



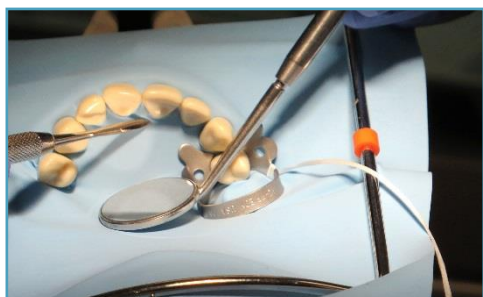
Welcome to the Certified Dental Assistant Program!

We are pleased that you have selected Camosun College as your educational institution of choice. We hope you will enjoy your experience in this quality, fully accredited program which has been offered for over 40 years.

Please read and retain the important information enclosed.

The first day of the program is Orientation Day on
Tuesday, September 7th 2021 at 8:00 a.m.
More information will be sent to you via email in August.

Attendance is mandatory.





April 2021

We are looking forward to meeting you in September. To help you get off to a good start in the program, please read the important information in this package and retain a copy for future reference. There are certain requirements that take time to complete, so it is advisable to start early.

DOCUMENTATION:

1. **Dentist Authorization Form.** Have a dentist complete the attached form prior to the first day of classes. Keep the form until asked to submit it by the program.
2. **Current CPR - Basic Life Support Course (CPR-BLS)**
The CPR – BLS course is REQUIRED. To prevent renewal being required during your program, it is recommended you complete this course after July 1st. Please note these courses can fill up quickly so ensure you enroll at your earliest convenience and complete prior to Orientation Day in September. Please note that the CPR-BLS course must have a hands-on component.
3. **Current Immunization Record**
As a healthcare program, you MUST provide documentation of your immunization status. Please see the attached document and provide details of your immunizations as appropriate. If you do not have access to your immunization records, a report from your physician with titre results for each vaccine-preventable disease will be accepted. Keep the record until you are asked to submit it by the program.
4. **Current TB Test**
Documentation is REQUIRED from a health unit or other authorized person. Book your appointment early as wait times can be long. The timing of the TB test is important. Current guidelines state that you must wait four weeks after having your final COVID vaccination to take a TB test, so plan your appointments accordingly.
5. **Criminal Record Check (CRC)**
A CRC is REQUIRED by Camosun College. Please follow the directions of the Student Services department at Camosun College. Please note this process can take up to 8 weeks so start the process early. More information can be found on the website at: <http://camosun.ca/services/student-records/crc/>

BOOKSTORE:

As students in dental programs, you are expected to purchase items from the Camosun College Bookstore. Please see below for the items that will be required, and estimated costs (costs are subject to change). It is advisable, if possible, to begin purchasing these items in August to avoid the long lineups experienced in September.

1. Buy your Textbooks (Approximate cost: \$600)

The names of the textbooks are available at the bookstore. They are required for the first week of classes.

2. Order your name tag (Approximate cost: \$30)

Ask for blue background and white letters – only your first name should be on the name tag.

3. Locker Rental (Approximate cost: \$15 per month for 10 months)

Lockers are assigned by the bookstore and you are required to use the lock already on the locker. Lockers assigned must be in the Dental Building.

4. Purchase Clinic Attire from Camosun bookstore (Approximate cost: \$200)

Uniforms are usually available to order by August, however due to the disruption from COVID-19 availability may be delayed. Students are **required** to purchase 2 sets of scrubs (tops and bottoms), 2 shirts (to be worn under the scrub top), and 1 dental lab coat, 1 lab apron, approved safety glasses and 2 surgical caps. Please click on the link below for more information:

http://www.camosuncollegebookstore.ca/camo/site_about_scrubs.asp

5. Purchase CDA Clinical Kit (Approximate cost: \$740)

The kit is required for the first week of classes.

NOTE: You will also be required to purchase a specific container for your clinical supplies while at school; more information will be provided in August.

OTHER IMPORTANT INFORMATION:

Please see below for other important pieces of information that students **MUST** be familiar with as a student in the program.

1. **Program costs** can be found at: <http://camosun.ca/learn/programs/dental-hygiene/what-it-costs.html>
 - a. **Tuition for practicum courses** will be due at a later date than the semester fees. This is because these courses start in the middle of the semester. Due dates will be provided by registration; please plan finances accordingly.
 - b. Students are expected to attend the annual **Pacific Dental Conference in March**. Registration will be approximately \$60 and is subject to change. Students will be travelling to Vancouver for this conference and should plan finances for travel, accommodations and meals accordingly.
2. The **important dates** can be found at: <http://camosun.ca/events/important-dates.html>
3. **Student services** and **supports** check out the Services for Students on the Camosun website at <http://camosun.ca/services/>

GENERAL OVERVIEW OF ORIENTATION DAY (first day of the program):

1. Welcome to the program and introduction of faculty, staff and others.
2. Program overview
3. How to access course information using the digital platform D2L.
4. Computer lab orientation.
5. The timetable and program dates will be shared for the fall semester.
6. Review of clinical attire requirements for the program.
7. Tour of the Lansdowne Campus and Dental Clinic.
8. Answer any student questions.
9. Students will be separated into cohorts for individual program information.

GENERAL CLINIC OVERVIEW:

Clinic will begin the first week of classes. It is expected that students arrive for clinic no later than 15 minutes prior to the start time. For example, if clinic begins at 8 am, arrival time is 7:45 am.

Expected clinical attire:

1. Required clinical scrubs
2. WorkSafeBC and program approved closed toed shoes, (must comply with WorkSafe BC requirements: skid and puncture resistant, closed toe and heel, for use in the clinic only).
3. Once your order for Camosun College clinic scrubs arrives, these must be worn during each clinical session. Uniforms must be freshly laundered and pressed.
4. Approved safety glasses (in addition to prescription glasses as needed).
5. Hair must be tied back and off the shoulders, under surgical cap.
6. All nail polish and artificial nails must be removed, and nails trimmed short in preparation for the first clinical session.
7. All jewelry, except stud earrings, removed for clinical sessions.

SUGGESTIONS TO PREPARE PRIOR TO STARTING THE PROGRAM:

1. Review Human Anatomy and Physiology

Current knowledge of human anatomy and physiology is the foundation to the study of pathophysiology and some of the dental science courses. It would be to your advantage to review this information.

2. Ensure you have basic computer skills

Computer (Microsoft Office) and email skills will not be taught within the program, however, these are essential skills for students to have. Students without this skill set will be disadvantaged as email is our main form of communication with students, outside of class time, and a virtual platform is used for course delivery. **Students are expected to have access to a personal computer and the internet throughout the program.**

REGARDING COVID-19 PANDEMIC:

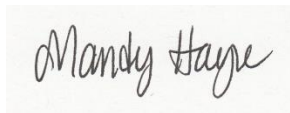
The program will be delivered in a way that is safe for students and employees according to current public health guidelines.

Any changes to the information contained in the welcome package will be communicated to you as quickly as possible. We thank you for your patience and understanding, and look forward to welcoming you as a dental program student in September.

Please ensure your email is up-to-date with the Registration Department at Camosun College so we can send a follow-up email regarding orientation. This will occur in late August. Until then, have a wonderful summer!

If you require additional information regarding program start-up, please email the Program Chair, Mandy Hayre at: hayrem@camosun.bc.ca. Please note during June, July and early August reply times will be impacted by vacation schedules.

Sincerely,

A handwritten signature in black ink that reads "Mandy Hayre". The signature is written in a cursive, flowing style.

Mandy Hayre, Dip.D.H., B.D.Sc., PID, M.Ed.
Chair, Dental Programs
School of Health & Human Services

Enclosures

Certified Dental Assistant (CDA) Checklist

- ☐ **Dental Authorization Form**
- ☐ **CPR / Basic Life Support Course**
- ☐ **Current Immunization Record and Documents**
- ☐ **Current TB Test**
- ☐ **Criminal Record Check (CRC)**
- ☐ **Bookstore Orders**
 - Textbooks
 - Name Tag
 - Locker Rental
 - Clinic Attire
 - Correct Clinical Kit for your program and year
- ☐ **Review Program Costs**
- ☐ **Put Orientation Date and Time in your Calendar**



REQUEST FOR DENTIST AUTHORIZATION

The Dental Assisting Clinic at Camosun College is a teaching institution. In the clinical environment students will work on peers and the public to meet the following requirements:

- Selective Coronal Polish and Fluoride Treatment
- Pit and Fissure Sealant
- Dental Radiographs
- Desensitizing

In accordance with the policies of the Dental Assisting Program, all clients of Camosun College must be screened and treatment must be prescribed by a Dentist.

Client Name:

Date:

**I have reviewed the health history and performed an oral examination of the above-mentioned client.
The client is eligible for the following treatment:**

Yes No

Selective Coronal Polish

Fluoride Treatment

Radiograph (Please indicate on the diagram)

Periapical (Number of Films):

Bitewing (Number of Films):

Panorex:

Fissure Sealants

Tooth Number(s):

Desensitizing

Tooth Number(s):

A large, empty rectangular box with a black border, intended for a dental radiograph diagram.

Dentist's Notes (if applicable)

Dentist Name:

Office Address:

Phone Number:

Dentist Signature:



IMMUNIZATION GUIDELINES FOR HEALTH AND HUMAN SERVICES PROGRAMS

As future health care or human service professionals, students should be protected against vaccine preventable diseases. Up-to-date immunizations greatly reduce the risk of diseases. Immunizations will not only safeguard the student's health but may also protect individuals with whom students are working. **It is highly recommended that students maintain current immunizations as per the Practice Education Guidelines of B.C. Recommended immunizations found on the Health Sciences Placement Network of Canada**

IMPORTANT!

Failure to comply with immunization guidelines could result in the practicum site or the College barring the student from the clinical/practicum setting until proof of immunity is provided and/or until a communicable disease outbreak is declared over. This could impact a student's ability to successfully complete the clinical placement/practicum/community rotation portion of the program.

If you have chosen not to comply, please email hhsadmin@camosun.ca to request an Immunization waiver.

SPECIFIC REQUIREMENTS FOR VACCINE PREVENTABLE DISEASES:

- **Diphtheria/Tetanus (Td)** – Proof of basic immunization and booster in last 10 years or a Tetanus-diphtheria-pertussis (Tdap) vaccine in Grade 9 for BC students.
- **Poliomyelitis (IPV)** – Proof of basic immunization series of polio vaccine (age 4-6).
- **Measles, Mumps & Rubella (MMR)** – for those born after 1957: proof of two doses of MMR vaccine or reactive serological test for immunity. If no record of completed vaccination series, blood work is required to confirm student is immune. If non-immune, required two part vaccination series.
- **Varicella Vaccination (Vz) (Chicken Pox)** – Proof of vaccination or a positive history of chickenpox disease. If no proof of either, blood work is required to determine if student is immune. If non-immune, require 2 doses of Varicella vaccine-given 6 weeks apart-per BCCDC Immunization Manual, Section VII, pg. 79.
- **Hepatitis B (HB or Hep B)** – Proof of Hepatitis B vaccine series. If no record of completed vaccination series, blood work is required to confirm student is immune. If non-immune, required: 2 doses for children aged 11-15 years or 3 doses for children younger than 11 years or older than 15 years.
- ***Students are responsible for any costs that are incurred in obtaining these requirements. The costs of these vaccinations are generally discounted for students in Health Care programs, be sure to identify yourself as a Camosun Health & Human Services student.***

To obtain your immunization record, please contact your family physician or Public Health Unit.

Dental IMMUNIZATION Tracking Form

Camosun Student ID	Program Name	
Legal Last Name	Legal First Name	Middle Initial
Mailing Address		
Telephone Number	Email Address	

TO COMPLETE THIS FORM

1. Check with your family physician or local public health unit for childhood immunization records. 2. Fill out the form completely listing all your immunizations. 3. Attach a copy of your immunization record(s) to this form. Keep your original documents in a safe and accessible location in case you need to show proof if there is an outbreak during your placement. 4. PLEASE TAKE THIS FORM TO YOUR FIRST DAY OF CLASS or hand it in to your designated person according to the due date.					
TETANUS/DIPHTHERIA <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p style="text-align: center;">YES NO NO Record</p> <p>Tetanus/ Diphtheria/ Pertussis</p> <p>Tetanus/ Diphtheria</p> </div> <div style="width: 35%;"> <p>Date of last Pertussis:</p> <p>Date of last Tetanus:</p> </div> </div>					
POLIO CHILDHOOD PRIMARY SERIES <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p style="text-align: center;">YES NO NO Record</p> </div> <div style="width: 35%;"> <p>Date of last Polio:</p> </div> </div>					
MEASLES, MUMPS AND RUBELLA <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <p style="text-align: center;">NO Record OR</p> </div> <div style="width: 30%;"> <p>Date MMR #1:</p> <p>Date MMR #2:</p> </div> <div style="width: 10%; text-align: center;"> <p>OR</p> </div> <div style="width: 20%;"> <p>Laboratory Confirmed Immunity (Titre)</p> </div> <div style="width: 10%;"> <p>Date:</p> <p>Result:</p> </div> </div>					
VARICELLA (CHICKEN POX) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <p style="text-align: center;">NO Record OR</p> </div> <div style="width: 30%;"> <p>Adult Primary Series of 2 doses required.</p> <p>Date (Dose #1):</p> <p>Date (Dose #2):</p> </div> <div style="width: 10%; text-align: center;"> <p>OR</p> </div> <div style="width: 20%;"> <p>Laboratory Confirmed immunity (Titre)</p> </div> <div style="width: 10%;"> <p>Date:</p> <p>Result:</p> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 30%;"> <p style="text-align: center;">OR</p> </div> <div style="width: 65%;"> <p>Date of Disease:</p> </div> </div>					
HEPATITIS B <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <p style="text-align: center;">NO Record OR</p> </div> <div style="width: 30%;"> <p>Primary Series/complete series: In BC (slightly different in other provinces) a complete series is 2 doses given in Grade 6 (ages 11-15 years). Or a 3 dose series if given earlier than age 11 or after age 15 years.</p> <p>Admin Date #1:</p> <p>Admin Date #2:</p> <p>Admin Date #3:</p> </div> <div style="width: 10%; text-align: center;"> <p>OR</p> </div> <div style="width: 20%;"> <p>Laboratory Confirmed immunity (Titre)</p> </div> <div style="width: 10%;"> <p>Date:</p> <p>Result:</p> </div> </div>					

If you have read and understand the Immunization Guidelines for Health and Human Services Programs and the results of failure to comply, and have chosen not to comply, please email hhsadmin@camosun.ca to request an Immunization Waiver form.

I certify that this information is accurate and up-to-date upon compliance.

Student Signature

Date Signed