

# (C133) Child & Youth Worker Program-2<sup>nd</sup> year Returning Semester 3 & 4 students in Fall Term 2024

- According to the Child and Youth Care Program Guidelines and Affiliation Agreement with the placement agency partners for your program, all Returning 2<sup>nd</sup> year students who will be assign an in-person placement in Fall Term 2024, are mandatory required to complete and submit a Prerequisite Form which includes all the medical, COVID-19 vaccination and non-medical requirements by the **given deadline on July 31, 2024** (no late submission will be accepted after this deadline). These preclinical requirements will take about a month to complete, and it is recommended that you provide enough time for the approval process.
- Once you have gathered all the necessary documents, you will need to create an account, submit and upload all documents, certificates to the <a href="ParaMed Placement Pass website">ParaMed Placement Pass website</a> by the given deadline on July 31, 2024 (no late submission will be accepted after this deadline). A link to the portal can be found at <a href="https://georgebrowncollege.placementpass.ca/">https://georgebrowncollege.placementpass.ca/</a>
- If you fail to do so, the ParaMed portal will be closed, and no late submission will be accepted and you will be excluded from 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 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 Prerequisites Health form with you to document receipt of the following TDAP, MMR, Varicella, Hep B, Two Step TB Skin Test mandatory requirements. For more information, visit
  <a href="https://www.georgebrown.ca/current-students/preplacement/forms/school-of-social-and-community-services-forms">https://www.georgebrown.ca/current-students/preplacement/forms/school-of-social-and-community-services-forms</a>
- COVID-19 two doses vaccination (strongly recommended): 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 book an appointment with us to further discuss how this will affect your academic and placement standing in the program.
- Seasonal Flu Shot (recommended only) 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)

- All students must provide proof of a clear vulnerable sector police check that is valid every year. If you live in Toronto region with a postal code that start with letter the "M", the Clinical Placement Office will send you the Toronto Police application form and instructions sheet to your email account.
- If you live in another region such as Durham, Halton, Hamilton, Peel, York or Out of Province, you will need to apply for your VSC at your specific regional police service website. For more information, visit this link <a href="https://www.georgebrown.ca/current-students/preplacement/additional-requirements/police-vulnerable-sector-check">https://www.georgebrown.ca/current-students/preplacement/additional-requirements/police-vulnerable-sector-check</a>
- If you have any history of criminal record or not clear VSC record, please book an appointment with us to further discuss how this will affect your academic and placement standing in the program.

#### Standard First Aid & CPR level C Certificate (renew every three years)

All students must have a current SFA & CPR level C certificate in order to participate in practicum. Please register for this
course at any WSIB Approved First Aid Trainers, for more information visit this link
https://www.georgebrown.ca/current-students/preplacement/additional-requirements/certificates

#### **CONTACT US**

Suzette Martinuzzi, Preplacement Coordinator

Sally Horsfall Eaton School of Nursing, Clinical Placement Office George Brown College

Tel#: (416) 415-5000 ext. 3415

Email: smartinu@georgebrown.ca or CPOHealthForm@georgebrown.ca

**Business Hours:** 

Monday-Wednesday (9:00 am-4:00 pm): 51 Dockside Drive, Room 702, 7th Floor, Waterfront Campus,

Thursday-Friday (9:00 am-4:00 pm): 200 King Street East, Room 401B, 4th Floor, Main Building A, St. James campus,



#### (C133) Child & Youth Care Program

2<sup>nd</sup> year Returning Semester 3 & 4 students (Fall Term 2024)

Submission Deadline: July 31, 2024 (no late submission will be accepted after this deadline)

#### **MEDICAL REQUIREMENTS CHECKLIST (mandatory)**

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.

your heal	th form documents upon completion of all medical requirements.
Please re	ead all detailed instructions on pages 1-6
	Tetanus, Diphtheria & Pertussis (Tdap/ADACEL must be valid every 10 years) & attach yellow card/immunization record COVID-19 vaccination doses (strongly recommended) If you are unvaccinated to COVID-19, please book an appointment with us to further discuss how this will affect your academic and placement standing in the program.  Seasonal Flu Shot (recommended only)  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 REQUIREMENTS CHECKLIST (mandatory)
	ead all detailed instructions on pages 1-6.  Vulnerable Sector Check (renew every year) if you have any history of criminal record or not clear VSC record, please
	book an appointment with us to further discuss how this will affect your academic and placement standing in the program.  Standard First Aid and CPR level C Certificate (renew every three years)
	ParaMed Placement Pass Service Fees Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form
<u>P</u> /	ARAMED PLACEMENT PASS SERVICE FEES (rates are subject to change without further notice)

Once you have everything completed, your final step is to create an account, submit and upload your Prerequisite Health Form documents to **the ParaMed Placement Pass website** at <a href="https://georgebrowncollege.placementpass.ca/">https://georgebrowncollege.placementpass.ca/</a> by the given deadline. All fees are responsibility of the student.

(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

#### **CONTACT US**

#### Suzette Martinuzzi, Preplacement Coordinator

Sally Horsfall Eaton School of Nursing, Clinical Placement Office

George Brown College

Tel#: (416) 415-5000 ext. 3415

Email: smartinu@georgebrown.ca or CPOHealthForm@georgebrown.ca

**Business Hours:** 

Monday-Wednesday (9:00 am-4:00 pm): 51 Dockside Drive, Room 702, 7<sup>th</sup> Floor, Waterfront Campus, by appointment only Thursday-Friday (9:00 am-4:00 pm): 200 King Street East, Room 401B, 4<sup>th</sup> Floor, Main Building A, St. James campus



# (C133) CHILD & YOUTH CARE PROGRAM 2<sup>nd</sup> YEAR RETURNING STUDENT- PREREQUISITES HEALTH FORM (FALL TERM 2024)

Name x						•	
GBC ID# >	<u>,                                     </u>						
Tel X							
Submission	n doadling:	July 21 202/	(no late submission	— will be seented	d ofter this do	adlina)	
Submission	on deadine:	July 31, 2024	(no late submission	wiii be accepted	arter this dea	adiine)	
developed in a Ontario Schoo our students p completion of students who i ray, a medical	tion specifies certain si ccordance with the Co I Boards to demonstrat rotect their health and s this information is not on ave not met their immonote of this exclusion r	DR/PHYSICIAN/HE, urveillance requirement mmunicable Disease Steet these safety, and the health optional, and all section unitation standards. If must be provided on the	CAL REQUIREMENTS (n ALTH CARE PROFESSION to those individuals enter Surveillance protocols, as specific requirements prior to entering and safety of patients, childrens must be completed as outling for medical reasons, your purpose form. Check out the YouThatxFUqeBVhjB3QKPQ91w	ONAL TO COMPLing into healthcare precified under the Ontaing placement settingen, seniors, employeeined. Our placement atient is unable to recube Tutorial Videos	ractice settings. The ario Public Health, s. This process is es and other vulne agency partners he evive a required im	ne Program policy wa OHA, OMA, LTCAC necessary to ensure rable people. The lave the right to refus munization or Chest	) and e that se
1. TET		& PERTUSSIS (Tdap/	Adacel vaccine must be va	lid every 10 years) a	attach a yellow car	d or any immunizatio	on
l	☐ Date of last Tetai	nus, Diphtheria & Per	tussis (Tdap/Adacel/Boost	rix) booster/_	/(mm/	(dd/yyyy)	
	1 <sup>st</sup> dose Given Da 2 <sup>nd</sup> dose Given Da			ord)			
			rear in November/December(mm / dd / yy		ecord)		
4. MEA	☐ Documentation	of receipt of two dos unization record. This nunization.	ses vaccine OR laborator es of MMR vaccine on or at vaccine is not recommended	ter the 1 <sup>st</sup> birthday for	ur weeks apart an		
		nm/ dd / yyyy					
	booster shot requ	uired. But, if the result	d attach a copy of "Antibody is Non-immunity or Non-Re commended after vaccination	eactive, you must pro	ort. If the result is I vide <b>two doses</b> a	mmunity or Reactive s per instruction abo	, <b>no</b> ve.
5. VAR	ICELLA (CHICKEN P	OX) (Two doses vaco	ine OR laboratory eviden	ce of immunity)			
		nmunization record. Th	es of Varivax vaccine on or is vaccine is not recommend				
	1 <sup>st</sup> Dose date						
	2 <sup>nd</sup> Dose date n	// nm/ dd / yyyy					
	OR						
	booster shot requ	uired. But, if the result	d attach a copy of "Antibody is Non-immunity or Non-Recommended after vaccination	eactive, you must pro			
Final Signa	ture of doctor/p	hysician/health (	care professional			(pg. 3	3)
Data (mm/	dd/anns).		Modical Office Sta			(na 1	21



NAME x		2 <sup>nd</sup> YEAF	₹ C133 CY	C PROGR	RAM- ME	DICAL F	REQUIRE _ GBC ID	EMENTS (8 # ×	submissio	n deadl	ine on July	31, 2024)	
6.	vacc	ine was rec	eived. Ask y	our doctor t	o check t	he approp	riate box,	document th		ny junior	atory blood to or adulthood		
			mune/Reac			J/L) "Anti-	-HBs or H	BsAb" lab t	test result: l	NO inject	ions or doses	required, a	ittach a copy of
		Initial No. Section A	n-Immune/N & B as outli	Non-Reactive	ve/Negat After the	student ha	as complet	ed a 2 <sup>nd</sup> dos	se, they will b	e given	test result: S a temporary o accination rec	learance to	proceed to
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		•	3 <sup>rd</sup> dose	t HRsAh lah	/	/	mmune/re	_ (five month	ns after 1 <sup>st</sup> do	ose, repe	eat HBsAb lab	test after fo	our weeks)
		·									B series belo	•	
				eries (docto	or must c	locument	any proo	f of junior o	or adulthoo		ation record		
		•	4 <sup>th</sup> dose		_/	/		(mm/ dd /	/ yyyy) / www. (one i	month lat	er after 4 <sup>th</sup> do	nsa)	
		•	6 <sup>th</sup> dose	/	/	/		_ (five month	ns after 4 <sup>th</sup> do	ose, repe	at HBsAb lab	test after fo	our weeks)
	_	•		est result is	still <b>"non</b>	-immune/	non-react	i <b>ve</b> ", studer	nt status will	be consi	dered a <b>"non</b>	-responde	r/exemption".
		Carrier ia	ib test resu	it: NO injec	tions or a	oses requ	irea ana a	ttach copy c	or most recer	it "HBSA	ig-Antigen P	ositive" bid	ood test report
7.													t the YouTube jB3QKPQ91w
	Tuto	riai videos	ior all the iv	ledical and	Non-wea	icai requir	ements at	nttps://ww	w.youtube.c	:Om/cna	nnei/ocigna	xruqebvii	<u>JD3QKPQ91W</u>
		<ul> <li>All stud</li> </ul>	ents must com	plete and prov	vide proof o	Two Conse	ecutive Step-	TB Skin Test a	and we will NO	Γ accept a	Chest X-ray repo	ort only.	
	<ul> <li>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.</li> </ul>									Skin Test			
	<ul> <li>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.</li> <li>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</li> </ul>												
	physical exam and answer letters (A-F) below.												
	<ul> <li>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.</li> <li>It is mandatory that your doctor/health care professional properly complete, sign &amp; stamp all the information outlined below. NO exceptions!</li> </ul>												
	PREVIOUS YEAR: STEP 1-TB SKIN TEST												
				/						/_			
	(Date	e Given: mn	n/dd/yyyy	)	(Date R	ead: 48-72	2 hours aft	er date give	n)		(Induration si	ze) (mm)	
	PREVIOUS YEAR: STEP 2-TB SKIN TEST (7-21 days after Step-1)												
	(Date	e Given on o	opposite arn	n: mm / dd /		,			r date given)		(Induration si	ze) (mm)	
					CUR /	RENT YE	AR: STE	P 1-TB SKIN	N TEST	/			
	(Date	e Given: mn	n / dd / yyyy	)		(Date R	ead: 48-72	2 hours after	r date given)		(Induration si	ze) (mm)	
				CURRE				•	l days after	• /			
	(Date	e Given on o	opposite arn	n: mm / dd /	/_ ′ <i>yyyy)</i>	(Date R	ead: 48-72	2 hours after	r date given)	/	(Induration si	ze) (mm)	
			TD CL	IN TEST I	POSITIV	'E ( . ) \\\'		E TUAN S	10 MM IND	I ID A TI	ON SIZE		
		DOCTO									ERS (A-F) B	ELOW:	
	a)										lt		(mm/dd/yyyy
	b)	History of d	isease?	Yes or No	0	Date (m	ım/dd/yyyy	)					
	c)	Prior history	y of BCG va	ccination (n	eed docu	mentation	n? Yes or I	No	Date (mm/d	ld/yyyy)_			
	d)	Does this s	tudent have	signs/symp	otoms of a	ctive TB o	on physica	l examinatio	on? Y	es or No			
	e)	INH Prophy	/laxis (Treat	ment)?	Yes or N	lo	Date (m	m/dd/yyyy)			_ Dosage		
	f)	Specialist (	Public Healt	h) Referred	?	Yes or N	No	Date (mm	n/dd/yyyy)				
Final S	igna	ture of d	loctor/ph	ysician/l	health	care pr	ofessio	nal:					<i>(pg. 4)</i>
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vate (i	mm/c	ıa/yyyy):				iviedica	I Uffice	Stamp:					<i>(pg. 4)</i>



# 2<sup>nd</sup> YEAR RETURNING CYC-ADDITIONAL REQUIREMENTS (submission deadline on July 31, 2024)

NAME x GBC ID# x		_	· · · · · · · · · · · · · · · · · · ·
	NAME x		GBC ID# x

Important Note: Your academic department requires that all students must have a "clear" police check valid for the academic year. Please attach the original police vulnerable sector check record and submit to Placement Pass by ParaMed portal. If you are excluded from placement due to a "not clear" police 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 police 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 not clear VSC record, please book an appointment with us to further discuss how this will affect your academic and placement standing in the program. Check out the YouTube Tutorial Videos for all the Medical and Non-Medical requirements at https://www.youtube.com/channel/UCIQndxFUgeBVhjB3QKPQ91w

For students who reside in the Toronto region with a postal code that starts with the letter M, follow these steps:

- Contact Suzette Martinuzzi, Clinical Pre-placement Coordinator 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 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 (<u>Durham, Halton, Hamilton, London, Niagara, Peel & York)</u> or Out of Province. (If your Postal Code starts with the letter "K, L, N, P", or other province).

- Please check your specific regional police service website and it could take 4 to 6 weeks to process and issue your VSC record, with the exception of Halton or OPP or Niagara region which takes 8 weeks to process.
- If you require a volunteer letter 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 business address. For more details, visit <u>Vulnerable Sector Check website.</u>

VULNERABLE SE	CTOR CHECK (r	enew every year)	
☐ Issued Date// mm/ dd / yyyy	Expiry Date_	// mm/ dd / yyyy	(one year after the issued date)

#### STANDARD FIRST AID & CPR LEVEL (C) CERTIFICATE (renew every three years)

- It is mandatory that you register for either in-person or Blended Format training class and must be valid for the entire academic year. you can check the Peak Excellence Shop website at <a href="https://www.peakexcellenceshop.com/">https://www.peakexcellenceshop.com/</a> or <a href="https://www.peakexcellenceshop.com/">www.VitalCPR.com</a>
- For the list of Ontario First Aid Approved Trainers, <u>click here</u> for more information or you can register at any First Aid Trainers available in your area.
- Check out the YouTube Tutorial Videos for all the Medical and Non-Medical requirements at <a href="https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKPQ91w">https://www.youtube.com/channel/UCIQndxFUqeBVhjB3QKPQ91w</a>
   Please submit and upload your official certificate to your ParaMed Placement Pass account and attach it on the health form. (NO temporary certificate accepted)

Standard First Aid and CPR level C Certificate

☐ Issued Date//	Expiry Date//	(three years after the issued date)
mm/dd/yyyy	mm / dd / yyyy	

#### **FINAL STEP:**

Once you have everything completed, your final step is to create an account, submit and upload your Health Form
documents to the ParaMed Placement Pass website at <a href="https://georgebrowncollege.placementpass.ca/">https://georgebrowncollege.placementpass.ca/</a> by the
given deadline to your upcoming placement agency and for future reference.



# **George Brown College & ParaMed Agreement Form**

Name x	
Program: (C133) Child & Youth C	Care- 2 <sup>nd</sup> YEAR Returning
I xgrounds for cancellation of admission	
submitted or withheld. I understand t	right to cancel my admission privilege on the basis of medical information that it is my responsibility to inform the appropriate George Brown College ease, special need, exception or medical condition which may place me at e Brown College or on placement.
I will pay all the services fees and au	thorize ParaMed to review the above information.
<u>x</u> (Signature)	(Date)
Element of Risk	
involve certain elements of risk. In the student, the placement or the co may be injured. Following the Healt	, such as field trips, clinical and field placements or job shadowing juries may occur while participating in this activity without any fault of ollege. By taking part in this activity, you are accepting the risk that you th and Safety rules of your placement is required. By signing below you element of risk and are willing to comply with the Health and Safety
	reported immediately to your supervisor and to your faculty. Completing orms and reporting any injury while participating in placement must take be.
<u>X</u> (Signature)	(Date)
(Oignature)	(Date)

## **Contact Us**

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email <a href="mailto:smartinu@georgebrown.ca">smartinu@georgebrown.ca</a> Business Hours: Monday to Friday, 9:00 am to 3:30 pm, by appointment only

#### FREEDOM OF INFORMATION ANDPROTECTION 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, Regulation77 and the Public Hospital Act R.S.O.1980 Chapter 410, R.S.O. 1986, Regulations65 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.