Drugs Safety for Students (complete modules based on discipline)	<a href="#">31208</a>	---	

As per the [Practice Education Guideline: Orientation](#), educational institutions maintain records of completion for the 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 (e.g. at school campus or remotely), are required to have 1) current Criminal Records Check and 2) meet 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)

**4 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. You **must** complete Confidentiality requirements at each Health Authority you attend.

Websites	Confidentiality links
<a href="#">First Nations Health Authority</a>	
<a href="#">Fraser Health Authority</a>	<a href="#">FHA Privacy &amp; Confidentiality training</a>
<a href="#">Interior Health Authority</a>	<a href="#">Confidentiality Undertaking for Student Placement</a>
<a href="#">Island Health</a>	<a href="#">Island Health Student Practice Curriculum</a>
<a href="#">Northern Health Authority</a>	<a href="#">NHA Acknowledgement form</a>
<a href="#">Providence Health Care</a>	<a href="#">PHC Privacy and Security</a>
<a href="#">Provincial Health Services Authority</a>	<a href="#">PHSA Privacy and Security 101</a>
<a href="#">Vancouver Coastal Health</a>	<a href="#">VCH Privacy and Confidentiality Undertaking for Student Placement</a>

I agree that by completing the Checklist and signing this form I have met the mandatory pre-requisites and confidentiality commitments 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.

**5** Any requirements not met or completed may result in the cancellation or suspension of your practicum. Ensure records are maintained and accurate. ([PEG: Orientation - Students](#))

Signature

Date