

Welcome New S118 Year 1 Bachelor of Science Collaborative Nursing students!

- In preparation for the Fall Term 2024 academic year, there are mandatory requirements that you will need to demonstrate completion of, prior to being assigned to a clinical placement. These Practical Record Requirements (PRR) will take about **8 to 10 weeks** to complete, and it is recommended that you provide enough time for the approval process.
- Once you have gathered all the necessary medical and non-medical documents, you will need to create an account, upload and submit all documents, certificates and evidences to the ParaMed Placement Pass website at <https://georgebrowncollege.placementpass.ca/> by the **given deadline on November 7, 2024**.
- If you **fail** to complete, submit, and upload these requirements to ParaMed Placement Pass by the **given deadline on November 7, 2024** you will be **excluded** from clinical practice in Winter Term 2025 which can jeopardize your academic standing & may lead to program **withdrawal**.
- Please **note** that even if you have graduated from another Health Sciences program either in George Brown College or from another college, university or institution **and/or** have experience working in any health-related profession, you are still required to complete all the non-medical certificates below. If you **fail** to do so, you will be **excluded** from clinical field practice which can jeopardize your academic standing & may lead to program withdrawal.
- All costs, service fees and fines associated with the overall medical and additional requirements are the responsibility of the student.

Below is a summary of all requirements that must be provided in your submission. Please read and follow all the instructions carefully:

Medical Requirements

- All students must provide proof of current immunization records, blood test reports and health status. Book an appointment with your doctor/walk-in clinic and bring the PRR Health form with you to document receipt of the following -TDAP, MMR, Varicella, Hep B, Two Step TB Skin Test and Flu Shot requirements. For more information, visit <https://www.georgebrown.ca/current-students/preplacement/forms/sally-horsfall-eaton-school-of-nursing-forms>
- **SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS:** You may start all medical requirements from your home country to help you save time and money before you arrive in Canada (except the Flu shot which you can get it done here in Nov/Dec). Please book an appointment with your family doctor/physician from your home country and bring this health form with you and start working on all the medical requirements over there. Please make sure that your doctor complete, sign and stamp this form and all the supporting medical documents are translated in English Language. If you fail to do so, you will pay all the extra medical costs and doctor's appointment here in Canada.
- **COVID-19 vaccination:** Public Health Ontario continues to recommend that people working with vulnerable communities be fully vaccinated against COVID-19. Clinical agency partners continue to require students to be fully vaccinated against COVID-19 in order to be approved to complete clinical placements within their facilities. Agencies have the right to decline the placement of students who are not fully vaccinated, and students who are not vaccinated are at risk of not being able to complete their clinical placement course requirements. If you are **unvaccinated to COVID-19**, please contact us to further discuss how this will have a negative impact to your academic and clinical standing in the program.
- **Seasonal Flu Shot**-please do not worry about the flu shot at this time, if you have everything completed except your new flu shot record, you may submit your health form documents to the Paramed portal by the given deadline.

Vulnerable Sector Check (renew every six months) (see page 5)

- **For students who currently reside in Toronto region with a postal code that starts with the letter "M":** Please see the Toronto Police instruction sheet and apply online and it could take 8 to 10 weeks to process and receive your VSC record to your email account.
- **For student who currently reside in another region such as (Durham, Halton, Hamilton, London, Niagara, OPP, Peel & York) or Out of Province.** Please apply at your specific regional police service website after August 1st, 2024 to September 15, 2024 only.
- If you have **any history of criminal record or not clear VSC record**, please contact us to further discuss how this will have a negative impact to your academic and clinical standing in the program.
- **SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS ONLY:** The Vulnerable sector check cannot be started until you are physically in Ontario, Canada. It is essential that you begin the process for the Vulnerable sector check as soon as you arrive and have an official address in Ontario, Canada, because the process can take at least 8 to 10 weeks to receive the necessary vulnerable sector check clearance particularly if you live in Toronto region with a postal code that start with letter "M". For more information visit this link <https://www.georgebrown.ca/current-students/preplacement/additional-requirements/certificates>

Standard First Aid (renew every 3 years) & Basic Life Support Certificate (renew every year) (see page 6)

- All students must have a current SFA & BLS certificate in order to participate in practicum. If you live in Toronto region, you may register for this course at Peak Excellence Shop at <https://www.peakexcellenceshop.com/> or at any WSIB Approved First Aid Trainers, for more information visit this link <https://www.georgebrown.ca/current-students/preplacement/additional-requirements/certificates>
- **SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS ONLY:** The Vulnerable Sector Check cannot be started until you are physically in Ontario, Canada. It is essential that you begin the process for the vulnerable sector check as soon as you arrive and have an official address in Ontario, Canada, because the process can take at least 2 to 3 months to receive the necessary vulnerable check. **No temporary certificate will be accepted.**
- Please **do not** register for an Emergency First Aid course or to any company that offers these courses 100% fully online, we will not accept these types of certificates. We would advise you to retake this course with another company that offers it either hybrid or in person and you will have to pay again. All costs and service fees are the responsibility of the student.

Mask Fit Test Certificate (renew every two years) (see page 6)

- All students must have a valid mask fit test certificate. We will accept your mask fit test certificate either from your workplace or other agency as long as it is valid within 2 years. If you need to complete this step, please book your mask fit testing at Peak Excellence Shop company online at <https://www.peakexcellenceshop.com/> or go to other third-party agency.
- **SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS ONLY:** The Vulnerable Sector Check cannot be started until you are physically in Ontario, Canada. It is essential that you begin the process for the vulnerable sector check as soon as you arrive and have an official address in Ontario, Canada, because the process can take at least 2 to 3 months to receive the necessary vulnerable check.

Final Step: Once you have everything completed and done and officially registered to your Stu-View account, your final step is to create an account, submit and upload your completed health form documents to the **ParaMed Placement Pass website** at <https://georgebrowncollege.placementpass.ca/> by the given deadline. **(Paramed Service fees from June 1, 2022 to May 31, 2025)**

- Initial Submission Fee-\$59.47 dollars (submission of health form, RN fee and medical records access online)
- Resubmission Fee (due to a Deficiency List Form) - \$26.10 dollars

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

- **Suzette Martinuzzi** Clinical Pre-placement Coordinator
Telephone: (416) 415-5000 ext. 3415 Email: smartinu@georgebrown.ca

Business Hours and Locations

Monday to Wednesday (9:00 am-4:00 pm) at 51 Dockside Drive, Room 702, 7th Floor, Waterfront campus, Toronto, ON M5A 0B6
Thursday to Friday (9:00 am-4:00 pm) at 200 King Street East, Main Building "A", 4th Floor, Room 401B, St. James Campus, Toronto, ON M5A 3W8, by appointment only

(S118) Bachelor of Science in Nursing (Fall Term 2024)

New Year 1 students: Semester 1 & 2

Practice Requirement Record (PRR) deadline: November 7, 2024

MEDICAL REQUIREMENTS CHECKLIST (see pages 3-4)

Book an appointment with your doctor/Walk-In Clinic. Bring this health form to your appointment and advise your doctor to sign and stamp your health form documents upon completion of all medical requirements. Please read and follow all the instructions on this form.

- Tetanus, Diphtheria & Pertussis (*Tdap/Adacel/Boostrix vaccine valid every 10 years & attach yellow card record*)
- Polio shot
- COVID-19 three doses vaccination (*mandatory and attach proof of QR code record*)
- Seasonal Flu Shot (*strongly recommended every year in November or December*)
- Measles, Mumps & Rubella (*documentation of two doses of MMR vaccine OR laboratory evidence of immunity*)
- Varicella (*documentation of two doses of Varivax vaccine OR laboratory evidence of immunity*)
- Hepatitis B (*ask your doctor to do blood test, ATTACH copies of blood test reports and all immunization records*)
- Two Consecutive Step Tuberculosis Skin Test
- Yellow immunization card or any type of immunization records
- Final signature of your doctor/physician and medical office stamp

ADDITIONAL NON-MEDICAL REQUIREMENTS CHECKLIST (see pages 5-10)

Please read and follow all detailed instructions on this form.

- [Vulnerable Sector Check](#)-(renew every six months and must be valid for the entire duration of clinical practice per semester)
- [Standard First Aid Certificate](#) (renew every three years and must be valid for the entire duration of clinical practice per semester)
- [Basic Life Support Certificate](#) (renew every year and must be valid for the entire duration of clinical practice per semester)
- [Mask Fit Test Certificate](#) (renew every two years and must be valid for the entire duration of clinical practice per semester)
- ParMed Placement Pass Service Fees
- Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates
- GBC and ParaMed Agreement Form
- TMU HSPNet, Student Declaration of Understanding and WSIB for Unpaid Placement Agreement Forms

PARAMED PLACEMENT PASS SERVICE FEES
(rates are subject to change without further notice)

FINAL STEP: Once you have everything done and completed, you will create an account, submit and upload your completed health form documents to the **ParaMed Placement Pass website** at <https://georgebrowncollege.placementpass.ca/> by the given deadline. If you **fail** to do so, you will be **excluded** from clinical practice which can jeopardize your academic standing & may lead to program **withdrawal**.

(ParaMed Service fees from June 1, 2022 to May 31, 2025)

- Initial Submission Fee-\$59.47 dollars (submission of health form, RN fee, archives & medical records access online)
- Resubmission Fee (due to a Deficiency List Form) - \$26.10 dollars

CONTACT US:

Suzette Martinuzzi, Clinical Pre-placement Coordinator

Telephone: (416) 415-5000 ext. 3415

Email: smartinu@georgebrown.ca

Business Hours and Locations

Monday to Wednesday (9:00 am-4:00 pm) at 51 Dockside Drive, Room 702, 7th Floor, Waterfront campus, Toronto, ON M5A 0B6, by appointment only

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**NEW YEAR 1-S118 BACHELOR OF SCIENCE COLLABORATIVE NURSING PROGRAM
PRACTICE REQUIREMENT RECORD (PRR) FORM (FALL TERM 2024)**

Name x _____
 GBC ID# x _____
 Tel x _____
 Email x _____

Submission deadline: November 7, 2024

**MEDICAL REQUIREMENTS (Mandatory)
(DOCTOR/PHYSICIAN/HEALTH CARE PROFESSIONAL TO COMPLETE, SIGN & STAMP)**

*Ontario legislation specifies certain surveillance requirements for those entering into healthcare practice settings. The Program policy was developed in accordance with the Communicable Disease Surveillance protocols, specified under the Ontario Public Health, OHA, OMA and LTCAO to meet the requirements of our students' placement settings. This process is necessary to ensure that our students protect their health and safety, and the health and safety of patients, children, seniors, employees and other vulnerable people. The completion of this information is not optional, and all sections must be completed as outlined. Our placement agency partners have the right to refuse students who have not met their immunization standards. If, for medical reasons, your patient is unable to receive a required immunization or Chest X-ray, a medical note of this exclusion must be provided on the form. Check out the **YouTube tutorial videos** for all the Medical and Non-Medical requirements at <https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKPQ91w>*

1. TETANUS, DIPHTHERIA & PERTUSSIS (Tdap/Adacel valid every 10 years) (please make sure that your doctor writes down all the dates and attach a yellow card/proof of immunization record)

Date of last Tetanus, Diphtheria & Pertussis (Tdap/Adacel) booster ____/____/____(mm/dd/yyyy)

2. POLIO shot (please make sure that your doctor writes down the date and attach a yellow card/proof of immunization record)

Date of last Polio booster ____/____/____(mm/dd/yyyy)

3. COVID-19 VACCINATION (mandatory and attached proof of record) Public Health Ontario continues to recommend that people working with vulnerable communities be fully vaccinated against COVID-19. Clinical agency partners continue to require students to be fully vaccinated against COVID-19 in order to be approved to complete clinical placements within their facilities. Agencies have the right to decline the placement of students who are not fully vaccinated, and students who are not vaccinated are at risk of not being able to complete their clinical placement course requirements. If you are unvaccinated to COVID-19, please contact us to further discuss how this will have a negative impact to your academic and clinical standing in the program.

1st Dose date ____/____/____(mm/dd/yyyy) (attach proof of records)

2nd Dose date ____/____/____(mm/dd/yyyy)

3rd Dose date ____/____/____(mm/dd/yyyy)

Proof of approved [exemption](#) status

4. SEASONAL FLU SHOT (mandatory in November or December) (Note: Please do not worry about the flu shot at this time. If you have everything completed except the flu shot, you may submit this health form to the ParaMed portal by the given deadline)

Given Date ____/____/____(mm /dd/yyyy)

5. MEASLES, MUMPS, RUBELLA (MMR) (Two doses vaccine OR Laboratory evidence of immunity)

Documentation of receipt of two doses of MMR vaccine on or after the 1st birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.

1st Dose date ____/____/____
mm/ dd / yyyy

2nd Dose date ____/____/____
mm/ dd / yyyy

OR

Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, no booster shot required. But, if the result is **Non-immunity or Non-Reactive**, you must provide **two doses** as per instruction above. Serologic testing for immunity is **not** recommended after vaccination.

6. VARICELLA (CHICKEN POX) (Two doses vaccine OR Laboratory evidence of immunity)

Documentation of receipt of two doses of Varivax vaccine on or after the 1st birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.

1st Dose date ____/____/____
mm/ dd / yyyy

2nd Dose date ____/____/____
mm/ dd / yyyy

OR

Laboratory evidence of immunity and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, no booster shot required. But, if the result is **Non-immunity or Non-Reactive**, you must provide **two doses** as per instruction above. Serologic testing for immunity is **not** recommended after vaccination.

Final Signature of doctor/physician/health care professional _____ **(pg. 3)**

Date (mm/dd/yyyy): _____ **Medical Office Stamp:** _____ **(pg. 3)**

George Brown College & ParaMed Agreement Form

Name x _____

Program: S118 BScN Nursing- Year 1 in Fall Term 2024

I x _____ (Print Name) understand that any false statement is grounds for cancellation of admission.

I understand that the college has the right to cancel my admission privilege on the basis of medical information submitted or withheld. I understand that it is my responsibility to inform the appropriate George Brown College personnel of any communicable disease, special need, exception or medical condition which may place me at risk or pose a risk to others at George Brown College or on placement.

I will pay all the services fees and authorize ParaMed to review the above information.

x _____
(Signature) **(Date)**

Element of Risk

All experiential learning programs, such as field trips, clinical and field placements or job shadowing involve certain elements of risk. Injuries may occur while participating in this activity without any fault of the student, the placement or the college. By taking part in this activity, you are accepting the risk that you may be injured. Following the Health and Safety rules of your placement is required. By signing below you agree that you have reviewed the element of risk and are willing to comply with the Health and Safety Rules of your placement.

If an injury should occur, it must be reported immediately to your supervisor and to your faculty. Completing Workers Safety Insurance Board forms and reporting any injury while participating in placement must take place within **72 hours** of occurrence.

x _____
(Signature) **(Date)**

Contact Us

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email smartinu@georgebrown.ca
 Clinical Pre-placement Office campus locations:
 (Mon-Wed) 51 Dockside Drive, Room 702, 7th Floor, Waterfront Campus
 (Thursday-Friday) 200 King Street East, Room 401B, 4th Floor, Building "A", St. James Campus
 Business Hours: 8:00 am to 3:30 pm, by appointment only or visit [FT Program Pre-placement](#)

FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY ACT

The personal information on this form is collected under the legal authority of the Colleges and Universities Act, R.S.O. 1980, Chapter 272, Section 5, R.R.O. 1990, Regulation 77 and the Public Hospital Act R.S.O. 1980 Chapter 410, R.S.O. 1986, Regulations 65 to 71 and in accordance with the requirements of the legal Agreement between the College and the agencies which provide clinical experience for students. The information is used to ensure the safety and wellbeing of students and clients in their care.

Consent Form for Use and Disclosure of Student Information

GBC Student ID Number: _____ Educational Program: Year 1 S118 BScN (Fall 2024)

First Name: _____ Middle Initial: _____ Last Name: _____

1. Permission to Use and Disclose Your Student Related Personal Information and Personal Health Information

By signing this consent, you authorize your educational Program _____ to:

- Collect, use and/or disclose your personal information (name and student profile information that is under the custody and control of your Program) to authorized staff of Receiving Agencies for the purpose of locating and coordinating an appropriate placement experience (e.g. clinical practical, fieldwork, or preceptorship) as required by your educational program;
- Use your student related personal information and personal health information relating to placement prerequisites, for the purpose of tracking your compliance against Receiving Agency safety and infection control prerequisites for accepting students. Placement prerequisites that may be tracked include personal information such as CPR certification or criminal records check status, and personal health information such as immunity/immunization status of vaccine-preventable diseases. Placement prerequisite information is used only by staff involved with your educational program, and is never disclosed to users external to your educational program.
- Disclose your personal information to the owner and administrator of the HSPnet system, namely Provincial Health Services Authority British Columbia (PHSA), to allow PHSA to indirectly collect your personal information to provide HSPnet student placement services.

2. Consent Period

This consent is effective immediately and shall remain valid for up to six years, or shall be voided upon your completion of the Program, your formal withdrawal from the Program, or upon written request as described below.

3. Your Rights With Respect to This Consent

- 3.1 Right to Refuse Consent** - You have the right to refuse to sign this consent, and if you refuse your placement will be processed manually at the earliest convenience of the Program and Receiving Agency.
- 3.2 Right to Review Privacy & Security Policies** - A copy of the document entitled *Identified Purposes and Handling of Personal Information in HSPnet*, which summarizes Privacy and Security policies relating to how we may use and disclose your personal information via HSPnet, is distributed with this Consent Form. You may wish to review the complete Privacy and Security Policies for HSPnet before signing this consent. The Privacy and Security Policies may be amended from time to time, and you may obtain an updated copy by contacting privacy@hspscanada.net.
- 3.3 Right to Request Restrictions on Use/Disclosure** – You have the right to request that we restrict how we use and/or disclose your personal information or personal health information via HSPnet for the purpose of locating and coordinating a suitable placement experience. Such requests must be made in writing to the placement coordinator for your Program. If we agree to a restriction you have requested, we must restrict our use and/or disclosure of your personal information in the manner described in your request. If this restriction precludes our ability to coordinate your placement via HSPnet, then your placement will be processed manually at the earliest convenience of the placement coordinator and receiving agency.
- 3.4 Right to Revoke Consent** - You have the right to revoke this consent at any time. Your revocation of this consent must be in writing to the placement coordinator for your Program. Note that your revocation of this consent, or the voiding of this consent upon your completion or withdrawal from the Program, would not be retroactive and would not affect uses or disclosures we have already made according to your prior consent.
- 3.5 Right to Receive a Copy of This Consent Form** - You may request a copy of your signed consent form.

Collection of your personal information is done under the authority of the privacy legislation that applies to educational institutions in your province. For more information visit <https://hspscanada.net/privacy-and-security/>

I hereby authorize my educational Program to use and/or disclose my personal information via HSPnet for the purpose of locating and coordinating appropriate student placement(s) as required by the curriculum.

x _____
Student signature

Date (MM/DD/YYYY)

Student coverage while on unpaid placement:

The government of Ontario, through the Ministry of Colleges and Universities (MCU), reimburses WSIB for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (university). Students enrolled at an Ontario postsecondary institution are eligible for Workplace Safety Insurance Board (WSIB) coverage while on placements, either required or optional, that are part of an Approved Program. ([See the Guidelines](#) for details regarding eligibility for Ministry coverage.)

MCU also provides private insurance through Chubb Insurance (formerly ACE-INA) to students should their unpaid placement take place with an employer who is not covered under the Workplace Safety and Insurance Act and limited coverage where eligible placements take place outside of Ontario (international and other Canadian jurisdictions). However, students are advised to maintain insurance for extended health care benefits through the applicable student insurance plan or other insurance plan.

Please be advised that Toronto Metropolitan University (formerly Ryerson University) will be required to disclose personal information relating to the unpaid work placement and any WSIB claim or Chubb claim to MCU.

This Agreement must be completed and signed to indicate the Student Trainee's acceptance of the unpaid work placement conditions, and a copy provided to the Toronto Metropolitan University placement coordinator prior to the commencement of the work placement.

Declaration:

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Colleges and Universities while I am on an unpaid placement as part of an Approved Program.

I agree that, over the course of my placement, I will participate in and implement all safety-related training and procedures obtained from the University and the Placement Employer. I will provide the University with written confirmation that I have received safety training.

I will promptly inform my Placement Employer of any safety concerns. If these concerns are not resolved, I will contact the University's placement coordinator within my faculty and notify them of any unresolved safety concerns.

I understand that all accidents sustained while participating in an unpaid work placement must be immediately reported to the Placement Employer and my Toronto Metropolitan University placement coordinator. A MCU Postsecondary Student Unpaid Work Placement Workplace Insurance Claim form must be completed and signed in the event of injury and submitted to the University placement coordinator.

In the event of an injury, I consent to the release of my personal information relating to the placement to my Placement Employer and MCU, including address, telephone number, date of birth and social insurance number.

I also agree to maintain regular contact with the University and to provide the University with information relating to any restrictions and my ability to return to the placement.

I understand the implications and have had any questions answered to my satisfaction.



Student Full Name: _____ Student Signature: _____

Program Name: **Year 1 S118 BSCN Collaborative**

Date: _____

Organization: **GEORGE BROWN COLLEGE and TORONTO METROPOLITAN UNIVERSITY**

Total Placement Hours: _____ *(please leave this section blank until you see Placement History tab on your TMU HSPnet profile)*

Visa Student? YES NO

Parent/Legal Guardian's Name (for student less than 18 years of age) *please print:*

Parent Signature: _____ Date: _____

Collection Notice Regarding Personal Information

Toronto Metropolitan University protects your privacy and Personal Information. The Personal Information requested on this form is collected under the authority of the *Ryerson University Act, 1977*, in accordance with the *Freedom of Information and Protection of Privacy Act* ("FIPPA"). The information will be used to communicate with the Placement Employer – for example, to confirm eligibility for the Placement or in the event of a workplace accident. Direct any questions about this collection to the Risk & Insurance Officer of the Financial Services Department at Toronto Metropolitan University at insurance@ryerson.ca or visit the website at: <https://www.torontomu.ca/policies/policy-list/information-protection-access-policy/>