

Welcome New First Year (S400) Restorative Dental Hygiene students in Fall Term 2024!

- In preparation for your dental practicum experience both in-person and off-site, there are mandatory preclinical requirements that you will need to complete ahead of time, as it will usually take **8 to 10 weeks** to process and complete. The Clinical Placement Office recommends that you begin gathering the necessary documentation now, to be able to submit and provide enough time for the approval process.
- Once you have gathered all the necessary documents, you will need to create an account, upload and submit all documents, certificates and evidences to the ParaMed Placement Pass portal by the **given deadline on September 30, 2024**. A link to the portal can be found at <https://georgebrowncollege.placementpass.ca/>
- If you **fail** to complete, submit, and upload these requirements to ParaMed Placement Pass portal by the **given deadline on September 30, 2024** you will be **excluded** from dental 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.
- 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**.

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 Requisite 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/school-of-dental-health-forms>
- **COVID-19 vaccination:** It is highly recommended for oral health care workers and those working with vulnerable populations. Hospitals, long term care facilities and some community agencies continue to require COVID-19 vaccines for placements. Students who are not vaccinated may not be able to attend external clinical or field placements. As a result, this may pose a risk of meeting the requirements for program completion. The onsite WAVE (Wellness, Applied Learning, Visionary, Education) dental clinic will not require vaccination but is highly recommended. Use of PPE will be required in all onsite clinics.
- **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 year and valid from September 2024 to April 2025)

- **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 6 to 8 weeks to process and receive your VSC record to your email account. For more information, see page 6.
- **For student who currently reside in another region such as [\(Durham, Halton, Hamilton, London, Niagara, OPP, Peel & York\)](#) or Out of Province.** Please apply to your specific regional police service website and for more information, see page 6.
- 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.

Workplace Hazardous Materials Information System (WHMIS) certificate (renew every three years and must be valid from September 2024 to April 2025)

- It is **mandatory** that you register and receive the WHMIS Healthcare (Online) training certificate at Peak Excellence Shop company website only at <https://www.peakexcellenceshop.com/>.
- Please enter the **COUPON CODE: GBC** to pay the **\$19.00 dollars** student discounted rate or check their Certificate Packages.

Basic Life Support (BLS) Certificate (renew every year and must be valid from September 2023 to April 2024)

- Please **do not** register 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.
- If you live in Toronto region, you can register for this course at Peak Excellence Shop company website at <https://www.peakexcellenceshop.com/> and select Certificates Packages
- Or you can register for this course at any approved Ontario First Aid Trainers and [click here](#) for other company available in your area.
- **SPECIAL NOTE FOR INTERNATIONAL STUDENTS CURRENTLY RESIDING ABROAD OR OVERSEAS ONLY:** The BLS course cannot be started until you are physically in Ontario, Canada. It is essential that you begin that you register as soon as you arrive, settled in and have an official address here in Ontario, Canada. Please contact me for more information.

Mask Fit Test 3M N95 Certificate (renew every two years)

- All students must have a valid 3M N95 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.

Final Step: Once you have everything done and completed, 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**, 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

(S400) Restorative Dental Hygiene Program (Fall Term 2024)

First Year Student: Semester 1 & 2

Submission deadline: September 30, 2024

MEDICAL REQUIREMENTS CHECKLIST

- Tetanus, Diphtheria & Pertussis (*Tdap/Adacel vaccine valid every 10 years*) and attach yellow card/immunization record
- COVID-19 vaccination (*recommended only and attach proof of record*)
- Seasonal Flu Shot (*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
- Final signature of your doctor/physician and medical office stamp
- Yellow immunization card or any type of immunization records

ADDITIONAL REQUIREMENTS CHECKLIST

- [Vulnerable sector check](#) (*renew every year and must be valid from Sept 2024 to April 2025*)
- [Workplace Hazardous Materials Information System \(WHMIS\)](#) (*renew every three years and must be valid from Sept 2024-April 2025*)
- [Basic Life Support certificate](#) (*renew every year and must be valid from Sept 2023 to April 2024*)
- [Mask Fit Test 3M N95 Certificate](#) (*renew every two years and must be valid from Sept 2023 to April 2024*)
- [ParaMed](#) Placement Pass Service Fees, **see below**.
- Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form

[PARAMED](#) PLACEMENT PASS SERVICE FEES
(Rates are subject to change, student pays)

Once you have everything done and completed, 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. If you **fail** to do so, you will be **excluded** from clinical practice which can jeopardize your academic standing & may lead to program **withdrawal**. Fees apply.

JUNE 1, 2022 TO MAY 31, 2025

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

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT

- **Suzette Martinuzzi**, Pre-placement Coordinator
Telephone: (416) 415-5000 ext. 3415
Email: smartinu@georgebrown.ca
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Monday to Wednesday (9:00 am-4:00 pm) at 51 Dockside Drive, Room 702, 7th Floor, Waterfront campus, Toronto, ON M5A 0B6
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**(S400) RESTORATIVE DENTAL HYGIENE PROGRAM
FIRST YEAR PREREQUISITES HEALTH FORM (FALL TERM 2024)**

Name x _____
 GBC ID# x _____
 Tel x _____
 Email x _____
Submission deadline: September 30, 2024

**MEDICAL REQUIREMENTS
(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 Public Hospitals Act, 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, visitors, employees and other students. Other than the influenza vaccine, the completion of this information is not optional, and all sections must be completed as outlined. Our placement partners have the right to refuse students who have not met their immunization standards. If, for medical reasons, your client 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/Boostrix vaccine must be valid every 10 years) attach a yellow card or any immunization record.

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

2. COVID-19 VACCINATION (recommended only and attach proof of record): It is highly recommended for oral health care workers and those working with vulnerable populations. Hospitals, long term care facilities and some community agencies continue to require COVID-19 vaccines for placements. Students who are not vaccinated may not be able to attend external clinical or field placements. As a result, this may pose a risk of meeting the requirements for program completion. The onsite WAVE (Wellness, Applied Learning, Visionary, Education) dental clinic will not require vaccination but is highly recommended. Use of PPE will be required in all onsite clinics. 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)

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

3. SEASONAL FLU SHOT (recommended every year in November or December and attach proof of record) (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)

Seasonal Flu Shot Given Date ____/____/____ (mm / dd / yyyy)

4. 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 / yyy)

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

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.

5. 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 / yyy)

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)**

(S400) RESTORATIVE DENTAL HYGIENE -MEDICAL REQUIREMENTS (submission deadline September 30, 2024)

NAME x _____ GBC ID# x _____

6. **HEPATITIS B INSTRUCTIONS:** All students must complete an **initial “antibody immunity” laboratory blood test** if previous Hep B vaccine was received. Ask your doctor to check the appropriate box, document the dates of any junior or adulthood vaccination record. Ask your doctor for a copy of laboratory blood test report and attach it on the form as outlined below. Check out the **YouTube tutorial videos** for all the Medical and Non-Medical requirements at <https://www.youtube.com/channel/UCIQndxFUgeBVhjB3QKPQ91w>

Initial Immune/Reactive/Positive (> 10 U/L) “Anti-HBs or HBsAb” lab test result: NO injections or doses required, attach a copy of lab blood test report and this is done.

Initial Non-Immune/Non-Reactive/Negative/Low (>0 or <10 U/L) “Anti-HBs or HBsAb” lab test result: Student must proceed to Section A & B as outlined below: After the student has completed a new 2nd dose, they will be given a temporary clearance to proceed to dental/field/clinical practice. Student is expected to complete the series and provide update on vaccination record per academic year.
Section A-Primary Series (doctor must document any proof of junior or adulthood vaccination record)

- 1st dose _____ / _____ / _____ (mm/ dd / yyyy)
- 2nd dose _____ / _____ / _____ (mm/ dd / yyyy)
- 3rd dose _____ / _____ / _____ (five months after 1st dose, repeat HBsAb lab test after four weeks)
- If the repeat HBsAb lab test result was **“immune/reactive”**, it is done and attach a copy of lab test report.



Section B-Second Series (doctor must document any proof of junior or adulthood vaccination record)

- 4th dose _____ / _____ / _____ (mm/ dd / yyyy)
- 5th dose _____ / _____ / _____ (mm/ dd / yyyy)
- 6th dose _____ / _____ / _____ (five months after 4th dose, repeat HBsAb lab test after four weeks)
- If the lab test result is still **“non-immune/non-reactive”**, student status will be considered a **“non-responder/exemption”**.

Carrier lab test result: NO injections or doses required and attach copy of most recent **“HBsAg-Antigen Positive”** blood test report.

7. **TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (mandatory, read and follow instructions below)**

- All students must complete and provide proof of Two Consecutive Step-TB Skin Test and we will **NOT** accept a Chest X-ray report only.
- Failure to do Step 2 TB within 7-21 days after Step 1, you will need to redo both TB Skin Test again and extra fees will apply.
- If you have proof of previous Two Consecutive Step-TB Skin Test done in the past and the result was both **“Negative”**, do annual Step 1-TB Skin Test.
- If you have proof of previous Two Consecutive Step-TB Skin Test and the result was **“Positive”**, **NO** more annual TB Skin Test and your doctor needs to do annual physical exam and answer letters (A-F) below.
- If you had BCG vaccination it is **NOT** a contraindication for skin test, you are still required to provide proof and complete a Two Step-TB skin test.
- It is mandatory that your doctor/health care professional properly complete, sign & stamp all the information outlined below. **NO** exceptions!

PREVIOUS YEAR: STEP 1 TB SKIN TEST

_____/_____/_____ / _____ / _____ / _____
 (Date Given: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

PREVIOUS YEAR: STEP 2 TB SKIN TEST (7-21 days after Step-1)

_____/_____/_____ / _____ / _____ / _____
 (Date Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

CURRENT YEAR: STEP 1 TB SKIN TEST

_____/_____/_____ / _____ / _____ / _____
 (Date Given: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

CURRENT YEAR: STEP 2 TB SKIN TEST (7-21 days after Step 1)

_____/_____/_____ / _____ / _____ / _____
 (Date Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

TB SKIN TEST POSITIVE (+) WITH MORE THAN >10 MM INDURATION SIZE

DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS (A-F) BELOW:

- a) Chest X-ray (if TB Positive only, ATTACH a copy of the X-ray report valid within 4 years) Result _____ Date _____ (mm/dd/yyyy)
- b) History of disease? Yes or No Date (mm/dd/yyyy) _____
- c) Prior history of BCG vaccination (need documentation? Yes or No Date (mm/dd/yyyy) _____
- d) Does this student have signs/symptoms of active TB on physical examination? Yes or No
- e) INH Prophylaxis (Treatment)? Yes or No Date (mm/dd/yyyy) _____ Dosage _____
- f) Specialist (Public Health) Referred? Yes or No Date (mm/dd/yyyy) _____

Final Signature of doctor/physician/health care professional: _____ (pg. 4)

Date (mm/dd/yyyy): _____ **Medical Office Stamp:** _____ (pg. 4)

(S400) RESTORATIVE DENTAL HYGIENE PROGRAM-ADDITIONAL REQUIREMENTS
(submission deadline on September 30, 2024)

NAME x _____ GBC ID# x _____

8. VULNERABLE SECTOR CHECK (renew every year)

- Your academic department requires that all students must have a “clear” vulnerable sector check valid for the academic year. Please attach the original vulnerable sector check record, submit and upload it to Placement Pass by ParaMed (formerly Requisite) portal. If you are **excluded** from placement due to a **“not clear”** vulnerable sector check, it will jeopardize your academic standing and can lead to withdrawal. Please contact your Chair to discuss this matter before you register and pay for this program. All costs associated with the vulnerable sector check application and additional fees related to fingerprint, court documents and Record Suspension (formerly Pardon) process are responsibility and paid by the student.
- If you have **any history of criminal record or have a 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. Check out the **YouTube tutorial videos** for all the Medical and Non-Medical requirements at <https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKPQ91w>

For students who reside in the Toronto region: If you need to apply for your VSC and you currently **reside in the Toronto region with a postal code that starts with the letter M, follow these steps:**

- ✓ Contact [Suzette Martinuzzi, Clinical Pre-placement Co-ordinator](#) to request the VSC Organization Code.
- ✓ Once you have the code, go to the [Toronto Police Service website](#).
- ✓ Scroll down to Vulnerable Sector Check, and read the information provided. Then scroll down to the Register for an Adult Police Record Check Account box and select the Fill Out Form button.
- ✓ Complete the “Registration Account Information” and select the “Process My Registration” button. This creates your account. Now you must complete the six stages (Report, Documentation, Demographics, Payment Status, Authentication Status, and Application Status) of the VSC application. All six stages are mandatory.
- ✓ On the Report Selection page, scroll down to the Vulnerable Sector Check table and choose the Unpaid Student Placement option. Then go to the Reason for the Police Record Check table and complete as follows:
 - under Course Name, type your course (or program) name
 - under VSC Organization Code, type in the code provided to you by the Clinical Pre-placement Co-ordinator
 - under Vulnerable Clientele Duties, type "To provide care, support, and guidance for the health and well-being of vulnerable persons from 1 to 99 years old"
 - where you have to list which vulnerable sectors you will be working with, type "Children, teenagers, elderly, seniors, and persons with physical and mental disability"
- ✓ Finish answering the remaining stages. Note that payment for your online application must be provided by credit card only.
- ✓ Once your submission has been finalized, Toronto Police Service will send you an email notification indicating when you will receive your VSC results to your email account. **Processing times typically take 4 to 6 weeks from the date the application is received but may take longer due to volume of requests and/or time of year.**

For students who currently reside in another region such as [\(Durham, Halton, Hamilton, London, Niagara, Peel & York\)](#) or other province. (If your Postal Code starts with the letter “K, L, N, P”, or Out of Province)

- Please check your specific regional police service website and they can take **6 to 8 weeks** to process your application form.
- Please apply for vulnerable sector check as it needs to be valid in the academic year, for more details, visit [Police Vulnerable Sector Check website](#).
- If you require a **volunteer letter** in order to pay for the student rate (except Peel region), please email us your full name, GBC ID#, program name and your regional police service complete address. For more details, visit [Vulnerable sector check website](#).

VULNERABLE SECTOR CHECK

(renew every year and must be valid from Sept 2024 to April 2025)

Issued Date _____
mm/ dd / yyyy

Expiry Date _____ (one year after the issued date)
mm/ dd / yyy



account to check the ParaMed RN evaluation result of your forms, download the Student Status Summary Report Certificate and attached it to your original health form documents, as you need to show this proof to your upcoming placement agency and for future reference.

George Brown College & ParaMed Agreement Form

Name _____

Program (S400) Restorative Dental Hygiene-First year

I _____ (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.

(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.

(Signature) (Date)

Contact Us

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email smartinu@georgebrown.ca
Virtual Business Hours: 8:00 am to 3:00 pm, by appointment only

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.