



POLICY AND PROCEDURES
MANUAL
SASKATCHEWAN SITE

Property of:

Medavie HealthEd
50 Eileen Stubbs Ave., Unit 154
Dartmouth, Nova Scotia

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Section 01: General

Policy No:	1-10 (Statement of Purpose)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 15 Feb 2018	Review Date: 15 Feb 2018

POLICY

Medavie HealthEd is the operating name for EMT Emergency Medical Technology Services Inc., a wholly owned subsidiary of Medavie Health Services Inc. (MHS).

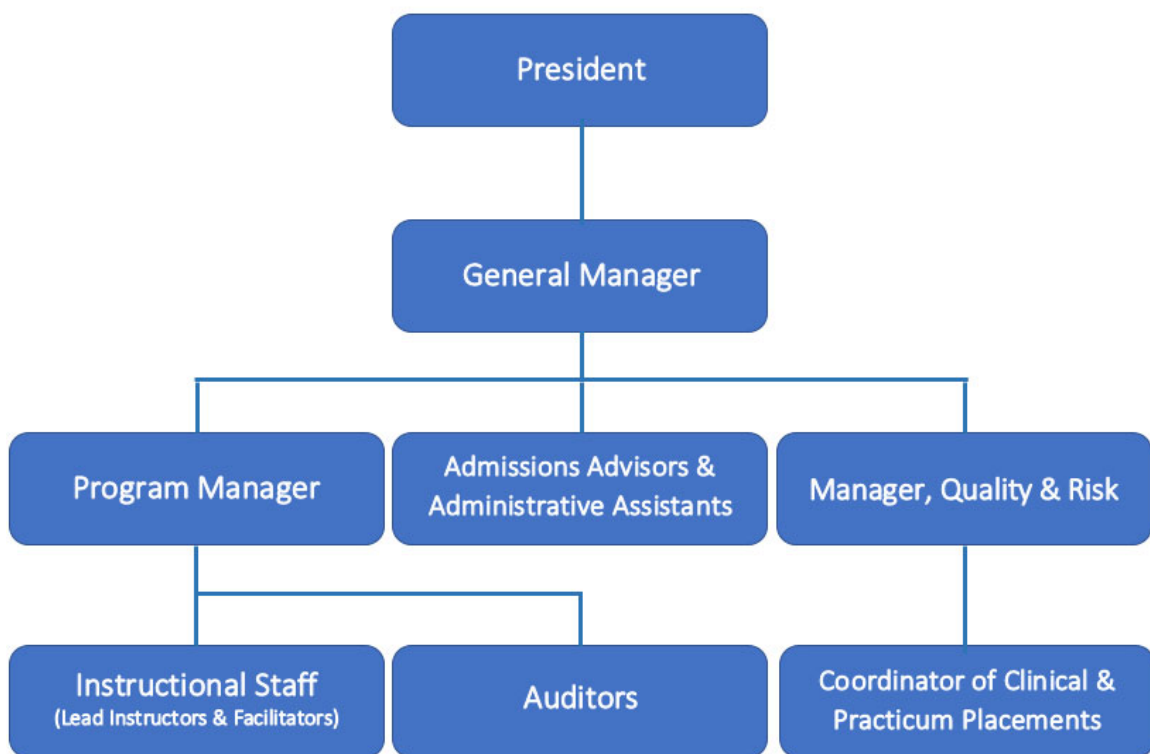
Medavie HealthEd was established in 2012 through the consolidation of two professional training schools that previously operated respectively as the Maritime School of Paramedicine (MSOP) and the Atlantic Paramedic Academy (APA). Combined, these institutions represent approximately 30 years of experience delivering professional clinical education programs to thousands of students. Medavie HealthEd continues to build on the proven track records of MSOP and APA in providing a wide range of programming tailored to the needs of both existing health professionals as well as learners with no prior health care experience. These programs are primarily delivered using three main campuses located in Halifax, Nova Scotia, Moncton, New Brunswick, and Saskatoon, Saskatchewan as well as satellite delivery sites located at strategic locations across these provinces.

Medavie HealthEd exemplifies a commitment to education, and professional development. The Institution and its staff strive toward the development of graduates who possess sound knowledge and skills, a commitment to excellence in all they do, and a deep sense of professionalism and caring.

Policy No:	1-20 (Organizational Chart)		
Effective Date: 01 Aug 2012		Approved by: President	
Revision Date: 15 Feb 2018		Review Date: 15 Feb 2018	

POLICY

To provide an organizational and reporting structure to Medavie HealthEd.



Policy No:	1-30 (Committee and Working Groups)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 15 Feb 2018	Review Date: 15 Feb 2018

POLICY

The Program Advisory Committee shall be in place to provide direction and guidance to Medavie HealthEd programming.

The following ad hoc working groups shall assist management to facilitate program review, development and quality assurance so as to insure that the Medavie HealthEd programs conform and are current with provincial and national competency requirements:

1. Faculty
2. Curriculum Development
3. Student Appeals Committee
4. Student Progression Committee
5. Admissions Committee
6. Continuous Quality Improvement Committee

Please see the Medavie HealthEd Committee Terms of Reference Manual.

Policy No:	1-40 (Policy Development Process)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 15 Feb 2018	Review Date: 15 Feb 2018

POLICY

To ensure a consistent and comprehensive process for policy development, implementation, review and revision.

1. Medavie HealthEd (MHE) shall have a standard approach to developing, revising, reviewing and implementing organizational policies and directives.
2. The General Manager shall maintain the electronic database of MHE/ Medavie Health Services (MHS) policies and directives.
3. MHE policies shall be reviewed every three years.
4. Directives may bypass the General Manager review process but must receive sign off from the Management Committee prior to implementation.
5. All directives are to be reviewed within 12 months of implementation for evolution into policy or retirement.

PROCEDURE

1. Policy development process if developing a new policy:
 - a. Determine if there is a need for a policy.
 - b. Consult the General Manager to ensure that a document addressing the intent of the policy is not already available or being developed by another working group/committee.
 - c. The General Manager will determine the working group/committee that will draft the policy. The policy should be developed with input from a group of stakeholders who will be impacted by the policy/process.
 - i. The working group/committee will:
 - ii. Draft the policy utilizing the MHE Policy Template.
 - iii. Ensure that draft documents are clearly identified with version number and dated.
 - iv. Facilitate the development of education and communication plans for the policy, if applicable.

2. Policy approval:
 - a. After the General Manager has reviewed the policy, it will be forwarded to the Management Committee for review and/or approval.
3. Distribution/communication/implementation/education:
 - a. Once approved, the implementation and communication plan is the responsibility of the General Manager.
 - b. The General Manager will disseminate the change to the communication binder campus leads for implementation into each campuses' binder.
 - c. The General Manager will determine if an announcement of the new or amended policy is required at the next faculty meeting and/or if a learning module is required.
 - d. The responsible working group shall develop any education for the policy in conjunction with the Management Committee.
4. Review/revision:
 - a. Policy review will be completed by the General Manager every 3 years, or earlier, should it be required based on a change in legislation, practice, technology, etc.
5. Deletion/retired:
 - a. If it is determined through a review process that a policy is no longer required, the General Manager, after ensuring retirement of the policy does not impact operations or other policy, will request retirement of the policy to the Management Committee.
 - b. Once approval for deletion has occurred, the policy will be removed from the electronic database, and other locations.
 - c. The General Manager will determine if there is a need for communication regarding the deleted policy.
6. Directives:
 - a. Directives shall follow a similar development procedure as policies (5.1).
 - b. Once drafted, the directive shall be reviewed by the Management Committee who will provide sign off and approval.
 - c. The General Manager will disseminate the change to the communication binder campus leads for implementation into each campuses' binder.
 - d. Within 12 months the General Manager must determine if the directive is still relevant. If it is, the General Manager will convert the directive to policy and submit to the Management Committee for approval. If the directive is no longer relevant, the General Manager will remove and retire the directive.

Policy No:	1-51 (Policy Awareness)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 15 Feb 2018

POLICY

It is the responsibility of the President to designate a member of the Medavie HealthEd staff (typically a manager or lead instructor) to ensure that each student is aware of Medavie HealthEd policies and procedures; this takes place during the Student Orientation Session that all students must attend.

PROCEDURE

1. The manager or lead instructor will review all pertinent Medavie HealthEd policies and procedures with the students at the beginning of the program.
2. During the Student Orientation Session, each student will be provided with an electronic copy of the Policy and Procedure Manual through the Learning Management Software.
3. The students may also gain access to a printed copy of these policies at one of the Medavie HealthEd offices.
4. All students are required to review the Policy and Procedures Manual prior to signing the "Student Contract" (see Policy 4-40-Student Contract). In order to facilitate enough review time, students are provided with, at a minimum, 1 night to review the Policy and Procedures Manual, before signing the contract with Medavie HealthEd. Under "Declaration by Student" and "Declaration by Institution" it is indicated that the student was provided with and has reviewed a copy of the policy and procedures manual.

Policy No:	1-52 (Policy Exemptions)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 15 Feb 2018

POLICY

Pilot courses which are undertaken from time to time as a means of program improvement may contravene any or all Medavie HealthEd policies by nature of the pilot course.

Short courses that do not exceed three days in duration are not affected by all of the policies and procedures of this manual. Short courses are typically those offered through Medavie HealthEd, but originate from another organization. Examples include but are not limited to PHTLS, ACLS, NRP, Non-violent Crisis Intervention, etc.

PROCEDURE

1. Pilot courses must be approved by the President of Medavie HealthEd and, if required, approved by the appropriate provincial regulators.
2. The guidelines to be followed for each pilot course will be outlined in a terms of reference document specific to that pilot.

Policy No:	1-60 (Waiver of Responsibility)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 29 Dec 2016	Review Date: 15 Feb 2018

POLICY

Upon successful completion of a Paramedicine program offered by Medavie HealthEd participants in the PCP, ACP, CCP or Paramedic Refresher programs may apply for registration with the appropriate provincial regulator.

The PCP, ACP, and CCP Diplomas or Refresher Certificates issued by Medavie HealthEd indicates that the student has successfully completed the course, but does not guarantee future performance or employment of a graduate.

Policy No:	1-70 (Safety)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 15 Feb 2018

POLICY

In all settings, participants attending programs at Medavie HealthEd program will be committed to safety throughout the duration of the program, including classroom, simulation, hospital and ambulance training.

Safety equipment is to be used where the nature of the work or the environment may create a safety hazard to the participants.

Medavie HealthEd instructors are responsible for adequately instructing and training all students under their direction for the purpose of ensuring that safe work methods and practices are understood and adhered to.

PROCEDURE (CLASS & SIMULATION SETTINGS)

1. All students will be provided with the Safety/Emergency Procedures Manual during the "Student Orientation Session".
2. Students will be provided with 1 day to review the content of the Safety/Emergency Procedures Manual.
3. All students are required to review the Safety/Emergency Procedures Manual prior to signing the "Student Contract" (see Policy 4-40-Student Contract). In order to facilitate enough review time, students are provided with, at a minimum, 1 night to review the Safety/Emergency Procedures Manual, before signing the contract with Medavie HealthEd. Under "Terms and Conditions" it is indicated that the student was provided with and has reviewed a copy of the Safety/Emergency Procedures Manual.
4. Students will not be permitted to use any Medavie HealthEd training equipment on themselves, their fellow students, Medavie HealthEd staff or members of public without prior approval from a Medavie HealthEd staff member. Students found using training equipment in this manner, without prior approval, will be dealt with in accordance to Policy 4-20: Disciplinary Action.

PROCEDURE (HOSPITAL/CLINICAL & AMBULANCE SETTINGS)

1. As per contracts with all Clinical and Practicum partners, students, through their preceptors, will make themselves aware, of and follow, the safety procedures in the Clinical & Practicum settings.
2. As part of their program, students are provided with a safety kit that includes:
 - a. 1 X helmet
 - b. 1 X pair of work gloves
 - c. 1 X safety vest
 - d. 1 X pair safety glasses
 - e. 1 X pair of ear plugs
 - f. 5 X N95 masks
 - g. 1 X isolation gown

Students are expected to bring this safety kit with them for each and every Practicum shift.

3. Students will not be permitted to use any training equipment obtained from Clinical and/or Practicum sites on themselves, their fellow students, site staff or members of public outside of the normal clinical care provided to their patients. Students found using training equipment in this manner, will be dealt with in accordance to Policy 4-20: Disciplinary Action.

Policy No:	1-71 (COVID-19 Vaccination)
Effective Date: 03 Dec 2021	Approved by: President
Revision Date: 03 Dec 2021	Review Date: 03 Dec 2021

POLICY

Medavie HealthEd is committed to providing a healthy and safe environment for its employees, students and others who interact with Medavie HealthEd. Our organization strives to take a proactive “prevention-oriented” focus in order to eliminate or control any reasonable or foreseeable hazards.

Immunization against COVID-19 is the most effective means to prevent the spread of the virus, to prevent outbreaks in Medavie HealthEd facilities, and to protect our employees, students, visitors, and the communities we serve.

This policy applies to all students, staff members, and visitors of Medavie HealthEd facilities, regardless of position, program, employment status, or classification. For the purpose of this policy, “individuals” refers to the above noted groups.

As used in this policy, an individual is considered “Fully Vaccinated” when:

- They have received two doses of a vaccine considered valid by Health Canada in a two dose COVID-19 vaccine series or one dose of a vaccine considered valid by Health Canada in a one dose COVID-19 vaccine series; and
- For whom fourteen (14) days have elapsed since the date on which the individual received their final vaccine dose.

Note: This definition is subject to change following applicable Canadian public health guidance and guidance of the applicable provincial public health authority for the province in which the individual is located. In order to maintain fully vaccinated status, the individual may be required to show proof that they have received any additional recommended dose(s) of the vaccine.

PROCEDURE

In accordance with Medavie HealthEd’s commitment to maintaining a healthy and safe environment, and subject to exemptions as set out in this policy, Medavie HealthEd is adopting policy requirements as set out below. These policy requirements are intended

to cover the vast majority of situations, however Medavie HealthEd, in its sole discretion, reserves the right to alter application for individual situations.

1. Effective December 3rd, 2021, all individuals associated with Medavie HealthEd, must be “Fully Vaccinated” against COVID-19 and will be required to provide Medavie HealthEd with proof of vaccination status.
 - a. Individuals who are on approved Leave of Absence must be fully vaccinated prior to returning to their program or place of employment.
 - b. Students enrolled, and employees hired after, December 3rd, 2021 must be fully vaccinated before commencing their program/employment and will be required to provide Medavie HealthEd with proof of vaccination status.
2. Any individual who is associated with Medavie HealthEd at the time in which this policy takes effect, and for whom will not be considered “Fully Vaccinated” by the December 3rd, 2021 deadline, must show proof that they have received, prior to December 3rd, 2021, the first vaccine dose in a two dose COVID-19 vaccine series considered valid by Health Canada.
 - a. These individuals will be required to provide proof of a scheduled second dose appointment.
 - b. These individuals will be required to undergo routine workplace testing at a minimum of twice every five (5) working days. This testing will continue until the individual attains a “Fully Vaccinated” status.
3. For students, Proof of Vaccination must be submitted to the admissions department as part of the regular student immunization record requirement of our programming.
4. For employees, Proof of Vaccination must be shown to a senior manager. The employee’s vaccination status will be reported to the appropriate HR representative. Medavie HealthEd will not collect or retain employee proof of vaccination documentation.
5. Appropriate Proof of Vaccination records may include:
 - a. A screen shot of the individual’s provincial “COVID-19 Vaccination Certificate” with or without QR Code;
 - b. A scanned copy of a COVID-19 Vaccine printout from the individual’s provincial portal
 - c. A scanned copy of a wallet card received at time of immunization; or
 - d. A type of proof, whether electronic or in writing, that is issued:
 - i. By the government of Canada or a province or territory of Canada, or
 - ii. By any other government of another jurisdiction.

ADDITIONAL COVID-19 PRECAUTIONS

Medavie HealthEd is committed to following the guidance and direction of applicable Public Health authorities. The terms of this policy are in addition to (and not in substitution of) the other COVID-19 safety precautions Medavie HealthEd has in place and guidance from applicable provincial Public Health authorities.

In the event of any conflict between the provisions of this Policy and applicable Public Health guidance or direction, the direction or guidance of Public Health will prevail.

For greater clarity, Medavie HealthEd will follow applicable rules governing its provincial health care partners and will make every attempt to ensure that this Policy lines up with such rules. In the event of any conflict, applicable rules which govern Medavie HealthEd's provincial health care partners will prevail in each province.

EXEMPTIONS AND ACCOMMODATION

An exemption and resulting accommodation may be provided to individuals based on a ground protected by applicable human rights legislation.

An individual seeking an exemption to this policy must submit a written request for accommodation with supporting documentation to Medavie HealthEd Management. For new employees and students, this written request must be submitted for review prior to the commencement of the individual's employment or program. Exemptions will be considered on a case by case basis.

If an individual cannot be vaccinated for medical reasons they will be required to provide a form from a licensed health care professional.

Where an individual's circumstances satisfy the criteria for an exemption, resulting reasonable accommodations will be granted up to the point of undue hardship and subject to applicable human rights legislation. Where an exemption is granted, Medavie HealthEd may require alternative arrangements to reduce the risk of infection and transmission.

PRIVACY AND CONFIDENTIALITY

In administering this policy, including in dealing with individual's information, Medavie HealthEd will only collect information that is reasonably necessary and will limit disclosure of individual vaccination status and any surrounding medical information only to those who require this information in order to administer and apply this policy. The information will be securely stored and maintained by appropriate staff members in a secure location.

Depending on the jurisdiction in which they are located, individuals may exercise their access and rectification rights as may be required under applicable privacy legislation.

Medavie HealthEd will implement appropriate protocols to guard the sensitivity of this information and will only retain such information for as long as necessary and in accordance with applicable laws.

COMPLIANCE WITH POLICY

Violation or abuse of this policy could result in disciplinary action, up to and including termination of employment or dismissal from a program.

AMENDMENTS

Government and public health guidelines and restrictions and business and industry best practices regarding COVID-19 and COVID-19 vaccines are changing rapidly as new information becomes available and further research is conducted.

Medavie HealthEd reserves the right to modify this policy, or any other COVID-19 related requirements, at any time in its sole discretion to adapt to changing circumstances and business needs, consistent with its commitment to maintaining a safe and healthy environment.

Policy No:	1-80 (Harassment)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 04 Nov 2016	Review Date: 15 Feb 2018

POLICY

All persons participating in Medavie HealthEd program are to be treated with respect and dignity. Harassment is a form of discrimination. It is unwelcome and unwanted. It affects the individual's ability to learn and work. It can also be an expression of abuse of power, authority, or control and is coercive in nature. The abuse of one's authority or position to intimidate, coerce or harass is forbidden.

Discrimination occurs where a person makes a distinction, whether intentional or not, based on a characteristic, or perceived characteristic, described in human rights legislation under the prohibited grounds of discrimination that has the effect of imposing burdens, obligations or disadvantages on an individual or a class of individuals not imposed upon others or which withholds or limits access to opportunities, benefits and advantages available to other individuals or classes of individuals in society.

No individual will be discriminate against an individual or class of individuals on account of

1. age;
2. race;
3. colour;
4. religion;
5. creed;
6. sex;
7. sexual orientation;
8. gender identity;
9. gender expression;
10. physical disability or mental disability;
11. an irrational fear of contracting an illness or disease;
12. ethnic, national or aboriginal origin;
13. family status;
14. marital status;
15. source of income;
16. political belief, affiliation or activity;

That individual's association with another individual or class of individuals having characteristics that are referred to under the prohibited grounds for discrimination.

Harassment is a serious offence subject to the whole range of disciplinary procedures up to and including dismissal from the Medavie HealthEd program.

Any form of harassment is unacceptable and will not be tolerated. Medavie HealthEd is committed to minimizing and eliminating, to the extent possible, harassment.

Federal and provincial laws have been enacted to strictly prohibit harassment and protect students from intimidating and hostile work environments.

Harassment may have the effect of creating a negative environment impacting the individual's ability to work and/or study. Harassment may or may not be intentional.

All reports of harassment and violence will be taken very seriously. Any violations under this policy may result in discipline up to and including dismissal or legal action.

RIGHTS & RESPONSIBILITIES

- **Students:**
 - The right to a harassment free educational environment;
 - The right to file complaints pursuant to this policy;
 - The right to not fear retribution for coming forward with a complaint;
 - The responsibility to treat others with respect and not condone offensive behavior;
 - The responsibility to report harassment to the appropriate person;
 - The responsibility to cooperate with investigations;
 - The responsibilities to read, acknowledge, and comply with this policy.
- **Management/Instructional Staff:**
 - The responsibility to ensure compliance with all applicable federal and provincial laws;
 - The responsibility to treat all students, employees, clients, suppliers, and contractors with respect;
 - The responsibility to set a good example in the educational environment;
 - The responsibility to refuse to tolerate harassment and take the appropriate corrective action. This includes protecting students and others in the educational environment and stopping any known offensive behavior, whether or not a complaint has been filed;
 - The responsibility to investigate all complaints.

DEALING WITH HARASSMENT

Students who believe they have been harassed should make their objections known to the alleged harasser or other appropriate person and document incidents of harassment.

Students who believe that it is not reasonable, appropriate, or safe to ask the offender to stop or adjust their behavior must take their concerns to their instructor or management in accordance with the investigation procedure contained in this policy.

Students who witness harassment are encouraged to take action to bring the incident to the attention of their Instructor.

COMPLAINT PROCEDURE

Every student who feels that he or she has been harassed or has witnessed harassment is encouraged to bring that concern to his or her immediate Lead Instructor first.

If the student feels uncomfortable bringing his or her concern to the Lead Instructor they must contact the administration.

A complaint of harassment may be initiated by way of a meeting, telephone call, or written letter.

INVESTIGATION PROCEDURE

Medavie HealthEd will investigate all alleged incidents of harassment that are reported by students, employees, visitors, patients, or clients. All investigations will be conducted a manner that is timely, complete, and unbiased. This procedure is outlined below.

1. A senior manager will document the complaint and provide immediate support if necessary, including information on the Student Support Program or appropriate referrals.
2. If the senior manager is unavailable or the student does not feel comfortable bringing his or her complaint to the senior manager, the student or employee can contact the President.
3. The complainant will be asked to provide a written copy of the complaint.
4. The senior manager will work with Medavie HealthEd's Human Resources Consultant to coordinate the interview of all witnesses, including the complainant, the accused, and any other related witnesses or relevant individuals.
5. The senior manager will work with Medavie HealthEd's Human Resources Consultant to prepare a written summary of the investigation, either supporting or dismissing the complaint and will include recommendations for resolution and/or corrective action.
6. Within fourteen (14) days, the senior manager will issue a response to the complainant and to the accused that is alleged to have engaged in the harassment.
7. Medavie HealthEd's Human Resources Consultant will provide support as necessary.

CONFIDENTIALITY

Medavie HealthEd will not disclose the name of a complainant or the accused or the circumstances related to the complaint to any person except where disclosure is necessary for the purpose of investigating the complaint, taking corrective action with respect to the complaint or as required by law.

UNSUBSTANTIATED COMPLAINTS

Students will not be subject to any form or reprisal for making an allegation of harassment in good faith, regardless of the outcome of an investigation.

When a complaint is unsubstantiated all associated records will be removed from the file against whom the complaint was made.

COMPLAINTS NOT MADE IN GOOD FAITH

Any complaints found to be malicious in nature and/or have no merit will also be subject to disciplinary action up to and including dismissal/termination.

RETALIATION

Retaliation against any student making a complaint will not be permitted. It will be considered a serious breach and will result in discipline up to and including dismissal.

INSTITUTIONS GENERAL RIGHT TO MANAGE

Nothing in this policy limits or constrains Medavie HealthEd's right to manage the educational environment. For example, assignments, performance reviews, coaching, evaluations and disciplinary measures taken by Medavie HealthEd staff, in good faith and for valid reasons, do not constitute harassment in the educational environment. This policy will not, under any circumstances, be used to impede the educational relationship, nor is it intended to inhibit normal social interaction in the educational environment.

HARASSMENT POLICY ACKNOWLEDGEMENT

By signing the enrollment contract with Medavie HealthEd students acknowledge that they have read and understand the Harassment Policy for Medavie HealthEd.

In accordance with this Policy, they agree that harassment in the educational environment will not be tolerated. Allegations of harassment will be taken seriously and, if substantiated, will be addressed through appropriate corrective action to reinforce the policy and ensure that harassment does not continue.

Determination of appropriate discipline requires judgment on a case-by-case basis taking into account the facts of the case, findings of an investigation, mitigating or aggravating factors and student relations and legal jurisprudence.

In the most serious cases where harassment is substantiated, dismissal will be Medavie HealthEd's response in the absence of significant factors dictating otherwise.

Policy No:	1-90 (Fraternization)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 29 Dec 2015	Review Date: 15 Feb 2018

POLICY

This policy was developed to allow for an unbiased evaluation of students enrolled in Medavie HealthEd and prevent any Conflict of Interest, or accusations of Abuse of Powers.

It is the Policy of Medavie HealthEd that their Instructors, Simulation facilitators and all other persons directly involved with providing and/or controlling a student's ability to complete a program, will not be permitted to develop personal relationships with any student, as a condition of employment.

It is the students' responsibility to advise the Program Manager or a Senior manager of any personal or intimate relationships that develop with any Instructors, Simulation facilitators or other persons directly involved with providing and/or controlling a students' ability to complete a program. This includes Preceptors in any setting, while the student is enrolled in a Medavie HealthEd Program.

PROCEDURE

1. The student or third party indicating that Fraternization has occurred will be required to complete an Incident/Complaint Form.
2. If the student or third party refuses to complete the Incident/Complaint Form it must be completed by the individual receiving the complaint.
3. The Program Manager or a senior manager will investigate the complaint by interviewing and documenting their conversations with all parties involved.
4. Once the interviews are completed the Program Manager or a senior manager will have a final meeting with the student to inform that person of the findings.
5. If it is determined that the student had fraternized with an instructor, simulation facilitator, preceptor or any other person directly involved with providing and/or controlling a student's ability to complete a program, that student will be required to complete that part of the program or testing that was evaluated by that instructor,

simulation facilitator, preceptor or other person providing and/or controlling the students ability to complete a program.

All costs associated with this will be the responsibility of the student; however, all efforts will be made by the Program Manager or a senior manager, to ensure that costs to the student are kept at a minimum.

Policy No:	1-100 (Record Keeping)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 15 Feb 2018

POLICY

Accurate and detailed records are to be kept for each student participating in programs at Medavie HealthEd. All student files and records maintained by Medavie HealthEd are regarded as “Confidential” and shall only be accessed by authorized individuals (See Policy 1-101 – Privacy and Distribution).

PROCEDURE

1. The following records shall be kept for each Paramedicine student.
 - 1.1. Application for admission
 - 1.2. Language Proficiency Documentation, if applicable
 - 1.3. Completed Medavie Medical Form
 - 1.4. Completed Medavie Immunization Records
 - 1.5. Disability Medical Questionnaire, if applicable
 - 1.6. Transcripts from High School or other post-secondary educational institution.
 - 1.7. High School Diploma or GED
 - 1.8. Drivers Abstract
 - 1.9. Criminal Record with Vulnerable Sections Check
 - 1.10. Personal Resume
 - 1.11. Two Reference Forms
 - 1.12. Paramedic Candidate Physical Abilities Test (PC-PAT)
 - 1.13. Other certificates of continuing education
 - 1.14. Student Interview Summary
 - 1.15. Enrollment check list
 - 1.16. Student Contract (See policy 4-40)
 - 1.17. Class 4 Road Test Receipt
 - 1.18. Attendance records
 - 1.19. All course evaluation marks
 - 1.20. Final Medical and Trauma Practical Scenario test
 - 1.21. Simulation Skill and Scenario Forms (Stored on CompTracker only)
 - 1.22. Clinical Preceptorship Forms (Stored on CompTracker only)
 - 1.23. Practicum Preceptorship Forms (Stored on CompTracker only)
 - 1.24. Student Learning Contracts, if applicable
 - 1.25. Confidentiality Agreement

- 1.26. Release For Promotional Products
- 1.27. Building Access Agreement, if applicable
- 1.28. Goodlife Membership Agreement, if applicable
- 1.29. Textbook Purchase Agreement
- 1.30. Uniform Purchase Agreement
- 1.31. Clinical Preceptorship Placement Documentation
- 1.32. Consent to Release Information (Drivers Abstract and Class 4 DL)
- 1.33. Class 4 Driver's License, if applicable
- 1.34. Class 4 Driver's License Waiver, if applicable
- 1.35. Paramedic Candidate Physical Abilities Waiver, if applicable
- 1.36. Extended Medical Ability To Work Form, if applicable
- 1.37. Student or Graduate Consent To Obtain Provincial Exam Marks from Regulator
- 1.38. Course transcript
- 1.39. Course diploma
- 1.40. T-2202

2. The following records shall be kept for each ACP student.

- 2.1. Application for admission
- 2.2. Language Proficiency Documentation, if applicable
- 2.3. Completed Medavie Medical Form
- 2.4. Completed Medavie Immunization Records
- 2.5. Disability Medical Questionnaire, if applicable
- 2.6. Transcripts from High School or other post-secondary educational institution.
- 2.7. High School Diploma or GED
- 2.8. Drivers Abstract
- 2.9. Criminal Record with Vulnerable Sections Check
- 2.10. Personal Resume
- 2.11. Two Reference Forms
- 2.12. Other certificates of continuing education
- 2.13. Student Interview Summary
- 2.14. Enrollment check list
- 2.15. Student Contract (See policy 4-40)
- 2.16. Attendance records
- 2.17. All course evaluation marks
- 2.18. Final Medical and Trauma Practical Scenario test
- 2.19. Oral Board Evaluation Document. Questions do not comprise part of the individual student's file.
- 2.20. Simulation Skill and Scenario Forms (Stored on CompTracker only)
- 2.21. Clinical Preceptorship Forms (Stored on CompTracker only)
- 2.22. Practicum Preceptorship Forms (Stored on CompTracker only)
- 2.23. Student Learning Contracts, if applicable
- 2.24. Confidentiality Agreement

- 2.25. Release For Promotional Products
 - 2.26. Textbook Purchase Agreement
 - 2.27. Uniform Purchase Agreement
 - 2.28. Clinical Preceptorship Placement Documentation
 - 2.29. Extended Medical Ability To Work Form, if applicable
 - 2.30. Student or Graduate Consent To Obtain Provincial Exam Marks from Regulator
 - 2.31. Course transcript
 - 2.32. Course diploma
 - 2.33. T-2202
3. Any student wishing to make a change to the information on their file must make the request in writing to an Admissions/Administrative Advisor who in turn will consult with a senior manager as to the appropriate actions to be taken.
4. All application information and student selection documentation placed on a student's file becomes the property of Medavie HealthEd and will not be returned to the student or forwarded to another organization.

Students may receive a photocopy of their application package, less the reference (which is considered confidential information from the referee).

Policy No:	1-101 (Privacy and Distribution)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 15 Feb 2018	Review Date: 15 Feb 2018

POLICY

Access to student files & records is limited primarily to institution staff, which includes the following people:

1. President
2. General Manager
3. Senior Management Team Members
4. Admissions/Administrative Assistant
5. Course Lead Instructor

Limited access will be provided to the following individuals and groups and only with Medavie HealthEd staff present to answer questions:

1. Student Appeals Committee Members (only to information that is pertinent to the appeal that is put forward by a student)
2. Private Career/Training Colleges Officers, or other government officials, as per regulatory requirements
3. Accreditation survey team members (for accreditation purposes, only)
4. Hospital and Ambulance Clinical Coordinators (These individuals will have access to the immunization record, for proof of the students immunizations, as well as the students criminal record check)

Lab Facilitators & guest lectures **are not permitted** to access a student file.

Applicants and students may access their individual file when accompanied by Medavie HealthEd staff.

The provinces of Saskatchewan, Nova Scotia and New Brunswick enacted freedom of information legislation for the purpose of making public bodies more open and accountable to the public in the way they acquire, use and dispose of information. This is achieved in a number of ways including:

- Giving individuals a right to access personal information held by an institution about them and allowing them the opportunity to request a correction to said information,

- Specifying limited exemptions to the right of access
- Ensuring appropriate collection, use and disclosure of personal information.

Copies of each province's relevant acts and regulations are readily available online in the respective provinces.

The Personal Information and Protection of Electronic Documents (PIPEDA) came into force January 1, 2001, establishing new rules with regard to privacy. The rules recognize the individual's rights to control the use of their personal information. The rules also impose obligations on organizations to protect personal information in a manner that a reasonable person would consider appropriate in the circumstances. This legislation protects the rights of all Canadians as it applies to every organization that collects, uses or discloses personal information in the course of commercial activities.

A copy of Bill C-6, the Personal Information Protection and Electronic Documents Act is available on the Privacy Commissioner's website at <http://privcom.gc.ca>.

PROCEDURE

1. Student's files & records are to be secured in a locked filing cabinet in an administrative office on Medavie HealthEd premises.
2. The filing cabinets & the office containing them will be locked when the institutional personnel are not in Medavie HealthEd building.
3. Once a document is placed on a student's file, it cannot and is not to be permanently removed without the authorization of a senior manager.
4. Student files are not to be removed from the building by anyone, without the permission of a senior manager.
5. Incomplete student application documentation can be photocopied and the original sent to the student for completion. The photocopy will be stamped with the institutions seal and signed by the individual who made the copy. The copy will then be accepted as original documentation. Once the completed original is returned, and placed on file, the photocopy may be removed from the file and destroyed appropriately.

Applicants and students may receive a photocopy of their file. To receive a photocopy of their file they must:

1. Submit a written request, as well as an administrative fee of thirty-five dollars (\$35) for the file to be copied.

2. Within three (3) business days, of the applicant or students request, the administrative staff will ensure the photocopied file is provided directly to, or sent to, the applicant or student. If the applicant or student requests that the file be sent via mail/courier, then the applicant or student will bear the costs associated with sending the documentation, in addition to the thirty-five dollar (\$35) fee for copying the file.

Applicants and students may review their file. To review a file:

1. The applicant or student must request to see their file.
2. One of Medavie HealthEd staff, permitted to access student files/records, will obtain the file.
3. Medavie HealthEd staff will ensure they remain in the room and observe the applicant or student, as they review their file.
4. The applicant or student will not remove or place any documentation on their file.
5. The applicant or student will not be permitted to write in their file.
6. The applicant or student may make notes on a separate piece of paper regarding information on their file.
7. Once the applicant or student completes their review of the file, Medavie HealthEd staff will return the file to the secured filing cabinet.

Note: All application information and student selection documentation placed on a student's file becomes the property of Medavie HealthEd and the originals will not be returned to the student or forwarded to another organization.

Policy No:	1-102 (Privacy Incident Management)
Effective Date: 23 Sept 2021	Approved by: President
Revision Date: 23 Sept 2021	Review Date: 23 Sept 2021

POLICY

When a known or suspected privacy breach occurs, the standard procedure below must be followed in order to ensure appropriate containment, follow up, notifications and corrective measures.

A privacy breach occurs when there is (or is strong potential for) an unauthorized access to, collection, use, disclosure of, or disposal of personal health information (PHI) and/or personal information (PI).

Any Medavie HealthEd staff member or student who becomes aware of a known or potential privacy breach must immediately notify the Manager, Quality & Risk.

The Manager, Quality & Risk will be responsible to notify, as appropriate:

- Senior Management;
- the Chief Privacy Officer(s) (CPOs) of any Partner Organization(s) affected; and
- the Office of the Privacy Commissioner of Canada

PROCEDURE

1. Upon identification of a known or suspected privacy breach, Management and the Manager, Quality & Risk will:
 - 1.1. Collaborate with all involved parties to contain the breach by doing any or all of the following as applicable:
 - Stop the unauthorized practice;
 - Preserve the PHI/PI in question;
 - Recover the records and all copies;
 - Shut down the system that was breached;
 - Revoke or change computer access codes;
 - Correct weaknesses in physical or electronic security;
 - Consider immediate administrative leave (staff members) and/or program suspension (students) for those involved pending the outcome of investigation.

2. The Manager, Quality & Risk, in collaboration with Management, will investigate to determine whether a breach has occurred, the cause, and the scope of confidential information compromised. The investigation will consist of (as required):
 - 2.1. Determining the scope of the breach;
 - 2.2. Interviewing and securing written statements and/or notes from individuals with information relevant to the breach;
 - 2.3. Obtaining copies of all relevant documentation (written, electronic, recordings, etc.);
 - 2.4. Documenting the timeline of events and any procedures or practices involved that are not already in writing.
3. Where it is determined that a breach has occurred, notification of the Office of the Privacy Commissioner of Canada and individuals whose information was, or may have been, compromised must be considered as per Division 1.1 of the Personal Information Protection and Electronic Documents Act (PIPEDA). The steps for notification include:
 - 3.1. Determining when and how to notify individuals (direct mail and/or telephone, public notice, media, internet);
 - 3.2. Determining who should contact/ notify the individuals;
 - 3.3. Developing the content of the notification;
 - 3.4. Preparing public notification (as appropriate);
 - 3.5. Completing and submitting the PIPEDA breach report form to the Office of the Privacy Commissioner of Canada;
 - To be completed by the Manager, Quality & Risk.
4. Upon completion of the investigation, the Manager, Quality & Risk will prepare and present a privacy breach report to Senior Management. The report will include (as applicable):
 - 4.1. Summary of incident;
 - 4.2. Description of mandate;
 - 4.3. Incident details;
 - 4.4. Investigation results;
 - 4.5. Breach points;
 - 4.6. Actions taken and to be taken (with timelines); This may include:
 - Audit of technical and physical security;
 - Review of policies and procedures and any recommended revisions;
 - Review of student/staff education and any recommended additions;

- Follow-up/disciplinary action with student/staff involved;
- Review of existing practices of Partner Organization(s) involved and recommendations for corrective measures or improvements;
- Any other measures considered to be appropriate by the Manager Quality & Risk.

4.7. Supporting documents.

5. The Manager, Quality & Risk will collaborate with Senior Management and Human Resources to determine what follow-up or disciplinary action is required based on the circumstances in accordance with the Privacy Violations and Possible Follow-Up Actions Table in Appendix A;
 - 5.1. Decisions regarding disciplinary action may be considered after the face-to-face meeting with the student/staff member and may vary depending on the student/staff member's demeanor during the meeting;
 - 5.2. Individuals involved in a breach may also be subject to legal penalties for violation of provincial privacy legislation.

DEFINITIONS

Personal health information (PHI): Identifying information about an individual, whether living or deceased, and in both recorded and unrecorded forms, if the information:

- Relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family,
- Relates to the application, assessment, eligibility and provision of health care to the individual, including the identification of a person as a provider of health care to the individual,
- Relates to payments or eligibility for health care in respect of the individual,
- Relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance,
- Is the individual's registration information, including the individual's health-card number, or
- Identifies an individual's substitute decision-maker

Personal information (PI): means recorded information about an identifiable individual, including:

- the individual's name, address or telephone number,
- the individual's race, national or ethnic origin, colour, or religious or political beliefs or associations,
- the individual's age, sex, sexual orientation, marital status or family status,
- an identifying number, symbol or other particular assigned to the individual,

- the individual's fingerprints, blood type or inheritable characteristics,
- information about the individual's health-care history, including a physical or mental disability,
- information about the individual's educational, financial, criminal or employment history,
- anyone else's opinions about the individual, and
- the individual's personal views or opinions, except if they are about someone else.

Privacy breach: Intentional or unintentional unauthorized access or inappropriate retention, use, collection, disclosure, or alteration of personal, and/or personal health information (PI/PHI).

Privacy incident: a potential privacy breach which requires further investigation to confirm if an actual privacy breach occurred or a situation where the potential exists that a breach could occur but the situation was addressed before the breach occurred

Appendix A: Privacy Violations – Possible Follow-Up Actions

Level of Violation	Examples Possible	Follow-Up Action(s)
Level 1: Unintentional; carelessness in handling PHI/PI or maintaining adequate security levels	<ul style="list-style-type: none"> • Disclosing PHI/PI without verifying identity of requester • Leaving PHI/PI unattended or in a public area • Failing to log off computer that holds PHI/PI • Inadvertently sending PHI/PI via fax to an incorrect fax number • Unauthorized access of own PHI/PI or that of a family member 	<ul style="list-style-type: none"> • Discussion of applicable policies and procedures • Privacy training and/or letter of expectation • Sign or re-sign confidentiality agreement • Documented verbal or written reprimand • In exceptional circumstances, disciplinary action as appropriate up to and including suspension with or without pay (staff) and possible dismissal (student/staff).
Level 2: Intentional, non-malicious; breaching policies or legislation surrounding the use and disclosure of PHI/PI	<ul style="list-style-type: none"> • Accessing PHI/PI without professional need to know • Discussion of PHI/PI with someone who does not have a legitimate need to know • Allowing another individual to use computer account or password • Recurrence of an unauthorized access of own PHI/PI or that of a family member • Repeated Level 1 violations 	<ul style="list-style-type: none"> • Discussion of applicable policies and procedures • Privacy training and/or letter of expectation • Sign or re-sign confidentiality agreement • Disciplinary action as appropriate up to and including suspension with or without pay (staff) and possible dismissal (student/staff).
Level 3: Intentional and Malicious; knowingly breaching policies or legislation surrounding the use and disclosure of PHI/PI for personal gain or to harm another person(s)	<ul style="list-style-type: none"> • Accessing PHI/PI without professional need to know for personal gain or to cause harm to another (e.g. using information for custody battle or divorce proceedings) • Using another student/staff member's computer account for personal gain or to cause harm to another • Intentionally altering data or removing PHI/PI in any form • Repeated Level 1 or 2 violations 	<ul style="list-style-type: none"> • Clinical restriction(s) and/or access to information privileges removed • Disciplinary action – suspension without pay (staff) or dismissal (student/staff). • Staff member ineligible for future rehire, student ineligible for entrance to a future MHE program.

Policy No:	1-110 (Smoking)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 15 Feb 2018

POLICY

It is institution policy to adhere to the Smoking By-Laws that apply to the municipality where a program is located.

PROCEDURE

Instructors, Simulation Facilitators and all other staff involved with Medavie HealthEd are to ensure that students, staff and visitors are aware of and obey the Smoking By-Law that applies to the Municipality the course is located in.

Policy No:	1-112 (Use of Cell phone & Other Communication Devices)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 15 Feb 2018

POLICY

It is the policy of Medavie HealthEd that Cell phone, pager and/or other communication device use will not be permitted during class hours.

It is expected that all students and staff will respect the right of others to learn without interruption during class hours.

Failure to adhere to this policy will result in disciplinary action.

PROCEDURE

1. Prior to entering the classroom all students and staff will place their communication devices on vibrate or turn them off.
2. If a communication device rings during class hours the student carrying the communication device will be given a project, which is to be submitted to the instructor. The instructor will document the incident on the Incident/Complaint/Inquiry Record and place it on the students file.
3. If a student allows their communication device to ring on more than two occasions they will be told they can no longer bring the communication device to class and the instructor will complete a Student Learning Contract, which will be placed on the students file.
4. Should a student continue to bring their communication device to class and allow it to ring, they will be told to leave the class; the time will be counted as missed time and will accumulate. This will be documented by the instructor on a Student Learning Contract and be placed on the students file.
5. If the student continues to refuse to follow this policy the Coordinator of Programming will be advised of the situation; they will interview the student and determine if the Code of Conduct Policy must be used to dismiss the student from the program.

Policy No:	1-113 (Use of Social Media)
Effective Date: 23 Sept 2021	Approved by: President
Revision Date: 23 Sept 2021	Review Date: 23 Sept 2021

POLICY

Medavie HealthEd recognizes the importance of a healthy work/life balance for all students and staff. While Medavie HealthEd respects the private lives of its students and staff members as well as their right to individual freedoms, students and staff members are expected to uphold their professional responsibility to protect the privacy and safety of our students, staff members, patients and the organization.

This policy applies to all students, staff members, contractors, volunteers and consultants of Medavie HealthEd. For the purpose of this policy, “individuals” refers to the above noted groups.

While Medavie respects the individual’s rights of expression, opinions expressed are those of the individual and not those of the Medavie organization.

PROCEDURE

1. Individuals are fully responsible and accountable for any content they post online and/or via social media, which includes text, photographs, audio, video, or otherwise, whether it is shared publicly or privately, on or off campus, as it pertains to their programming (see Appendix A).
2. Individuals may actively communicate about their program, profession and Medavie HealthEd online, within the constraints outlined in the current policy. If individuals are unsure if a potential post is appropriate, they are encouraged to contact a Senior Manager.
3. Individuals are to follow all applicable provincial and federal legislation, relevant professional regulations (if they are a member of a professional college and/or administrative body), and the Medavie HealthEd Code of Conduct (Policy 4-30 – Students and Policy 5-111 – Staff).

4. Individuals are strictly prohibited from collecting, using, disclosing, retaining or sharing any personal health information (PHI) or personal information (PI) regarding a patient in any way or form via social media. Sharing the PI/PHI of another Medavie HealthEd individual via social media is also prohibited.
5. The posting or sharing of PHI/PI about patients or other individuals, online or via social media may constitute a privacy breach. Breaches may be reported to the applicable authorities, and often the privacy incident must be disclosed to the patient and/or individual (see Policy 1-102 Privacy Incident Management).
6. Individuals shall refrain from inappropriate actions on social media, which includes, but is not limited to, actions such as bullying, harassment, and discrimination which may constitute a violation of company policy, human rights, or any other applicable labour/employment legislation or civil/criminal law (see Policy 1-80 Harassment).
7. Any breach of this policy and/or the inappropriate use of social media will be investigated by Senior Management as required. Individuals who participate in online communication that is in violation of this policy may be subject to disciplinary action up to and including dismissal/termination, legal action, and/or criminal charges.
8. The Medavie HealthEd name and brand are proprietary. Any posts placed on social media while wearing Medavie HealthEd branded clothing (i.e. uniforms) are to be approved by the individual's direct supervisor. For students, this would be their lead instructor, for staff, their direct manager.

Definitions:

Personal health information (PHI): Identifying information about an individual, whether living or deceased, and in both recorded and unrecorded forms, if the information:

- Relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family;
- Relates to the application, assessment, eligibility and provision of health care to the individual, including the identification of a person as a provider of health care to the individual;
- Relates to payments or eligibility for health care in respect of the individual;
- Relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance;

- Is the individual's registration information, including the individual's health-card number; and/or,
- Identifies an individual's substitute decision-maker.

Personal information (PI): Information about an identifiable individual that includes, but may not be limited to:

- An individual's name, address, or telephone number
 - An individual's race, national or ethnic origin, colour, religious or political beliefs or associations; an individual's age, sex, sexual orientation, marital status or family status, identifying number, symbol or other particulars assigned to the individual
 - The individual's fingerprints, blood type, or other inheritable characteristics
- Information about the individual's health-care history, including a physical or mental disability

Privacy breach: Intentional or unintentional unauthorized access or inappropriate retention, use, collection, disclosure, or alteration of personal, and/or personal health information (PI/PHI), whether it was intentional or unintentional.

Privacy incident: For purposes of this directive, a privacy incident includes a privacy breach, or suspected privacy breach – i.e. intentional or unintentional (actual or suspected) unauthorized or inappropriate modification, access, copying, release, theft, disclosure, and/or loss of personal information and/or personal health information (PI/PHI).

Social media: Social media is defined as a website or application that allows users to create and/or share information or participate in social networking.

Appendix A:

Social Media Usage Guidelines for Individuals

What you say and do online is a direct representation of you, your peers, your profession and your organization. It is important to educate yourself on the following social media guidelines to help protect and enhance your reputation, that of the organization, as well as others.

It is important to note that inappropriate use of social media may also be subject to disciplinary actions not only by Medavie HealthEd, but by professional Colleges, provincial regulatory bodies, and/or other authorities.

The following guidelines are meant to assist individuals in making appropriate, responsible use of social media at home and at work:

Privacy & Confidentiality

As agents of the custodians of personal health information and regulated health professionals subject to the Personal Information Protection and Electronic Documents Act (PIPEDA), it is imperative that we take every precaution to protect patient's personal health information.

When sharing content or pictures, be sure to have consent indicating acceptance of the content or image being shared. This includes sharing pictures of other individuals.

It is recommended that you review the privacy permissions/controls on personal social media accounts on a regular basis as they can change often and restrict who can see your posts/content.

Examples of privacy and confidentiality breaches:

- Sharing pictures of an active or previous motor vehicle collision.
- Sharing a photograph of a patient in general. This includes a shoe/foot, hand, the back of their head etc. All of this can be used to identify a patient, especially if coupled with other information provided online and/or by the media.
- Sharing pictures or screen shots of any aspect of a patient care report of any time and/or information captured during a patient encounter.
- Sharing a post that you're tagged in by another individual/member of general public that breaches Personal Information Protection and Electronic Documents Act (PIPEDA) and/or policies.
- Discussing call details, especially if they are unique in nature (landmarks, unusual medical situation/condition etc.) and/or can be identified by location.
- Posting and/or sharing complaints about a call and/or patient.

Professional Conduct

Social media is a way of communicating and we encourage individuals to be a part of the conversation. If you are participating in social media, don't compromise your professionalism.

Think before you post and maintain professionalism at all times.

- Always maintain a respectful, constructive tone
- Always provide accurate and clear information that cannot be easily misinterpreted and refrain from debates over matters of strict opinion
- Do not launch personal attacks or make defamatory or offensive statements, such as those that might constitute harassment, sexual harassment or discrimination

- Do not criticize your profession, the organization or stakeholders
- Keep information that you are privy to confidential unless you have permission to discuss/disclose
- Always present yourself professionally in photos that are going to be posted online.

Posting During Assigned Work/Placement

As a professional providing service to the general public, it is important to be aware of when and what you are posting during assigned work/placement rotations and how it will be received by the general public. You may post a professional picture of yourself if you have permission and/or not assigned work.

Correspondence

Social media is a way for people to connect and interact. Your online presence can easily be found by patients and/or members of the general public by simply searching your name, credentials and/or company information.

In effort to protect your safety and/or privacy, if a patient contacts you directly, whether it is to compliment you, offer a form of recognition, or to provide a complaint, you should notify a Senior Manager immediately. Do not respond unless given permission.

This also applies to media inquiries. If the media contacts you via your personal social media accounts, direct them to a Medavie HealthEd Senior Manager.

Permanency & Distribution

Any content that is posted online can be permanent. Everything can be distributed further, without your permission, archived, saved or captured as a screen shot. Deleting content after it has already been posted does not guarantee that it is been removed, or it has disappeared. Content that has been removed or has disappeared is still your responsibility. Temporary posts and shares of private information are still considered privacy breaches.

Authorization

Always seek permission before sharing content, pictures or speaking on behalf of the organization. This includes taking selfies (pictures of yourself) on company property and/or in uniform, pictures of our facilities, and any other assets as well as the use of official logos. If you are thinking about posting about a work-related matter, discuss it with your lead instructor and/or Senior Management first.

Compliance

All policies, including this Use of Social Media Policy, apply to the personal use of social media. Anything you say or do online may result in disciplinary actions if found to be in violation of one of our policies and/or is damaging to our organization's reputation.

Medavie HealthEd does not actively monitor individuals' personal social media accounts, however, if information is reported to us via colleagues or a member of the general public, Medavie HealthEd has a duty to investigate.

Policy No:	1-120 (PCP – Program Structure)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 15 Feb 2018

POLICY

The Primary Care Paramedic (PCP) Program is structured to develop paramedics who possess sound knowledge and skills, an unwavering commitment to excellence in all that they do, and a deep sense of professionalism and caring. The program aims to meet the competency requirements of the Paramedic Association of New Brunswick, the College of Paramedics of Nova Scotia and the National Occupational Competency Profile as established by the Paramedic Association of Canada for Primary Care Paramedics. Graduates will not only be an asset to the profession of Paramedicine, but to their communities as well.

The program is designed to provide: 1) acquisition of concepts and theories, 2) the mastery of professional skills, and 3) the attainment of a professional attitude.

One of the key objectives of the program is to instill a commitment to lifelong learning. Because the medical field is constantly changing and evolving, an emphasis is placed on the development of self-directed learning skills. In addition to supporting the development of self-directed learning techniques, faculty serves as both academic advisors and facilitators.

The Medavie HealthEd PCP Program is a diploma program. It is divided into two main components: didactic/simulation (in-class instruction) and clinical. The didactic component provides the students with the theory and practical/simulation hands-on training they require before entering the clinical and practicum settings. The clinical and practicum component is completed on real patients in both the hospital and ambulance settings.

To successfully meet the challenges of the Program, students must allocate time each week to out-of-class study and practice. At a minimum, we recommend that students adhere to the following guidelines:

- For every one hour spent in the classroom, devote an additional one to one-and-a-half hours to out-of-class study and practice.
- For every two hours of clinical work, spend an additional half-hour on outside study and practice

For an up to date version of the program structure, please see the PCP program Course Calendar and/or the PCP Program Profile.

Policy No:	1-121 (ACP – Program Structure)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 15 Feb 2018

POLICY

The Advanced Care Paramedic (ACP) Program is structured to develop paramedics who possess sound knowledge and skills, an unwavering commitment to excellence in all that they do, and a deep sense of professionalism and caring. The program aims to meet the competency requirements of the Saskatchewan College of Paramedics, the Paramedic Association of New Brunswick, the College of Paramedics of Nova Scotia and the National Occupational Competency Profile as established by the Paramedic Association of Canada for Advanced Care Paramedics. Graduates will not only continue to be an asset to the profession of Paramedicine, but to their communities as well.

The program is designed to provide: 1) acquisition of concepts and theories, 2) the mastery of professional skills, and 3) the attainment of a professional attitude. One of the key objectives of the program is to instill a commitment to lifelong learning. Because the medical field is constantly changing and evolving, an emphasis is placed on the development of self-directed learning skills. In addition to supporting the development of self-directed learning techniques, faculty serves as both academic advisors and facilitators.

The Medavie HealthEd Advanced Care Paramedicine Program is offered in two unique formats, the first is through an on-site full-time program, and the second is through an off-site distance format.

On-site:

The onsite program is generally delivered over a 12 month period; however, a student may choose to complete their clinical and practicum time on a part time basis once the didactic component has been completed; they will have 12 months to complete the clinical and practicum time.

Blended:

The blended program is delivered in a much different format over a 12 month period; students will attend didactic lecture utilizing the virtual classroom twice per week and practical simulations for 1 full week of every 6th week. Once they complete the 12 months of didactic training they begin the process of completing their clinical time in both the hospital and ambulance setting. Students are given 12 months to complete their clinical training.

Under both formats the content is divided into two main components: didactic/simulation (in-class instruction) and clinical. The didactic component provides the students with the theory and practical/simulation hands-on training they require before entering the clinical and practicum settings. The clinical and practicum component is completed on real patients in both the hospital and ambulance settings.

For an up to date version of the program structure, please see the ACP program Course Calendar and/or the ACP Program Profile.

Policy No:	1-140 (Library Services)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 15 Feb 2018

POLICY

As well as having access to a small library on-site at the Dartmouth and Moncton campuses, students will be provided with information on local libraries, which they can access as a member of the public. Students will be responsible for any fees associated with accessing any library they choose to join.

PROCEDURE (Public Access Library)

1. For access to public library locations, the student may approach anyone of the instructors or staff of Medavie HealthEd for information on libraries that are accessible to the public.

Policy No:	1-141 (Wireless Internet Access and Usage)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 15 Feb 2018

POLICY

Medavie HealthEd has made substantial investments to make it possible for the student to electronically communicate with fellow students and instructors as well as to seek information from the worldwide web. The purpose of these investments is to help the student with their studies and research projects. Medavie HealthEd assets that make this possible include costs for telecommunications, networking, additional software, computer tech support and mass storage. This policy is designed to define expectations for what is acceptable and what is not when it comes to using these resources wisely.

To reiterate, Internet usage at Medavie HealthEd is provided to the student as a result of a significant investment and it is expected that the student uses these resources for study purposes. Examples of appropriate usage include, but are not limited to the following:

1. Communicating with fellow students, instructors and other medical personnel.
2. Researching topics that are relevant to your course.
3. Accessing on our institutions Learning Management Software.
4. Accessing CompTracker, our competency tracking software.

Under no circumstances are students permitted to use the Internet to access, download, or contribute to the following:

1. Gross, indecent, or sexually oriented materials
2. Illegal drug-oriented sites
3. Gambling sites

Confidentiality:

It is important for the student to understand that all information saved on Medavie HealthEd Server and all e-mail sent and received under the e-mail address provided by Medavie HealthEd is not confidential and that all material and e-mails can be viewed by the system administrator.

Sexual Harassment:

Displaying sexually explicit images on institutional property is a violation of the institutions policy on sexual harassment. The student is not allowed to download,

archive, edit, or manipulate sexually explicit material while using the institutional resources. If a student receives material from the outside that is sexually explicit it is wise to destroy it and advise the sender of the material that they do not wish to receive any additional material of this nature. If the originator of this material is another student, they should warn them of the institutions policy about sexual harassment. If the student persists in sending the material, the student should report the incident to the Program Manager.

Bad Judgement/Taste:

It is a violation of institutional policy to store, view or print graphic files that are not directly related to the student's education. Examples could include downloading games, jokes, audio files, animations, or movie segments.

If the student receives messages from fellow students or outsiders that are in bad taste, it is recommended that they ask them to stop sending such material. Fellow students should be warned to stop. If it continues, students are encouraged to disclose this information to the Program Manager.

Honest Disclosure:

Students are expected to honestly disclose who they are when they send e-mail or when they conduct other internet transactions. Attempting to subvert these disclosures policies is a serious offence.

Excessive Resource Requirements:

Students are reminded to make prudent use of the internet to avoid any degradation of the overall institutions computer resources. Therefore, it is recommended that students refrain from excessive downloads that might constrain computing resources.

Public Forums:

Students are allowed to enter public forums when it makes sense to do so. Students are not authorized to speak on behalf of the institution in any newsgroup, public forum or chat room. Therefore, it is necessary to identify yourself as an individual and a student (not a spokesperson) when you enter any public forum.

Guest Books, Newsgroups, and Bulletin Boards:

Students must not sign "guest books" at Web sites or post messages to Internet news groups or discussion groups at Web sites that are not related to their course of study. Students are encouraged to subscribe to newsgroups that are related to their studies.

Policy No:	1-150 (Duty to Accommodate)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 15 Feb 2018

POLICY

Our institution is committed to providing a respectful and safe organizational environment and does not condone discrimination. This will be accomplished by following our values of practicing teamwork, fairness, equity, integrity, respect, loyalty, tolerance, quality and balance of life

The institution is committed to creating and maintaining a workplace that recognizes and respects the rights, needs and expectations of people as individuals. The institution welcomes diversity and conducts its affairs with integrity in a fair, open and ethical manner. In doing so, it fulfills its responsibilities as an educational institution and discharges its legal obligations under the appropriate Provincial Legislation, as well as the *Canadian Human Rights Act*.

Respect in the educational environment and workplace requires that the institution welcome and accommodate diversity. It is characterized by sensitivity and responsiveness to the needs of students, employees, volunteers and the public as individuals in a proactive and positive manner. It requires that individuals be treated with honesty, integrity and recognition for their contributions in order that they may feel valued and respected. Respect in the workplace is a higher standard than the legal obligation to ensure that the institution has in place policies, procedures and training programs relating to discrimination.

This policy promotes the characteristics of a respectful workplace. Everyone will ensure all dealings with students, potential students, fellow staff members, volunteers and other instructors are honest, above reproach, fair and just to all parties.

Goal

The goal of this policy is to promote a respectful, safe and productive work environment that meets the legal obligations of Medavie HealthEd as an educational institution and employer; and reflects its commitment to promote an educational and work environment of trust, confidence and respect.

Discrimination is treating an individual or members of a particular group differently (by intention or otherwise) based on one or more of the protected characteristics (perceived

or actual) in the applicable provincial legislation, which results in a disadvantage to that person or individuals.

Accommodation

The institution has a responsibility to provide a reasonable level of accommodation to our students, staff members, volunteers and other instructors up to the point of undue hardship.

Students who require accommodation must declare their disability and provide verifiable professional documentation that supports their claim prior to, or during, the signing of their contract with the institution. Should a student not declare their requirement for accommodation during this time, that student will have removed the institutions obligation to offer accommodation.

During their program, should a student receive a new diagnosis of a disability that impacts their ability to complete the program and requires accommodation, the student will need to provided verifiable professional documentation that supports their claim to the institution for review. Once verified, the institution will make every attempt to provide a reasonable level of accommodation to the point of undue hardship. This will not alter the academic standing of the student at that time nor alter any previous grades obtained in their program.

Policy No:	1-160 (Class Cancellation Policy)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 15 Feb 2018

POLICY

The intent of this policy is to provide guidance on how to manage the safety of Medavie HealthEd's students, faculty, and administrative staff, while ensuring the effective operation of institution during severe/hazardous weather.

Medavie HealthEd defines severe/hazardous weather conditions as any weather condition that may endanger students, faculty and administrative staff, while enroute to their class or work place.

Criteria for closing or delay of opening:

A senior manager will decide if severe/hazardous weather conditions exist and warrant a delay in opening or a closure. This decision will be based on the following:

- Conditions of local roadways and the ability of the municipal and provincial government services to keep roads passable.
- Weather forecasts for the next 12 hrs. (according to local Weather Services)
- City and provincial restrictions.
- The local means of public transit is forced to cancel their services

PROCEDURE

1. In the event that a storm occurs late at night or early in the morning, the decision to close or delay opening will be announced by approximately 6:30 am.
2. Dramatic changes in weather patterns will, occasionally, require that the decision be made at an earlier or later time.
3. Lead instructors are to contact their manager for direction on closure or delay of opening by no later than 6 am, so a decision may be made by 6:30 am.
4. If a decision is made to close or delay opening, the lead instructor will ensure they post a message on the Learning Management System for all students to access and how student are to proceed with their studies for the day.
5. A message will also be posted on the schools website by administrative staff.

Section 02: Applications

Policy No:	2-10 (Application Process – PCP & ACP)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 23 Sept 2021	Review Date: 23 Sept 2021

POLICY

Each student who wishes to participate in a program is responsible for submitting a completed application form to the Institution.. Proof of all pre-requisite documentation must be included with the application. All applicants will be considered.

Application forms for the program are available via our website at www.medaviehealthed.com.

Note: Applications are primarily to be completed on line; however, applicants without access to a computer may obtain an application package by contacting the institution directly.

Unless there are extenuating circumstances, once a student is accepted to a program, they will only be permitted to defer their acceptance to a subsequent program once. Should they wish to defer their acceptance a second time, they may be required to re-apply to the program as a new applicant.

If a student does not successfully complete the program for any reason, a new application must be submitted with appropriate documentation of pre-requisites before the student can be enrolled in another program. (See Policy 2-11 - Reapplication Process)

Pending extenuating circumstances, Medavie HealthEd will not accept a program application from an applicant who has either unsuccessfully applied to and/or was unsuccessful in completing the same Medavie HealthEd program a total of three (3) previous times.

PROCEDURE

1. Generally, an applicant to Medavie HealthEd will be directed to the website where the applicant may begin the online application process.

Policy No:	2-11 (Re-Application Process)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 06 Apr 2021	Review Date: 06 Apr 2021

POLICY

This policy applies to any applicant who is not accepted into a program offered by Medavie HealthEd and/or a student who does not successfully complete a program offered by Medavie HealthEd.

Each student who wishes to participate in the program is responsible for submitting a completed application form to the Admissions Team Member. Proof of all pre-requisite documentation must be included with the application. All applicants will be considered.

Any student who re-applies to Medavie HealthEd must provide the following documentation before the application will be considered:

1. A new Application Form
2. A new Drivers Abstract
3. A new Criminal Records Check with Vulnerable Sector Check
4. Any other documentation that may be requested by the Admissions Team Member to meet the requirements for entrance into a program.
5. Appropriate Application fee.

Any student who was previously unsuccessfully in completing their program and re-applies will need to meet with a Senior Manager.

Pending extenuating circumstances, Medavie HealthEd will not accept a program application from an applicant who has either unsuccessfully applied to and/or was unsuccessful in completing the same Medavie HealthEd program a total of three (3) previous times.

Policy No:	2-20 (Entry Requirements)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 15 Feb 2018	Review Date: 15 Feb 2018

POLICY

Prior to being selected for admission to a Medavie HealthEd program, the applicant must meet the prerequisites. Prerequisites are established by adhering to both the education and paramedic regulatory requirements established in Saskatchewan, New Brunswick and Nova Scotia. This policy sets the entrance requirements for all programs offered by Medavie HealthEd.

PCP ENTRANCE REQUIREMENTS

To apply to for the Medavie HealthEd Primary Care Paramedic program, an applicant must meet the following prerequisites:

1. Successful completion of Grade 12 (Diploma or GED), with Math at the grade 11 or 12 university preparatory level, English or French at the grade 11 or 12 university preparatory level, and one science at the grade 11 or 12 university preparatory level, or apply as a mature student (New Brunswick only).
2. Be physically and mentally able to perform all required duties
3. Be willing to do shift work and work weekends and holidays
4. Be in good health with all appropriate immunizations as verified by a completed immunization record (provided in application package)
5. Supply a current copy of his/her Driver's Abstract, and
6. An official criminal record check with a vulnerable sector check. (A copy of the CRC/VSC must be supplied by the applicant. It can be obtained from the RCMP or any local police detachment.)
 - a. Should the CRC/VSC show any positive findings, the applicant's file will be required to be reviewed by the Admissions Committee.

In addition, applicants must possess the following qualifications either at the time of application or before the final date for acceptance into the program:

7. Be eligible for a Saskatchewan, Nova Scotia or New Brunswick Class 4 Driver's License (or equivalent from other provinces), and
8. As required, successfully pass the Paramedic Candidate Physical Abilities Test (PC-PAT) for those ambulance operating companies that require one.

Note: To receive a Driver's Abstract, applicants should contact their provincial/state Department of Transportation or Motor Vehicles.)

Ability to Travel: Students accepted into the program must be willing and able to travel and/or reside in other locations in Saskatchewan, Nova Scotia, New Brunswick, or any other province during their clinical placements. The Institution will make every effort to accommodate student requests for placements so that students may reside with friends or family.

Evaluation: In addition to the minimum eligibility requirements listed above, applications for admission will be evaluated on a number of criteria. These include extracurricular activities, recreation/community involvement, and employment/work experience. Resumes should be well-organized, providing an accurate and comprehensive account of applicants' achievements, skills and interests.

ACP - ENTRANCE REQUIREMENTS

To apply to for the Medavie HealthEd Advanced Care Paramedic program, an applicant must meet the following prerequisites:

1. Be physically and mentally able to perform all required duties
2. Be in good health with all appropriate immunizations as verified by a completed immunization record (provided in application package)
3. Supply a current copy of their Driver's Abstract, and
4. An official criminal record check with a vulnerable sector check. (A copy of the CRC/VSC must be supplied by the applicant. It can be obtained from the RCMP or any local police detachment.)
 - a. Should the CRC/VSC show any positive findings, the applicant's file will be required to be reviewed by the Admissions Committee.
5. Actively registered/licensed Primary care or Intermediate Care Paramedic (or equivalent in other provinces).

Ability to Travel: Students accepted into the program must be willing and able to travel and/or reside in other provinces, if required. The institution will make every effort to

accommodate student requests for placements so that students may reside with friends or family.

Evaluation: In addition to the minimum eligibility requirements listed above, applications for admission will be evaluated on a number of criteria. These include extracurricular activities, recreation/community involvement, and employment/work experience. Resumes should be well-organized, providing an accurate and comprehensive account of applicants' achievements, skills and interests.

Policy No:	2-21 (English Proficiency Requirements)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 06 Apr 2021	Review Date: 06 Apr 2021

POLICY

The objective of this policy is to establish the English proficiency requirements that will be placed upon international students who are applying to clinical programming at Medavie HealthEd for whose first language is not English. Our goal is to ensure we meet the requirements established by the provincial regulator of paramedicine and/or post-secondary education.

It's important for students to speak and understand English at a level that will allow them to make the most of their classes, assignments, and study groups. Our language requirements are designed to ensure the student is provided with the best possible education. If English is not a student's first language, they will be required to complete an English language proficiency assessment at an institution recognized for conducting language proficiency testing.

This policy does not apply to French Canadians seeking education in the French Language.

PROCEDURE

1. Any applicant who self-discloses, or is determined, to speak English as a second language will be required to complete an English proficiency assessment. Applicants providing academic credentials, from a foreign country, that must be translated to the English language will be classified as an English as a Second Language Student.
2. Medavie HealthEd will accept results from the Test of English as a Foreign Language (TOEFL) internet based testing (iBT) and/or International English Language Testing System (IETLS) Academic, as evidence of English proficiency.
3. With regard to the Test of English as a Foreign Language (TOEFL) (iBT), the applicant must achieve an overall score of 96 with no less than 24 in each band. Results must be sent directly to Medavie HealthEd from the organization conducting the test.
4. With regard to the International English Language Testing System (IELTS), the applicant must achieve an overall score of 7 with no less than 7 in all bands. Results must be sent directly to Medavie HealthEd from the organization conducting the test.

5. Once an applicant provides valid proof of English proficiency, as per line three or four above, they will be directed to continue with the application and selection process.

Copies of the language proficiency test results must be placed on the applicants file.

Policy No:	2-22 (Educational Credential Validation Process)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 06 Apr 2021	Review Date: 06 Apr 2021

POLICY

The objective of this policy is to establish the process that international applicants must follow to validate their education credentials.

It's important that a student's academic education be at a level that will allow them to make the most of their classes, assignments, and study groups. Our academic requirements are designed to ensure the student is provided with the best possible education. All applicants who submit academic credentials from a foreign country will be required to have their educational credentials assessed at an institution recognized for validating educational credentials.

PROCEDURE

1. Any applicant providing academic credentials, from a foreign country, will be required to have their educational credentials assessed.
2. The applicant must have their educational credentials validated by one of the members of the Alliance of Credential Evaluation Services of Canada (ACESC). Their website is www.canalliance.org. The primarily English agencies listed on the ACESSC website include:
 - a. University of Toronto, School of Continuing Studies, Comparative Education Service.
 - b. International Credential Assessment Service of Canada
 - c. International Credential Evaluation Service
 - d. International Qualifications Assessment Service
 - e. World Education Services
3. Results of the educational credentials validation process must be sent directly to Medavie HealthEd from the organization conducting the test.
4. Once received at Medavie HealthEd, the staff member responsible for enrollment will review the documentation sent from the ACESSC member.

5. The applicant may proceed to the selection process, with the provision that the ACESC member's documentation clearly indicates the applicant has met the entrance requirements established under Policy No 2-20 Entry Requirements.
6. The applicant will not proceed to the selection process should the ACESC member's documentation clearly indicate that the applicant has not met the entrance requirements established under Policy No 2-20 Entry Requirements.
7. Copies of the ACESC member's documentation must be placed on the applicants file.

Policy No:	2-30 (Selection Process)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 15 Feb 2018	Review Date: 15 Feb 2018

POLICY

Each applicant's application form is to be reviewed by the Admissions Team member for completion of documentation.

Once an applicant has met the requirements, the Admissions Team member will schedule the applicant for an interview.

Successful applicants will be notified by the Admissions Advisor regarding the date and location of the next course.

PROCEDURE

1. Once an applicant has started their application file, the Admissions Team Member will review the file to ensure that the documentation submitted meets the admission requirements for the program the student has made application to.
2. Those applicants whose files meet the threshold will be invited to attend an interview/examination process.
3. A date for the interview/examination will be selected and communicated to the applicant.
4. During the interview/examination process each applicant will also be required to complete the following:

For PCP students:

- 4.1. An interview with Medavie HealthEd Staff
- 4.2. In the case of a mature student applicant a Canadian Adult Achievement Test Level D would be required to be completed (NB programs only)

For ACP students:

- 4.3. PCP knowledge test based on the National Occupational Competency Profile for Paramedicine.
- 4.4. An interview with Medavie HealthEd Staff

Upon completion of the selection process for both programs:

- 4.5. A seniority list may be established based upon the applicants who received the highest scores. In this case, based on seat availability for a program, the applicants with the highest scores will be offered a seat in the appropriate program. Should there be more individuals that qualify than there are seats in the program, it will be a Senior Manager's, responsibility to identify the successful applicants in conjunction with the feedback from the Admissions Team.
- 4.6. Those applicants that have been accepted for a program will receive notification via e-mail or telephone advising them that they have been accepted and will be receiving a letter of acceptance in the mail.
- 4.7. The Letter of Acceptance will indicate the timeframe the student must send back the Seat Confirmation letter indicating that the student has accepted the seat.

In the case of an applicant declining a seat that they have been awarded the Admissions Advisor will contact the next senior applicant on the Seniority List and offer the seat, following the process described above. This process will be followed until the program is filled.

Policy No:	2-31 (Seat Confirmation Point System - PCP)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 15 Feb 2018	Review Date: 15 Feb 2018

POLICY

If used the Seat Competition Point System PCP will provide a non-biased approach to selecting the top applicants.

Those applicants with the top scoring values will be notified by the Admissions Advisor regarding the date and location of the next PCP course.

PROCEDURE

1. The following documentation will be used by the Admissions Advisor and Program Manager to score each individual applicant:
 - 1.1. Admissions Interviewer Package – This document details the process to completing the structured interview.
 - 1.2. Student Application and resume
 - 1.3. Combined Interview Questions encompassing the PCP and ACP questions asked during the interview process.
 - 1.4. The Overall Score Summary Form – This document details the scores achieved by the student during the interview process.
 - 1.5. Mature students that do not have the required academic requirements must complete the Canadian Adult Achievement Test – Level D (Level C for French Programming) – applicants must obtain a minimum of 50% overall to be considered for admission. These applicants must meet the overall score of 50%, as well as a minimum of 50% on all of the individually tested sections for Math and/or Science, which is dependent upon their academic qualifications.
 - 1.6. Points Overview Table – This is an excel spreadsheet that will rank the applicants based upon the highest to lowest overall scores. This is accomplished by tabulating their CAAT scores, if required, in conjunction with their overall interview scores. Applicants who do not meet the minimum cut off scores will not gain admission to the institution.

2. Seats may be offered to applicants, in order from those who scored highest to lowest until a program is filled. Any applicant who did not meet the minimum cut off score for the CAAT or interview process will not be admitted to a program, regardless of whether, or not, the program has available seats.

Policy No:	2-32 (Seat Competition Point System – ACP)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 15 Feb 2018	Review Date: 15 Feb 2018

POLICY

The Seat Competition Point System ACP is utilized to provide a non-bias approach to selecting the top applicants, from all applicants for an ACP program.

Those applicants with the top scoring values will be notified by the Admissions Advisor regarding the date and location of the next ACP course.

PROCEDURE

3. The following documentation will be used by the Admissions Advisor and Program Manager to score each individual applicant:
 - 1.1. Admissions Interviewer Package – This document details the process to completing the structured interview.
 - 1.2. Student Application and resume
 - 1.3. Combined Interview Questions encompassing the PCP and ACP questions asked during the interview process.
 - 1.4. Overall Score Summary Form – This document details the scores achieved by the student during the interview for:
 - 1.4.1. Interview Score
 - 1.4.2. Primary Care Paramedicine Written Exam Overall Selection Score
 - 1.4.3. Years of Paramedic Registration Overall Selection Score
 - 1.4.4. References Overall Selection Score
 - 1.5. Points Overview Table – This is an excel spreadsheet that will rank the applicants based upon the highest to lowest overall scores. This is accomplished by tabulating the values for each item described under 1.4 above. Applicants who do not meet the minimum cut off scores will not gain admission to the institution.

Seats may be offered to applicants, in order from those who scored highest to lowest until a program is filled. Any applicant who did not meet the minimum cut off score for the

interview process will not be admitted to a program, regardless of whether, or not, the program has available seats

Policy No:	2-40 (Payment Schedule PCP)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 15 Feb 2018	Review Date: 15 Feb 2018

POLICY

Medavie HealthEd is required to operate under the regulations of the pertinent provincial regulators. Therefore Medavie HealthEd will require students attending programs to make at a minimum two reasonable payments.

Students must pay a non-refundable deposit of \$250 to confirm the seat for their program. Though this \$250 is non-refundable, it will be applied to the students overall tuition should they attend the program.

PROCEDURE

1. The student, for the first payment, will be required to pay for their non-tuition related fees including, books, uniforms, etc., as well as a minimum of 60% of their tuition. This payment is expected at the contract signing appointment scheduled prior to the first day of class.
2. At the midpoint of the program the student will be required to pay the outstanding balance of their tuition.
3. The student may make payment by cheque, money order or through student loans (See Policy 2-43 – Student Loan Payments). The Institution will not accept credit card payments for any program. Cash payments will only be accepted in extenuating circumstances. These circumstances must be discussed with a Senior Manager before payment is accepted.
4. Should the student pay by cash, cheque or money order the student will be provided with a receipt on the day they make payment.
5. For the purposes of filing taxes, all students who have paid tuition and attended the full time PCP program will be provided with a completed Form T2202 – Tuition and Education Amounts Certificate.
6. A student will not receive their graduation diploma unless their tuition is paid in full.
7. Payment is to be made to Medavie HealthEd

Policy No:	2-41 (Payment Schedule ACP)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 15 Feb 2018

POLICY

Medavie HealthEd is required to operate under the regulations of the pertinent provincial regulators. Therefore Medavie HealthEd will require students attending programs to make at a minimum two reasonable payments.

Students must pay a non-refundable deposit of \$250 to confirm the seat for their program. Though this \$250 is non-refundable, it will be applied to the students overall tuition should they attend the program.

PROCEDURE

1. On the second day of class the student will be required to pay for their non-tuition related fees including books, uniforms, etc., as well as a minimum of 33.5% of their tuition.
2. Students attending the ACP program are provided with a Tuition Payment Plan Schedule and may decide, in consultation with and approval from a Medavie HealthEd Admissions Advisor or senior manager, on how they would like to make payment for their program.
3. The student can make payment by cash, cheque, and money order or through their company's payroll deduction program. The Institution will not accept credit card payments for any program. Cash payments will only be accepted in extenuating circumstances. These circumstances must be discussed with a senior manager before payment is accepted. Note: at the present time the ACP program is not eligible for student loans.
4. Should the student pay by cash, cheque or money order the student will be provided with a receipt on the day they make payment.
5. For the purposes of filing taxes, all students who have paid tuition and attended the full or part time ACP program will be provided with a completed Form T2202 – Tuition and Education Amounts Certificate.
6. A student will not receive their graduation diploma unless their tuition is paid in full.

7. Payment is to be made to Medavie HealthEd

Policy No:	2-43 (Student Loan Payments)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 15 Feb 2018	Review Date: 15 Feb 2018

POLICY

Students attending the full time PCP program may apply for student loans; therefore, Medavie HealthEd will accept student loans as a form of payment. Students should note, however, there is no guarantee that they will receive a student loan and therefore if they plan on attending a program at the institution they should ensure they have the financial resources to do so.

PROCEDURE

1. The student is responsible for making application for a student loan. Medavie HealthEd and its staff are not permitted to make application to Student Assistance on behalf of the student.
2. Student loan documents are to be signed by Medavie HealthEd staff designated with authority to do so. Authority is designated by the General Manager, through the President. A list of employees who have the authority to sign student loans is kept with the institutions Administrative Assistant. As per the requirements of the Student Assistance Office, the General Manager will ensure a sample of the signing authorities signatures are forwarded to them.
3. Students cannot have their student loan documents signed until two weeks before the program start date
4. Medavie HealthEd reserves the right to advise the Student Assistance Office to forward the full tuition for the first or second term, depending on when the documentation is being signed, as well as the uniform and book costs, to Medavie HealthEd.

Policy No:	2-50 (Refund Policy)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 15 Feb 2018

POLICY

Refunds will be issued based upon, at a minimum, the requirements established by the provincial regulators.

PROCEDURE

1. A copy of the Tuition Refund Policy is provided to each student for their review prior to signing the Student Contract with Medavie HealthEd.

Policy No:	2-60 (Previous Courses)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 15 Feb 2018

POLICY

An applicant who has enrolled in two previous programs without successfully being certified will be required to wait for a one (1) year period, prior to enrolling in a third course.

Policy No:	2-70 (Recognition of Current Registration)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 15 Feb 2018

POLICY

This policy allows for the recognition of previous training obtained by those individuals who have a current Intermediate Care Paramedic (ICP) (also known as Paramedic Level 2's) or Primary Care Paramedic registration.

Note: Please ensure you cross reference this policy with 6-50 – Exemptions ACP Students.

Policy No:	2-90 (Observer - Auditor)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 15 Feb 2018

POLICY

An applicant may elect to audit a Medavie HealthEd program. The following will apply to all auditing students:

PROCEDURE

1. An application form must be completed
2. All prerequisites will be waived
3. The auditing student may be required to pay an administrative fee set by Medavie HealthEd
4. The auditing student may attend any of the classes and labs, as an observer only
5. As an observer the auditing student will not participate in "hands on" activities
6. The auditing student will not be tested
7. No marks will be awarded to the auditing student
8. Attendance will be recorded for the auditing student and a certificate of attendance will be issued by Medavie HealthEd.

Section 03: Withdrawals, Dropouts and Transfers

Policy No:	3-10 (Drop Out/Withdrawal)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 8 March 2018	Review Date: 8 March 2018

POLICY

Any student who elects to leave the program after the actual start date will be identified as "dropout/withdraw" on their file.

PROCEDURE (WRITTEN)

1. Students may dropout/withdraw from a confirmed course upon written request to the lead instructor for their program and/or the administrative assistant or senior manager. The student may be asked for the reason of the dropout/withdrawal, however, they cannot be required to provide an exact reason.
2. It is the responsibility of the lead instructor and/or a senior manager to discuss with the student the reason for requesting to dropout/withdraw from the program. The Lead instructor and/or senior manager are responsible to ensure they offer every opportunity, within reason, for the student to remain in the program.
3. If it is a financial, learning or personal reason for the students request to dropout/withdraw, the lead instructor and/or senior manager will be required to attempt to find a solution for the student to remain in the program, provided it does not result in costs being incurred by Medavie HealthEd.
4. If a solution is found to assist the student in staying in the program and there are associated costs, these costs will become the responsibility of the student.
5. After discussing the reason for the students request to drop out/withdraw from the program, lead instructor and/or senior manager will be responsible for communicating with the student indicating one of two possibilities:
 - 5.1. That the students withdrawal has been accepted, or
 - 5.2. The opportunity the student is being provided with, to stay in the program, and the time frame the student has to accept that solution.
6. If the student accepts the opportunity to stay in the program, within five business days, they must provide a written letter to the lead instructor and/or senior manager indicating their acceptance of that opportunity.

7. If a student does dropout/withdraw from a program and a tuition refund is applicable it will be the responsibility of the Institution's administration to calculate and advise the student of the amount to be refunded (refer to Policy 2 – 50 – Refund Policy).

Policy No:	3-20 (Transfer – Between Medavie HealthEd Courses)		
Effective Date: 01 Aug 2012		Approved by: President	
Revision Date: 05 Jan 2015		Review Date: 8 March 2018	

POLICY

Any student who elects to leave their original course and transfer to another will be identified as a “Transfer” on their file.

PROCEDURE

1. Upon written request to a senior manager a student may transfer to another confirmed course provided a seat is available.
2. A student will be permitted to transfer courses at any time as long as the schedules of the two courses are compatible and the transfer does not affect the viability of the course the student is transferring from. To be compatible, the course the student requests a transfer to shall not be more than 5 didactic/simulation days ahead of the program they are transferring from.
3. If a transfer is granted the student will retain all academic progress including, but not limited to, quiz grades, test grades, project grades and attendance that have been accumulated in the program they are transferring from and will become part of their permanent record on the course they transfer to.
4. If the student cannot continue to attend the initial program they were enrolled in and there are no available seats on the course they wish to attend, the student will have to refer to the Dropout/Withdraw policy (See Policy 3 – 10 – Dropout/Withdraw).

Policy No:	3-21 (Transfer – Between Schools)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 8 March 2018	Review Date: 8 March 2018

POLICY

Medavie HealthEd will review transfer requests from students attending other Medavie HealthEd Institutions, however, they will not accept applications from other non-Medavie institutions.

Section 04: Students

Policy No:	4-10 (Classroom Conflict)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 08 March 2018	Review Date: 08 March 2018

POLICY

Each student has the right to request a meeting with the Medavie HealthEd lead instructor for their program to resolve classroom problems or conflicts in their program. However, students in the Paramedicine programs are encouraged to settle conflicts amongst themselves.

In the event that the conflict is not resolved by the Lead instructor, the situation will be addressed by the Program Manager.

In the event that the conflict is not resolved by the Program Manager, the situation will be addressed by a senior manager for final resolution.

Note: Medavie HealthEd has an open door policy and encourages students to approach staff on any issues that create conflict in the class.

Policy No:	4-11 (Drugs and Alcohol Policy)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 08 March 2018	Review Date: 08 March 2018

POLICY

1. Medavie HealthEd is dedicated to the health and safety of its students and it is committed to providing the highest standard of care to the public. HealthEd recognizes that drug or alcohol use can impact the performance of students' duties, which are safety sensitive and may result in serious injury, harm or death to the student, co-workers or the public.

It is also understood that students in clinical and practicum environments are responsible to abide by the policies and procedures that govern each organization.

It is imperative that all students are fit for duty during any phase within the learning environment (classroom, clinical and practicum).

2. The possession, sale, distribution or use of alcohol, cannabis, illicit drugs, illegally obtained prescription drugs, recreational drugs, or other controlled substances in the working and learning environment is not permitted.

Students will abstain from any taking any substance prior to or during program related activities that could impair their fitness for duty.

Students using either prescribed or over the counter medication(s) must investigate (through their doctor or pharmacist) whether the medications(s) can affect the safe performance of the students' duties generally. This applies to students who have been provided authorization by a physician to use cannabis. (Appendix A – Prescription Drugs)

In the event that the medication(s) have the potential to compromise fitness for duty, the student must disclose any work restrictions and obtain written medical clearance from his or her physician. This clearance must be provided to the Program Manager to continue with educational related activities while on the medications(s)

Should a student supervisor have reasonable suspicion of an impaired student, they are required to contact the Program Manager. When the Student Supervisor is not a HealthEd employee (such as a preceptor) the Student Supervisor will, as soon as possible, report their concern to the Program Manager. In either case the

student must be removed from the learning environment immediately. After reporting the situation to their supervisor the student should be approached to see if they need assistance leaving the learning environment. Every effort will be made to ensure the impaired individual does not operate a motor vehicle and is provided with a safe means to reach their destination. When the Student Supervisor is not a HealthEd employee, the Program Manager will assume the responsibility for ensuring a safe alternative for transportation.

Reasonable suspicion will be based on direct observations concerning the appearance, behaviour, speech or body odours of the student. The observations may include indications of the acute, chronic and withdrawal effects of drugs and/or alcohol use.

The Reasonable Suspicion Checklist provides a list of criteria that can be used to help guide the determination if someone is impaired. The list provided is not exhaustive but is intended to provide guidance for supervisors (employee and student) when impairment is suspected.

3. Any individual failing to adhere to this policy will be subject to discipline up to and including dismissal as outlined in Policy 4-20 (Disciplinary Action).
4. Definitions:
 - a. Alcohol: The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols, including methyl and isopropyl alcohol.
 - b. Cannabis: A substance from the cannabis plant used medically or recreationally. Tetrahydrocannabinol, or THC, is the chemical compound in cannabis responsible for its potentially impairing effects. Delivery methods of cannabis include but are not limited to pipes, rolling papers, bongs, hookas, vaporizers, one-time use devices, extracts, oils, or edibles.
 - c. Fit for duty: Implies the individual is in a state—physical, mental and emotional—which enables the individual to perform assigned tasks competently and in a manner which does not compromise or threaten the safety or health of themselves or others
 - d. Illegal Drugs: Any drug, substance, chemical or agent which is not legally obtainable and the use, sale possession, transfer or purchase of which is restricted or prohibited by law. Legal Drugs: Any drug, substance, chemical or agent which requires a personal prescription or authorization from a licensed treating physician any non-prescription medication lawfully sold in Canada.
 - e. Reasonable Suspicion: Concerns about an individual's ability to perform job safely based on specific contemporaneous, articulable observations of student conduct, behaviour, appearance or body odours.
 - f. Safety Sensitive Position: A safety-sensitive position is one in which incapacity, substandard performance or failure to follow applicable

instructions, codes or guidelines could result in risk of injury to the student, or others in the environment and which depend on alertness, quickness of response, soundness of judgment, mental acuity and accuracy of coordination of multiple muscle functions in order to safely and properly carry out the assigned task.

- g. Student Supervisor shall mean the HealthEd employee/designate who is supervising the student at that time. Student Supervisor includes, but is not exclusive to, instructor, lab instructor or preceptor.
5. Confidentiality will be maintained except where limited disclosure is necessary for related safety, health and performance concerns (e.g. there is deemed to be a potential for risk to self, others or the Company or other necessary reason). That is, only the information strictly limited to the level of functionality of a worker (e.g. fitness for work and any restrictions that may apply, and performance concerns) may be shared with management for purposes of determining fitness for work, appropriate work accommodation, dealing with performance issues and/or return to work initiatives. However, confidentiality cannot be maintained if disclosure is ordered by a court, arbitrator or other administrative tribunal.

Appendix A – Prescription Drugs, Authorized Cannabis and Over the Counter (OTCs) Medications

The following drug categories have been associated with performance impairment and are provided as a guideline to employees in assessing their own situation. The list is not exhaustive. Therefore, students are expected to consult with a qualified health professional or a pharmacist to determine if use of the medication will have any potential negative impact on job performance.

1. Cannabis – if authorized by physician, used to treat chronic pain, antiemetics, sleep disorders, multiple sclerosis spasticity. Effects may include impacts to: concentration, ability to think and make decisions, and reaction time and coordination. It can also increase anxiety and cause panic attacks, and in some cases cause paranoia and hallucinations.
2. Antihistamines – are widely prescribed for hay fever and other allergies (e.g. Allegra, Dimetane). They are also found in many cold medications. These medications may cause drowsiness.
3. Motion Sickness Drugs – are used to prevent motion sickness and nausea (e.g. Gravol, Antivert). Side effects may include drowsiness.
4. Barbiturates, Sedatives, Hypnotics, Tranquilizers, and Antidepressants – are used to treat sleep disorders and depression (e.g. Ativan, Imovane, and Paxil). Potential side effects may include mild sedation, hypnotic state, dizziness or drowsiness.
5. Narcotics – (e.g. Demerol, Codeine). Codeine is often found in combination drugs such as 222s or 292s or Tylenol 1,2,3s. Drowsiness, dizziness, and light-headedness may be side effects.
6. Stimulants – Medication used for central nervous system stimulation and for appetite suppression can produce sensations of well-being which may have an adverse effect on judgment, mood and behaviour (e.g. amphetamines or medications sold as “diet pills”).
7. Anticonvulsants – are used to control epileptic seizures and can cause drowsiness in some patients (e.g. Dilantin).
8. Muscle Relaxants – are used to treat musculoskeletal pain (e.g. Flexeril, Robaxinal). Most common side effects are sedation and drowsiness.
9. Cold Tablets/Cough mixtures – in particular night time remedies can cause drowsiness (e.g. Sinutab, Contac, Triaminic, Tussionex and preparations containing dextromethorphan (DM) or codeine).

Reasonable Suspicion Report

Student Name: _____

Date of Incident: _____ Time Observed: _____

Address of Incident: _____

Observed by: _____ Position: _____

Record student's observed behaviour for reasonable suspicion for the use of drugs/alcohol. MHE shall require the student to submit to a drug/alcohol test if a manager/supervisor who is trained on reasonable suspicion determines that reasonable suspicion exists.

Reasonable Suspicion determined for: ☐ Alcohol ☐ Drugs

Mark items that apply and describe specifics

Walking/Balance:

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> stumbling | <input type="checkbox"/> staggering | <input type="checkbox"/> falling |
| <input type="checkbox"/> unable to stand | <input type="checkbox"/> swaying | <input type="checkbox"/> unsteady |
| <input type="checkbox"/> holding on | <input type="checkbox"/> sagging at knees | <input type="checkbox"/> rigid |
| <input type="checkbox"/> feet wide apart | <input type="checkbox"/> not observed | <input type="checkbox"/> other |

Speech:

- | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> shouting | <input type="checkbox"/> whispering | <input type="checkbox"/> slow |
| <input type="checkbox"/> rambling | <input type="checkbox"/> slurred | <input type="checkbox"/> slobbering |
| <input type="checkbox"/> incoherent | <input type="checkbox"/> not observed | <input type="checkbox"/> other |

Actions:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> resisting communications | <input type="checkbox"/> insulting | <input type="checkbox"/> hostile |
| <input type="checkbox"/> drowsy | <input type="checkbox"/> fighting/insubordinate | <input type="checkbox"/> profanity |
| <input type="checkbox"/> belligerent | <input type="checkbox"/> erratic | <input type="checkbox"/> hyperactive |
| <input type="checkbox"/> crying | <input type="checkbox"/> indifferent | <input type="checkbox"/> not observed |
| <input type="checkbox"/> other | | |

Eyes:

- | | | |
|---|---------------------------------------|----------------------------------|
| <input type="checkbox"/> bloodshot | <input type="checkbox"/> watery | <input type="checkbox"/> dilated |
| <input type="checkbox"/> glassy | <input type="checkbox"/> droopy | <input type="checkbox"/> crossed |
| <input type="checkbox"/> wearing sunglasses | <input type="checkbox"/> not observed | <input type="checkbox"/> other |
-

Face:☐flushed☐pale☐sweaty☐not observed☐other

Appearance/clothing:☐dishelved☐messy☐dirty☐partially dressed☐having odour☐stains on clothing☐not observed☐other

Breath:☐alcoholic odour☐faint alcohol odour☐no alcohol odour☐cannabis odour☐not observed☐other

Movements:☐fumbling☐jerky☐slow☐nervous☐hyperactive☐not observed☐other

Eating/Chewing☐gum☐candy☐mints☐tobacco☐not observed☐other

Other observations:

Did the student admit to using drugs or alcohol? ☐ Yes ☐ No

If yes, when? _____

What substance? _____

How much? _____

Where? _____

Other Comments:

Witnessed by:

Signature

Signature

Print Name

Print Name

Date & Time

Date & Time

Copy retained in separate confidential file.

Policy No:	4-20 (Disciplinary Action)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 08 March 2018	Review Date: 08 March 2018

POLICY

A Senior Manager is responsible to ensure that Medavie HealthEd policies and procedures for students, instructors and other staff are enforced in a fair and equitable manner. Medavie HealthEd policies and procedures shall apply to all students attending Medavie HealthEd.

A Senior Manager or his/her designate has authority to impose a full range of disciplinary measures and will ensure that all students who behave in a manner inconsistent with Medavie HealthEd policies and procedures will be subject to disciplinary sanctions commensurate with the seriousness of the infraction.

Disciplinary action may range from verbal warning, to written reprimand, to suspension from the program, to dismissal from the program. A Senior Manager, or their designate, may invoke a higher level of discipline without the intermediate stages. Automatic dismissal may be warranted as a first stage disciplinary process depending on the severity of the action. In a situation where a student has inflicted damage to Medavie HealthEd equipment, they will be required to pay for said damages or perform remunerative services.

Records will be kept of all disciplinary action, and may form part of a student's permanent record with the Medavie HealthEd program.

A Senior Manager will ensure that a fair and impartial appeal procedure is established within the Medavie HealthEd Program. Any disciplinary action, including dismissal may be appealed by the student as per Policy 10-10 – Appeal Process.

Policy No:	4-30 (Code of Conduct - Students)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 08 March 2018	Review Date: 08 March 2018

POLICY

This Code of Conduct is designed to provide guidance with respect to the minimal standards of personal conduct that Medavie HealthEd hereafter is referred to as the "institution" expects of its students. The right to attend the institution carries with it many responsibilities. Each student must adhere to the policies and procedures of the institution if the student wishes to remain enrolled. This Code defines the parameters within which a rewarding and mutually supportive learning environment can be created and is based on the assumption that most students in the institution already uphold these standards of conduct.

1. Honesty and integrity are an integral part of academic achievement and as preparation for participation in the broader community.
2. Students will attend this institution and complete assignments, projects and any other learning activities on time. Written or other work that a student submits to the institution shall be the product of his/her own efforts.
3. Students will avoid all forms of academic dishonesty. Academic dishonesty includes, but is not limited to the following:
 - 3.1. Copying from another student's paper or work assignment
 - 3.2. Using materials during an assignment/assessment which are not authorized by the person administering the assignment/assessment
 - 3.3. Collaborating with another student during an assignment/assessment without permission
 - 3.4. Submitting for credit, without the knowledge and approval of the instructor to whom it is submitted, any academic work for which credit has already been obtained
 - 3.5. Plagiarism, which means representing the work of other as one's own inclusive of purchases of a commercial nature
 - 3.6. Falsification, which means modifying, without authorization, an assignment, examination, paper, record, report or other written material forming part of an assessment
 - 3.7. Using, copying, buying, selling, stealing or soliciting the content of a test or examination or other assignment/assessment or document
 - 3.8. Performing an assessment for another student or permitting another student to take an assessment for one's self

- 3.9. Attempting to bribe an instructor, simulation facilitator, preceptor or any other member of the staff; or
- 3.10. Any other conduct that misrepresents academic performance.
- 3.11. Students will ensure that their conduct contributes to a productive learning environment. In this regard, students will arrive to the institutions activities on time, participate in institution activities and ensure their behavior is at all times respectful of others and supportive of the institutions objectives. For example, students will not engage in disrespectful behaviors such as:
 - Using offensive, profane or obscene language
 - Making remarks or engaging in conduct which is racist, sexist, or in any way discriminatory
 - Engaging in behaviors or remarks which could reasonably be interpreted as threatening
 - Engage in any activities that contravene Canadian and/or any Provinces Human Rights Legislation.
4. Behaviors that are inappropriate in the learning environment are equally inappropriate outside the learning environment and students are expected to demonstrate courtesy and respect in all their interactions with other students, faculty and staff. Students should refrain from behaviors that may result in the imposition of institution sanctions or civil or criminal proceedings or which are inconsistent with the maintenance of an appropriate learning environment.
5. A Student will:
 - 5.1. Furnish accurate and honest information to institutional staff or on official institution records. Furthermore he/she shall not forge, alter or misuse the institution name, or the name of any institution employee, document, record or identification
 - 5.2. Not attempt to obstruct or disrupt teaching, administration or disciplinary procedures
 - 5.3. Take no action which may threaten or may endanger the safety, health, life or may impair the freedom of any person; nor shall a student make any verbal threat of such action
 - 5.4. Not appropriate for the student's own use, sale, or other disposition, any of the institutions property without consent of the institution or the person legally responsible for it.
 - 5.5. Not infringe or violate in any manner applicable copyright laws
 - 5.6. Comply with institutions staff regarding the wearing of safety equipment and following appropriate safety procedures
6. A student will function as a professional by:
 - 6.1. Maintaining the dignity of all people they come in contact with as the result of being a student at Medavie HealthEd

- 6.2. Using appropriate terminology and language when interacting with people they come in contact with as a result of being a student at Medavie HealthEd
 - 6.3. Dressing appropriately and maintain personal hygiene.
 - 6.4. Maintaining proper personal interactions with all people they come in contact with as result of being a student at Medavie HealthEd
 - 6.5. Maintaining as confidential any information that the normal person would consider confidential as it relates to all people and organizations they come in contact with as the result of being a student at Medavie HealthEd
 - 6.6. Maintaining a positive attitude and behaving ethically toward all people they come in contact with as a result of being a student at Medavie HealthEd
 - 6.7. Work collaboratively with all people they come in contact with as a result of being a student at Medavie HealthEd
 - 6.8. Being willing to accept and deliver constructive feedback with all people they come in contact with as a result of being as student at Medavie HealthEd
 - 6.9. Adhering to all Privacy Legislation.
- 7. The institutions expects that students will familiarize themselves with this Code of Conduct, as well as other institution policies and procedures which are relevant to them, and will adhere to these policies to the best of their ability and assist and encourage fellow students to adhere to the policies and procedures to the best of their ability.
 - 8. A student shall not in any manner assist, by act or omission, any other person in violating this Code of Conduct or the policies and procedures of the institution.
 - 9. A breach of any provision of this Code of Conduct or any of the policies and procedures of the institution will be considered to be a disciplinary matter and will be dealt with in accordance with policy 4-20 – Disciplinary Action.

Policy No:	4-31 (Students Responsibilities General)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 08 March 2018	Review Date: 08 March 2018

POLICY

1. Behave in a way beyond reproach and report any incompetent, illegal or unethical conduct committed by a fellow student.
2. Conduct & present oneself in a manner that would encourage & merit the respect of the faculty, preceptors, patients and members of the public.
3. Assume responsibility for personnel and professional development.
4. Strive to improve the standards of the institution & the pre-hospital care community.
5. Observe the rules of Medavie HealthEd & other organizations that allow students access for the purposes of clinical and practicum to practice at the level they are training to.
6. Ensure they observe & follow policies 4-30 Code of Conduct (Students) & 9-110 Clinical Code of Conduct (Students).

Policy No:	4-40 (Student Contract)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 08 March 2018	Review Date: 08 March 2018

POLICY

As per the provincial regulatory requirements, all Medavie HealthEd students are required to sign a **Student Contract**. A senior manager, or their designate, will sign on behalf of the institution.

PROCEDURE

1. A senior manager, or their designate, will distribute a copy of the **Student Contract** to each student and will review the **Contract** with the students.
2. All Medavie HealthEd students are provided with a minimum of one night to review the contract, but must sign this agreement indicating their awareness of the expectations placed upon them.
3. A Senior Manager, or their designate, will sign all contracts on behalf of the institution and will forward all of the signed contracts to Medavie HealthEd provincial campus for photocopying/scanning.
4. As per the provincial regulatory requirements, the student will receive a copy, for their records, and the institution will retain a copy for placement on the student's permanent file.

Policy No:	4-50 (Student Support)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 08 March 2018	Review Date: 08 March 2018

POLICY

Students and applicants are the primary focus of Medavie HealthEd, from the application process to graduation, all staff of Medavie HealthEd will make every effort to ensure a student has the opportunity to learn in a comfortable worry free environment.

There is an open door policy with all Medavie HealthEd employees; meaning all students are encouraged to approach any employee with a problem or complaint (personal or institution related) that they feel they need assistance with. This means anything that affects their ability to successfully compete their program and includes, but is not limited to the following; family issues, drug, alcohol, or gambling dependencies, conflict with other students, staff or preceptors, study difficulties, financial difficulties, etc.

Institutional employees are primarily available to assist students with academic concerns.

For non-academic concerns the institution has contracted a counselling service to assist students.

PROCEDURE

1. A student may approach any staff member of Medavie HealthEd and indicate that they are having difficulties with completing the program because of personal or institution related problems. If that staff member is able to assist the student with an immediate problem, then it is their responsibility to do so. If they cannot assist the student they are to inform a senior manager of the problem.
2. It is the responsibility of a senior manager, or their designate (if the student will permit), to discuss, with the student, the problem or complaint they have and to develop a plan to eliminate the problem or complaint, that is affecting the students ability to complete the program worry free.
3. A senior manager, or their designate, will advise the student that they will be documenting the problem or complaint on an Incident/Complaint Form. This form will be used to document all efforts that are made to assist the student and it becomes part of the student's permanent file.

4. Should a student wish to seek assistance from someone outside the institutions faculty, Medavie HealthEd will make accessible to all students an organization that will provide counselling. It will be the responsibility of the one of the institutions Senior Managers to ensure this information is available to all students who seek external assistance. This information will be made accessible in the orientation package students receive from the institution or through brochures/posters placed in the kitchen or student lounge of the institution, as well as on the LMS
5. When a solution is found to assist the student and there are associated costs, these costs will become the responsibility of the student.
6. In the case that the student does not feel that they can remain in the program, they must follow the process under Policy 3-10 Dropout/Withdraw.

Policy No:	4-60 (Dress Code)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 23 Sept 2021	Review Date: 23 Sept 2021

POLICY

This policy sets the standard for dress at the institution and while students are participating in offsite education. Failure to comply with the Dress Code may result in disciplinary action based on the Code of Conduct.

Any student failing to arrive in the designated attire/uniform may be dismissed from the clinical site, resulting in an absence without a valid reason. This may then lead to an incomplete grade for that portion of the students program. Uniforms must be clean and pressed. Hair longer than shoulder length should be tied back into either a ponytail or bun.

GENERAL INFORMATION

1. Prior to receiving an institution uniform students will be required to adhere to the following standards of dress:
 - a. Jewellery must be limited to a watch and, if married, a wedding band.
 - b. Earrings must be simple and are not permitted to hang past the earlobe.
 - c. Make-up should be kept to a minimum with only light colours
 - d. Clothing should be neat, clean and presentable casual wear, excluding clothing that is "skin tight" such as stretch denim and/or yoga style clothing.
 - e. No shoulder-less tops or 'Muscle Shirts'
 - f. No open toed shoes, or shoes with heels are to be worn
 - g. No clothing with discriminatory or offensive labelling or cresting
 - h. No hats or ball caps, except for toques in the winter months.
 - i. No gym pants
 - j. No shorts, skirts or dresses (due to regular classroom and simulation activities)
 - k. Moustaches and beards must be kept neatly trimmed in order to permit the proper fitting and wearing of an N-95 mask.
 - l. Facial and other piercings will be evaluated on an individual basis. As a general rule, provided the piercings do not present an Occupational Health and Safety Hazard, for the student or patients, they will be permitted.
2. Once provided with uniforms, students will be expected to wear them on a regular basis in the didactic, simulation, clinical and practicum settings, as well as during class visits to other sites and during guest lectures.

3. Students are required to purchase an institutional uniform which will consist of, at a minimum, a jacket, golf shirts, uniform shirts (crested with the institutions logo), uniform pants and CSA approved boots.
4. Students are expected to provide their own uniform accessories including but not limited to black sneakers or shoes (acceptable in the clinical environment), a solid black belt, plain white t-shirts (dark blue), black socks, stethoscope, scissors and penlight.
5. The classroom/simulation site along with most clinical and practicum sites are Odour Free, thus perfumes and colognes are strongly discouraged.
6. Each student will be provided with an institution ID card which must be worn and visible on their uniform at all times during the hospital/clinical and ambulance practicum settings. Students may also be provided with a Student ID card, from the clinical site, which must be visible at all times during shifts at the specific clinical site.
7. Once issued, students are responsible for the ID card & must therefore:
 - a. Not alter or deface the ID card. It is the property of the institution and can be revoked.
 - b. Never lend the ID card to anyone.
 - c. Always wear it while in a clinical or ambulance practicum setting. It is not to be worn any other time, without permission.
8. Inappropriate use of the institution's uniform can lead to disciplinary action up to and including dismissal. Inappropriate use of the institutions uniform includes, but is not limited to:
 - a. Wearing the uniform when not attending a sanctioned institution function, clinical/or ambulance practicum rotation.
 - b. Wearing the uniform to gain access to public & private properties that a person would not otherwise have access to.
 - c. Wearing the uniform post-graduation, without approval of the institution.
 - d. Wearing the uniform post-dismissal from the institution, in an attempt to falsely represent an association with the institution.

DIDACTIC/SIMULATION PRACTICUM ATTIRE:

1. Golf shirt with Institution Cresting
2. Uniform Cargo pants
3. Undershirts (if worn) may be long or short sleeved, but cresting of any manner is not permitted on them. They should also be blue in colour.
4. Female students are required to wear braziers while in uniform.
5. Footwear (Steel toe is not required) and must be black in colour
6. Stethoscope, scissors, watch and pen light may be carried.

AMBULANCE PRACTICUM ATTIRE:

1. Uniform Shirt with Institution Cresting
2. Uniform Cargo pants
3. Undershirts (if worn) may be long or short sleeved, but creasing of any manner is not permitted on them. They should also be blue in colour.
4. Female students are required to wear braisers while in uniform.
5. Safety Footwear (Steel toe and Steel shank) must be CSA approved and black in colour
6. Stethoscope, scissors, watch and pen light may be carried.

HOSPITAL/CLINICAL SITE ATTIRE:

1. Uniform Shirt with Institution Cresting
2. Uniform Cargo pants
3. Undershirts (if worn) may be long or short sleeved, but creasing of any manner is not permitted on them. They should also be blue in colour.
4. Female students are required to wear braisers while in uniform.
5. Black shoes (preferably steel toe and steel shank)

Note: A student is responsible for dressing according to the requirements of the hospital/clinical setting they are in. (E.G. if clinical settings such as the Operating Rooms or Labour and Delivery departments recommend the wearing of scrubs versus the institutions uniform, the student is expected to follow the clinical sites rules – however the student is to wear their Identification tag at all times, so they may be identified as a student.)

Section 05: Instructors

Policy No:	5-10 (Selection Process - Instructors)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 08 March 2018

POLICY

1. Instructors for Medavie HealthEd Program shall be selected through an interview process. If possible, instructors shall be selected from existing simulation instructors preferably with a minimum fifty hours logged as a simulation instructor. As well, experience in testing with the Program is an asset.
2. If no simulation instructors are available, or at the discretion of the President, or their designate, an Instructor may be hired outside of existing faculty.
3. If required, the President, or their designate, may waive any of the Instructor requirements to fill the need for additional faculty.
4. An instructor must possess a minimum of two years experience as a paramedic, or other health care provider designation.
5. Lead instructors are required to attend and complete an Adult Education Workshop.
6. All instructors are expected to maintain active registration as a paramedic.
7. The final selection process is at the discretion of the President, or their designate; however that selection process must meet the requirements as established by the provincial regulator.

Policy No:	5-20 (Roles and Responsibilities – Instructors)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 08 March 2018

PRIMARY FUNCTION

Medavie HealthEd instructors are responsible for the effective delivery of Medavie HealthEd curriculum.

RESPONSIBILITIES

1. Administrative

- 1.1. Follows the protocols outlined in the Instructor Responsibility Profile.
- 1.2. Provides written evaluation reports as required.
- 1.3. Reviews curriculum and offers recommendations for revision.
- 1.4. Schedules student learning experiences, and organizes staffing as required.
- 1.5. Works under minimal direct supervision, informing superior of concerns as appropriate.
- 1.6. Maintains student records in an orderly and concise manner.
- 1.7. Liaisons with hospital and ambulance service representatives for practicum.

2. Adult Education

- 2.1. Applies principles of Adult Education
- 2.2. Assists students to learn theory and psychomotor skills required in pre-hospital emergency care.
- 2.3. Acquires and demonstrates knowledge and skills related to video conferencing and self-study with computer testing.

Policy No:	5-30 (Selection Process – Simulation Facilitator)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 08 March 2018

POLICY

1. Simulation Facilitators for Medavie HealthEd programming shall be selected as required by the President, or their designate.
2. Simulation Facilitators will be selected based on qualifications and experience.
3. All Simulation Facilitators will attend a program orientation session.

Policy No:	5-40 (Roles and Responsibilities – Simulation Facilitator)		
Effective Date: 01 Aug 2012		Approved by: President	
Revision Date: 05 Jan 2015		Review Date: 08 March 2018	

POLICY

The simulation facilitator is responsible for assisting the instructor with practical simulation sessions and examinations.

RESPONSIBILITIES

1. Work under direction of instructor.
2. Prepare equipment for simulation sessions.
3. Assist with teaching in the simulation setting.
4. Perform psychomotor skill evaluations as required.
5. Monitor written tests and tests, as required.
6. Participate in final practical examinations.
7. Submit all documentation to the instructor.
8. Review curriculum and offer recommendations for revision.

Policy No:	5-50 (Orientation Program - Faculty)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 08 March 2018

POLICY

All new simulation staff is required to attend an orientation program which consists of:

1. An overview of the Instructor Development Program.
2. Program Overview
3. Overview the utilization of the skills and scenario forms used in the simulation setting.

Policy No:	5-60 (Probation Period - Faculty)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 08 March 2018

POLICY

All new instructors and simulation facilitators shall be placed on a six (6) month probationary period during which a senior manager or their designate, shall evaluate performance.

In the event that the new faculty member does not meet all the requirements, the probationary period may be extended, or the new faculty member may be removed from the program.

Policy No:	5-70 (Professional Development - Faculty)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 08 March 2018

POLICY

To establish the requirements under which Paramedics and other professionals, who teach at Medavie HealthEd must maintain their registration/certification in their chosen career.

All instructors, simulation facilitators, and preceptors are expected to maintain their level of certification and registration on their own; failure to do so will result in the individual not being permitted to instruct or precept students from Medavie HealthEd.

Lead Instructors are also required to obtain and complete an instructor development program prior to, or within three years of hiring.

PROCEDURE (Paramedics)

1. All instructors/simulation facilitators are required to maintain their certification/registration, in accordance with their certification/registration body's requirements. Current registration will be indicating that the facilitator has completed their regulatory body's ongoing educational requirements.
2. All instructors/simulation facilitators must provide proof of their re-registration/certification once they receive it.
3. If an instructor/simulation facilitator fails to provide their re-registration/certification documentation, a senior manager will advise them, that they can no longer be used employable in the simulation setting, until proof of re-registration/certification is obtain.
4. In accordance, with contracts signed by clinical sites, the employer will provide preceptor personnel who have a registration/certification that meets the requirements to precept students from Medavie HealthEd.

Policy No:	5-80 (Instructor Reporting)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 08 March 2018

POLICY

All complaints, concerns or issues relating to the program shall be forwarded to the Program Manager and/or a senior manager for review and resolution.

At no time shall an instructor represent Medavie HealthEd without the prior permission of the President, or their designate.

Policy No:	5-90 (Student Records)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 08 March 2018

POLICY

Medavie HealthEd instructors are required to keep an up-to-date record of each student's progress.

Upon completion of the course, all student records shall be forwarded to the designated provincial office of Medavie HealthEd.

As per the requirements established by the provincial regulators, Medavie HealthEd will retain the following documentation regarding students/graduates:

- tests;
- assignments;
- transcripts;
- attendance records;
- records of complaints;
- payment records;
- correspondence;
- copies of certificates or diplomas; and
- a copy of the student contract.

Medavie HealthEd will keep a file maintained for at least 1 year after the student has completed or left the program in which the student was enrolled, except that transcripts and copies of certificates or diplomas must be kept for 7 years after the student has completed or left the program.

Should Medavie HealthEd's certificate of registration expire and the institution not apply for re-registration within 30 days of the expiry date, the institution shall, immediately upon the expiry of the 30-day period, forward to the regulator the remaining original student files and any other information that the regulator may request.

Upon closure Medavie HealthEd shall immediately forward to the regulator the remaining original student files and any other information that the regulator may request.

Should Medavie HealthEd's certificate of registration not be renewed or is cancelled or suspended, by the regulator, the institution shall, immediately forward to the regulator

the remaining original student files and any other information that the manager may request.

Policy No:	5-91 (Faculty Intervention Process)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 08 March 2018

POLICY

All Medavie HealthEd faculty members assigned to a course as the lead instructor will ensure that the Faculty Intervention Process is followed.

PROCEDURE

1. The assigned faculty members are responsible to identify any student who is not progressing appropriately.
2. The instructor will notify the student of the lack of progress.
3. The instructor will document the lack of progress while ensuring that the student is aware of the process and their responsibilities.
4. The instructor will maintain all documentation with the course records.
 - a. The instructor will forward all documentation to the Program Manager and/or a senior manager for those students who fail to meet the objectives of the Faculty Intervention Process.

Policy No:	5-92 (Release of Information from Student Records)		
Effective Date: 01 Aug 2012		Approved by: President	
Revision Date: 05 Jan 2015		Review Date: 08 March 2018	

POLICY

Medavie HealthEd instructors are required to keep an up-to-date record of each student's progress. These records consist of attendance, written tests, practical tests, mid-term and final tests, preceptor documentation, etc.

All student information is to be held as “Confidential” and is not to be shared with anyone, other than those staff who have access to student files (See Policy 1-101 - Privacy and Distribution) and those individuals at clinical and ambulance practicum sites that require specific information regarding a student in order to provide a learning environment for said student.

PROCEDURE (Clinical and Ambulance Practicum Preceptors)

1. Immunization records are maintained on all students. These records may be shared with the clinical co-ordinator at any hospital/ambulance service where the student may be placed for a learning experience, as per clinical placement agreements.
2. Clinical/Hospital and/or ambulance preceptors will have access to a student's clinical and/or practicum evaluation forms via CompTracker. This is only to be done to provide the new preceptor with an accurate idea of how the student has been progressing in their training.
3. All other information concerning a student's file is to be held as “Confidential”. Any instructor or staff person, who is considering the release of student information, other than for the above reasons, is to ensure they contact a senior manager for direction.

Policy No:	5-100 (Knowledge of Standards/Act)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 08 March 2018

POLICY

All instructors shall have a good working knowledge of the provincial standards associated with providing ambulance services as well as any other acts deemed significant to the paramedic profession.

It is recommended that instructors review each document on a bi-annual basis.

Policy No:	5-110 (Professional Ethics and Dress Code)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 8 March 2018

POLICY

Guidelines pertaining to professional ethics and dress code shall be established. All Medavie HealthEd employees shall be required to follow guidelines in order to ensure a professional environment.

PROFESSIONAL ETHICS AND CONDUCT

1. Gum chewing is not permitted while teaching.
2. Conversations shall be conducted in a low voice; screams and loud noises are not acceptable.
3. Confidentiality and smoking policies shall be adhered to at all times.
4. Financial remuneration other than that received by way of salary, including tips or gratuities of any kind shall not be accepted.
5. Fingernails should be short, clean and well groomed.

UNIFORMS AND DRESS CODE

1. Where uniforms are required, instructors must wear them at all times while on duty.
2. Where uniforms are not required to be worn, clothes shall be neat and clean and reflect a positive and professional image.
3. Business casual attire for all testing, simulation sessions and classroom teaching is required. Gym attire is not permitted.
4. Jewellery and accessories shall reflect a positive and professional image.
5. Shoes must be clean, polished, safe and quiet.
6. Necessary steps to eliminate body odour must be taken at all times.

7. Hair must be kept clean, neat and trimmed.
8. Beards, sideburns and moustaches must be kept clean and trimmed.

Policy No:	5-111 (Code of Conduct – Members of the Staff)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 08 March 2018

POLICY

This Code of Conduct is designed to provide guidance with respect to the minimal standards of personal conduct that Medavie HealthEd hereafter referred to as the "institution" expects of its instructors, simulation facilitators and other staff, hereafter referred to as "members of the staff", . The right to work at the institution carries with it many responsibilities. Each member of the staff must adhere to the rules and regulations of the institution if they wish to remain employed in the institution. This code defines the parameters within which a rewarding and mutually supportive learning environment can be created and is based on the assumption that most members of the staff already uphold these standards of conduct.

1. Honesty and integrity are an integral part of academic achievement and it is expected from the students, therefore all members of Medavie HealthEd staff will be held to this standard.
2. Members of the staff will work to ensure all teaching activities from the program profile they are teaching are completed in a timely and accurate manner.
3. Members of the staff will avoid all forms of academic dishonesty. Academic dishonesty includes, but is not limited to the following:
 - a. Permitting a student to copy from another student's paper or work assignment
 - b. Permitting the use of materials during an assignment which are not authorized by the person administering the assessment
 - c. Assisting a student during an assessment without permission
 - d. Permitting plagiarism, which means representing the work of other as one's own inclusive of purchases of a commercial nature.
 - e. Permitting the falsification of material, which means modifying, without authorization, an assignment, tests, paper, record, report or other written material forming part of an assessment
 - f. Using, copying, buying, selling, stealing or soliciting contents of a test or tests or other assessment document
 - g. Allowing a student to perform an assessment for another student or permitting another student to take an assessment for one's self
 - h. Attempting to bribe a student, another instructor, simulation facilitator, preceptor or any other member of the staff; or
 - i. Any other conduct that misrepresents academic performance

- j. Members of the staff will ensure that their conduct contributes to a productive learning environment. In this regard, all members of the staff will arrive to the institution activities on time, participate in institution activities and ensure their behavior is at all times respectful of others and supportive of institution objectives. For example all members of the staff will not engage in disrespectful behaviors such as:
 - i. Using offensive, profane or obscene language
 - ii. Making remarks or engaging in conduct which is racist, sexist, or in any way discriminatory
 - iii. Engaging in behaviors or remarks which could reasonably be interpreted as threatening
- 4. Behaviors that are inappropriate in the learning environment are equally inappropriate outside the learning environment and members of the staff are expected to demonstrate courtesy and respect in all their interactions with other instructors, simulation facilitators, preceptors and employers. Members of the staff should refrain from behaviors that may result in the imposition of institution sanctions or civil or criminal proceedings or which is inconsistent with the maintenance of an appropriate learning environment.
- 5. A Member of the staff will:
 - a. Furnish accurate and honest information to institution staff or on official institution records. Furthermore he/she shall not forge, alter or misuse the institution name, the name of any institution employee, documents, records or identification
 - b. Not attempt to obstruct or disrupt teaching, administration or disciplinary procedures
 - c. Take no action which may threaten or may endanger the safety, health, life or may impair the freedom of any person; nor shall they make any verbal threat of such action
 - d. Not acquire for their personal use, sale, or other disposition, any institution property the staff members own without consent of the institution or the person legally responsible for it.
 - e. Not infringe or violate in any manner applicable copyright laws
 - f. Comply with their supervisor regarding the wearing of safety equipment and follow safety procedures
- 6. The institution expects that members of the staff will familiarize themselves with this Code of Conduct and other institution policies and procedures which are relevant to them, and will adhere to these policies to the best of their ability and assist and encourage fellow instructors, simulation facilitators and other staff to adhere to the policies and procedures to the best of their ability.

7. A member of the staff shall not in any manner assist, by act or omission, any other person in violating this Code of Conduct or the policies and procedures of the institution.
8. A breach of any provision of this Code of Conduct or any of the policies and procedures of the institution will be considered to be a disciplinary matter and will be dealt with in accordance with Policy 5-180 – Disciplinary Action – Staff.

Policy No:	5-120 (Faculty Evaluation)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 08 March 2018

POLICY

All instructors shall be evaluated yearly by a senior manager and/or the Program Manager.

A senior manager will make recommendations to the President, or their designate, for re-appointment of all faculty members.

Policy No:	5-130 (Faculty Resignation)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 08 March 2018

POLICY

In order to ensure continuity and availability of courses, it is expected that instructors give at least two (2) months written notice of their resignation to a senior manager.

Upon receipt of the letter of resignation the senior manager will consult with the President, or their designate, to assess the need for a replacement. If a replacement is required, and the position cannot be filled internally by the promotion of a simulation instructor, the position will be opened to external competition.

Policy No:	5-140 (Release of Information to Media)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 08 March 2018

POLICY

Staff is not permitted to make statements to the media unless directed by the President, or their designate.

Any media related calls shall be forwarded to the President, or their designate.

Staff assigned the responsibility of supplying information to the press should do so with a helpful and positive attitude.

Policy No:	5-150 (Travel Expenses)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 08 March 2018

POLICY

Medavie HealthEd shall provide reimbursement of certain expenses incurred by staff and volunteers who travel on business providing the travel is approved by a senior manager.

All expenses incurred by staff must receive prior approval by a senior manager.

No advance shall be approved for a staff member who has not provided all receipts for previous travel.

Travel expenses shall be limited to the following allowances, rates and conditions:

1. Transportation is equal: contact office for up to date rates.
2. Meals: contact office for up to date rates.
3. Motel/Hotel: receipts required: contact office for up to date rates
4. Registration: receipts required

Policy No:	5-160 (Conference Room Bookings)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 08 March 2018

POLICY

If faculty require additional rooms for training they will contact a senior manager to seek approval.

Faculty shall be responsible for the cleanliness of the room upon completion of the use of the room.

Policy No:	5-170 (Remuneration for Faculty Professional Development)		
Effective Date: 01 Aug 2012		Approved by: President	
Revision Date: 05 Jan 2015		Review Date: 08 March 2018	

POLICY

Faculty will be paid expenses and wages for approved Professional Development sessions. All professional development sessions must be submitted for approval to the President, or their designate.

PROCEDURE

1. Professional Development sessions will be provided for all Medavie HealthEd faculty members.
2. Faculty update sessions for all faculty members assigned to upcoming courses will take place prior to course commencement for each training cycle. Attending faculty may be paid wages as well as expenses for these sessions, only if approved by the President, or their designate.

Policy No:	5-180 (Disciplinary Action - Staff)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 08 March 2018

POLICY

The President, or their designate, is responsible to ensure that Medavie HealthEd policies and procedures for members of staff are enforced in a fair and equitable manner. Medavie HealthEd policies and procedures shall apply to all members of Medavie HealthEd staff.

The President or his/her designate has authority to impose a full range of disciplinary measures and will ensure that all members of the staff who behave in a manner inconsistent with Medavie HealthEd's policies and procedure will be subject to disciplinary sanctions commensurate with the seriousness of the infraction.

Disciplinary action may range from verbal warning, to written reprimand, to suspension of duties, to dismissal from the institution. Medavie HealthEd may invoke a higher level of discipline without the intermediate stages. Automatic dismissal may be warranted as a first stage disciplinary process depending on the severity of the action.

Except in extraordinary circumstances, staff will be required to compensate or perform remunerative services for damage to institution property. Records will be kept of all disciplinary action, and shall form part of the staff member's permanent record with the institution.

The President, or their designate, will ensure that a fair and impartial appeal procedure is established within Medavie HealthEd Program. Any disciplinary action, including dismissal may be appealed.

Section 06: Classes

Policy No:	6-10 (Program Attendance – PCP, ACP, CCP)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 03 Dec 2021	Review Date: 09 March 2018

POLICY

This policy establishes the attendance requirements for the PCP, ACP and CCP programs offered at Medavie HealthEd.

In accordance with provincial regulations, Medavie HealthEd will implement and maintain an attendance record for each student enrolled in any paramedic program while adhering to regulatory attendance requirements.

PROCEDURE

1. Recording Attendance

- a. An attendance record will be maintained for each paramedic program offered at Medavie HealthEd.
- b. The Lead instructor for each program will be responsible for maintaining the attendance record.
- c. Attendance will be recorded by the Lead instructor on a daily basis.
- d. Each attendance record will be recorded electronically and include the following information:
 - i. the name of the program;
 - ii. the module being taught;
 - iii. the date, time, location and number of hours of instruction delivered to the class;
 - iv. the name of the Lead instructor present;
 - v. the name of each student present;
 - vi. the number of hours attended by each student.
 - vii. for distance education or online learning classes, the Lead instructor will record the number of hours of online activity for each student.

2. Attendance requirements for paramedic programming:

- a. It is strongly recommended that students attend all scheduled classes. If the student is unable to attend, they are responsible to:
 - i. Advise their Lead instructor, before nine (9) in the morning, via an e-mail for the reason they will not be in attendance or in a circumstance where advanced notice cannot be provided, advise

their Lead instructor via e-mail within twenty-four (24) hours for the reason they were not in attendance.

- ii. Prepare for testing on the material covered during the time they were not in attendance. The Lead instructor will assist in identifying the course content that was missed, but will not re-teach the material.
 - b. Students attending full time programming must attend a minimum of 90% of their program; this includes the didactic, simulation, clinical/hospital and ambulance/practicum time.
 - c. Students learning at a distance/online are subject to the 90% attendance requirement described under point 2 above, through a combination of attending a minimum of 60% of the classes live and watching any classes they cannot attend live, within 5 days of the class being recorded.
 - d. Students who fail to attend three (3) consecutive weeks of their program, or 10% of the overall hours associated with their program, will be dismissed.
 - e. If a student is required to miss three (3) consecutive weeks of their clinical/practicum phase, the student must still be dismissed from their program. However, students may be afforded the opportunity to resume their program after their medical leave (see point 3 below).
 - f. All students are required to attend the Occupational Health and Safety component of their program. This training will be delivered in accordance with the requirements established by the Occupational Health and Safety Act of the provincial body's occupational health and safety regulator.
 - g. Upon dismissing a student from a paramedic program for any reason, Medavie HealthEd will provide the student with a written notice of the dismissal that will include the reason for the dismissal, as well as the effective time and date of the dismissal.
3. When a student is required to miss three (3) consecutive weeks of their clinical/practicum phase as a result of a medical reason, the student must submit appropriate documentation from their medical provider indicating the reason for, and expected timeline of, their medical leave.
- a. The student is required to submit this documentation to the Placement Coordinator and a copy of this documentation will be placed on the student's file.
 - b. The student will be dismissed from their program and will be required to notify the Placement Coordinator, once they have been medically cleared to return to their program.
 - c. The student is required to submit written proof of medical clearance to the Placement Coordinator, and a copy of this documentation will be placed on the student's file.
 - d. After confirming medical clearance, MHE staff will assess the student's situation and determine whether a PLAR can be applied in order to

permit the student to resume training. Note: This decision will be determined on a case-by-case basis, depending on a number of factors (i.e. how long the student was on medical leave, the student's performance prior to medical leave, etc.).

- e. If a PLAR is granted, a plan for remedial training will be created and the student will be provided a new student contract detailing the remaining program requirements they need to complete.

Policy No:	6-20 (Incomplete Grade)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

This policy has been established to set guidelines as to the reasons a student may be assigned an incomplete grade and the procedures they should follow if they believe they had extenuating circumstances that resulted in the incomplete grade.

It further establishes the requirements for a student to be dismissed from a program, should the student be assigned an incomplete grade.

PROCEDURE

1. It is the responsibility of the program's lead instructor to identify students who are at risk of being assigned an incomplete grade. The lead instructor will be responsible for documenting any and all issues that result in an incomplete grade being assigned to a student. Documentation is to include, but is not limited to, Course Incident/Complaint/Inquiry Records, as required, as well as Student Learning Contracts.
2. A student may be assigned an incomplete grade for the following reasons:
 - a. Lack of attendance (See Policy 6-10 – Program Attendance). Should a student go beyond the number of days they are allowed to miss during the didactic, simulation or clinical/ambulance practicum component of their program, they may be assigned an incomplete.
 - b. Falling behind due to absences by three tests during the program.
 - c. Failure of a total of four tests, including the mid-term and final test.
 - d. Failure of any rewrite of any test, including the mid-term or final test, with a mark less than 50%.
 - e. Failure to complete the hospital and ambulance clinical components of the program within the permissible time frame.
 - f. Failure to progress in any of the components of the program.
3. There may be extenuating circumstance resulting in a student falling behind on any component of their program (e.g. sudden illness of the student, financial difficulties, death in the family), each case will be reviewed for validity by the lead instructor for the student's program. Students with valid reasons for lack of attendance may be given permission to continue in their program.

4. If there are extenuating circumstances, the lead instructor for the student's program will request the student to provide a documented and just reason for missing time (e.g. physicians note).
5. In the event that a student's extenuating circumstances are accepted as a rationale for their attendance a senior manager will review the resources that are available to assist the student in making up the component of the program they are lacking attendance in. At the discretion of the senior manager and provided resources are available, the institution may provide resources to assist the student in making up the component they are lacking attendance in. However, the resources the institution is required to put forward will be limited to those that are reasonably afforded and do not put an undue burden on its resources.

Policy No:	6-30 (Entry Deadline)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

This policy has been established to set a practical time limit around when a new student can enter a program in progress. The aim of this policy is to ensure the student is not placed at a disadvantage if they are selected to attend the program.

PROCEDURE (PCP)

A new student who has been selected for the PCP program may enter that program within one week of the course starting.

No new students will be permitted to enter a PCP program beyond this date.

PROCEDURE (ACP)

A new student who has been selected for the ACP program may enter that program within one week of the course starting.

No new students will be permitted to enter the ACP program beyond this date.

PROCEDURE (CCP)

A new student who has been selected for the CCP program may enter that program within one week of the course starting.

No new students will be permitted to enter the CCP program beyond this date.

Policy No:	6-40 (Class Sizes – Student Supervision)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 9 March 2018	Review Date: 09 March 2018

POLICY

To provide guidance on the student to instructor, student to simulation facilitator and student to preceptor ratios.

The total number of students that may be enrolled in the PCP, ACP and CCP programs at anyone one time is based on the following:

1. Two PCP cohorts having a maximum of 36 students/cohort. Provided it has been determined adequate preceptor resources are in place, these cohorts may run simultaneously.
2. Six ACP cohorts having a maximum of 20 students/cohort. Three of these cohorts would be enrolled in the didactic and simulation component, while the other three are in the clinical and practicum components of their program.
3. One CCP cohort having a maximum of 12 students/cohort.

It is the responsibility of the senior managers, in consultation with the President, in order to evaluate the offering of each cohort, they must determine if adequate human resources, equipment and practical sites are available to address the cohorts requirements to obtain competency. If it is determined that there are inadequate resources they will not go forward with the cohort. Setting these limitations will prevent a shortage of instructors, simulation facilitators, training equipment, and preceptors.

PROCEDURE

1. During the class selection process a senior manager will ensure no more than the maximum number of students for each PCP, ACP and CCP cohort based upon the limitations described above.
2. During the didactic component of the Primary Care Paramedicine program a senior manager will ensure the student to instructor ratio does not exceed 36:1, on the Advanced Care Program it does not exceed 20:1 and on the CCP program it does not exceed 12:1

3. During the skill simulation component of the program a senior manager will ensure the student to simulation facilitator ratio does not exceed 12:1 for all programs when applicable.
4. During the scenario simulation component of the program a senior manager will ensure the student to simulation facilitator ratio does not exceed 6:1 for all programs when applicable.
5. All simulations evaluations, no matter the group size, will be performed on a 1:1 basis.
6. During the hospital clinical and ambulance component of a program the Clinical Co-coordinator, will ensure the student to preceptor ratio does not exceed 1:1. This component of the program requires constant supervision of the student when they are assessing and treating patients. The Clinical Co-coordinator is responsible to remind preceptors that students are in the clinical setting to master the skills they have developed in the classroom and simulation settings and that the student must be supervised to ensure they can master their Paramedicine skills and procedures.

Policy No:	6-50 (Exemptions – ACP Students)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 23 Sept 2021	Review Date: 23 Sept 2021

POLICY

This policy allows for the recognition of previously successful training obtained by paramedics. Students will be required to complete all written tests and simulation skill evaluations.

This policy applies to:

1. Primary Care Paramedics (PCPs) who are actively registered, with no conditions, in their province of registration or who have graduated from an accredited paramedic program.
2. Intermediate Care Paramedics (ICPs) who are actively registered, with no conditions, in their province of registration or who have graduated from an accredited paramedic program.
3. The clinical/practicum components of the ACP program only.

Prior learning credit for intubations will be granted to students who are Intermediate Care Paramedics based on two points: first, the province they are registered in must require the ICPs to utilize this competency, second, this will only be permitted if the Intermediate Care Paramedic ensures they maintain an active registration, with no conditions, in their province of registration.

Prior learning credit for Direct Pressure Infusion Devices, Immobilization of axial skeleton, and IVs will be given to students who are registered, as active Intermediate or Primary Care Paramedics based on two points. First, the province they are registered in must require the ICPs, or PCPs, to utilize these competencies. Second, this will only be permitted if the ICP, or PCP, ensures they maintain an active registration, with no conditions, in their province of registration.

Students providing proof of active registration, with no conditions, at the Intermediate Care Paramedic Level will be exempt of the following practical components;

1. Advanced Airway Management – if they are actively employed by an organization that utilizes such devices, specifically the following competencies and the sub-competencies identified in the NOCP's:

- 1.1. NOCP 5.1.a – Maintain patency of the upper airway and trachea.
 - 1.2. NOCP 5.1.b – Suction oropharynx
 - 1.3. NOCP 5.1.c – Suction beyond oropharynx.
 - 1.4. NOCP 5.1.d – Utilize oropharynx airway.
 - 1.5. NOCP 5.1.h – Utilize airway devices requiring visualization of vocal cords and introducing endotracheally.
 - 1.6. NOCP 5.4.a – Provide oxygenation and ventilation using positive pressure devices.
2. Intravenous Cannulation – specifically the following competencies and the sub-competencies identified in the NOCP's:
 - 2.1. NOCP 5.5c – Maintain peripheral IV access devices and infusions of crystalloid solutions without additives.
 - 2.2. NOCP 5.5d – Conduct peripheral intravenous (IV) cannulation.
3. Direct Pressure Infusion Devices – if they are actively employed by an organization that utilizes such devices, specifically the following competencies and the sub-competencies identified in the NOCP's:
 - 3.1. NOCP 5.5.f – Utilize direct pressure infusion devices with intravenous infusion.

Students who can provide verifiable proof of active registration, with no conditions, at the Primary Care Paramedic Level will be exempt of the following practical components;

1. Direct Pressure Infusion Devices – if they are actively employed by an organization that utilizes such devices, specifically the following competencies and the sub-competencies identified in the NOCP's:
 - 1.1. NOCP 5.5.f – Utilize direct pressure infusion devices with intravenous infusion.
2. Immobilization of axial skeleton – specifically the following competencies and the sub-competencies identified in the NOCP:
 - 2.1. NOCP 5.7.b – Immobilize suspected fractures involving the axial skeleton.
3. Intravenous Cannulation – specifically the following competencies and the sub-competencies identified in the NOCP's:
 - 3.1. NOCP 5.5c – Maintain peripheral IV access devices and infusions of crystalloid solutions without additives.
 - 3.2. NOCP 5.5d – Conduct peripheral intravenous (IV) cannulation.

PROCEDURE

1. A student attending the Advanced Care Paramedicine program must seek recognition of current registrations, by advising the Program Manager and/or a Senior manager, of their (the students) current registration status.

2. The student must show proof of their registration level.
3. If the student's registration expires or becomes conditional, during the program they are attending, they will be required to obtain the competencies they were originally exempted from.
4. If the student successfully re-registers at their practitioner level prior to their expiry date, they will not be required to obtain the competencies they were originally exempted from.
5. If a student maintains active registration as an ICP, but wishes to obtain some OR time for the purposes of conducting intubations, they will be given every opportunity to do so; but only after all PCP and those ICP students who are registered as conditional have had the opportunity to complete their required OR time and intubations.

Policy No:	6-60 (Official Languages)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

If numbers permit, courses will be offered in either official language.

In regard to French programming, every effort will be made to provide Francophone materials and resources; however, limited availability of Francophone textbooks and resources may require some components of the program to utilize Non-Francophone materials.

Non-French speaking faculty, or guest lecturers, may be utilized to instruct components of a French program in situations where the content being delivered requires an instructor with more experience than the French instructors who are available, or the content requires specific instructor qualifications that the French instructors who are available do not possess.

In situations, where content must be delivered utilizing Non-Francophone materials, or instructor resources, all efforts will be made to provide a French translator to assist the class, as a whole, in interpreting the Non-Francophone instructor, or guest lecturer.

It is the responsibility of the student to ensure they enroll in the most appropriate course to suit their needs.

PROCEDURE

1. In an effort to ensure students are well informed of this policy, it will be reviewed with applicants and students in the following situations:
 - a. During the application process, Medavie HealthEd staff will ensure they explain this policy to any student applying to English or French programming.
 - b. Also, during the selection and interview process.
 - c. Also, during the student's orientation session and prior to them signing their Student Learning Contract with the institution.

Policy No:	6-70 (Driver Training)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

The goal of the policy is to ensure all students attending the Primary Care Paramedicine Program are afforded the opportunity to learn how to operate an ambulance safely. Students will be provided with a minimum of 1 to 2 hours of driving time in a van with similar or larger dimensions than an ambulance or an ambulance and arrangements will be made by the institution for students to obtain their license to operate an ambulance.

Furthermore, the institution will deliver the National Safety Council's course Coaching the Emergency Vehicle Operator 4 Ambulance (CEVO – 4) course.

This policy does not apply to Advanced Care Paramedicine or Critical Care Paramedicine students as they should already be in possession of a license to operate an ambulance.

PROCEDURE

1. All students attending the Primary Care Paramedicine Program should be eligible to obtain license to operate an ambulance. It is the responsibility of the Admissions Advisor to identify any candidates who are not eligible to obtain a license to operate an ambulance and to make them aware of the limitations the candidate is placing upon their career choices. Applicants who are not eligible for a license to operate an ambulance may be permitted to enter the institution's program provided they have been advised of and signed the "License to Operate an Ambulance, Release of Responsibility Waiver".
2. Students are expected to complete their written test and obtain medical clearance from their physician for the operation of an ambulance within the first 3 months of their program. They will also be required to drive a vehicle as described above for a minimum of 1 to 2 hours, with staff designated by the institution, prior to attempting for their road tests.
3. Students are required to pay all fees associated with obtaining a license to operate an ambulance, including but not limited to the medical, written test and road test.
4. Medavie HealthEd, on a one time basis will provide the vehicle and fuel for all road testing the student will take to obtain their class 4 driver's license. Should a

student fail to attend the schedule road test and/or fail the road test once, the institution will have no further obligation to assist the student in obtaining their license to operate an ambulance.

Policy No:	6-80 (Skill and Scenario Practice)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 9 March 2018	Review Date: 09 March 2018

POLICY

This policy provides the guidelines to be followed by students when they are being evaluated on their essential skills and scenarios. All Medavie HealthEd students must complete the skill and scenario practice components of the program prior to being permitted to attempt the Final Skill and Scenario Evaluations. (See Policy 8-40 – Final Scenario Evaluation Student and 8-41 – Final Skills Evaluation Student)

PROCEDURE

1. Students may be evaluated on their essential skills and scenarios by either instructors, or simulation facilitators.
2. The instructor/simulation facilitator is responsible for setting up the evaluation station they are working at, however they may use the students to gather and replace equipment as needed.
3. The student, when prepared to be evaluated, will provide their iPad to the Instructor/Simulation facilitator, with the appropriate skill or scenario already selected.
4. The instructor/simulation facilitator will have the student complete the skill according to the itemized points for the particular skill.
5. The instructor/simulation facilitator will also have the student complete each individual scenario and evaluate them based on the scenario evaluation criteria identified on their iPad.
6. If a student does not successfully complete a skill or scenario, the instructor/simulation facilitator will send the student to practice the skill or scenario before being retested.
7. If a student knows they are having difficulty with a skill or scenario, it is their responsibility to approach the lead instructor of their program and ask for assistance. It then becomes the instructor's responsibility to provide extra training

for the student, through the use of other students, simulation facilitators or themselves, during class time.

8. If an instructor or simulation facilitator knows a student is having difficulty with a skill or scenario, it is their responsibility to approach the student and offer them assistance, during class time.
9. If a student is unable to successfully perform a skill or scenario a minimum of twice in four attempts, they will be required to meet with their instructor to review the pertinent materials for the skill or scenario type. The student and the instructor will develop a plan, either verbally or in writing, to insure the material has been reviewed and understood. The student will then be reevaluated by the facilitator and/or instructor in the appropriate setting.
10. If the student continues to not successfully complete the skill or scenario then they will be assigned to the Manager, Quality & Risk for a detailed remediation.
 - a. Should the Manager, Quality & Risk determine that a student requires extra education/training outside of regular class/simulation hours; the instructor will assist the student in obtaining a tutor. Any fees associated with a tutor will be the responsibility of the student. Please refer to Policy No 6-90 "Extra Help for Students".

Policy No:	6-90 (Extra Help for Students)	
Effective Date: 01 Aug 2012	Approved by: President	
Revision Date: 9 March 2018	Review Date: 09 March 2018	

POLICY

This policy provides the guidelines to be followed by students when they realize they are in need of extra help during the program they are attending.

PROCEDURE

1. If a student self-identifies as having difficulty with a didactic component, skill or scenario, it is their responsibility to approach the Lead instructor of their program and ask for assistance.
2. It then becomes the instructor's responsibility to provide extra training for the student, through the use of other students, simulation facilitators or themselves. This extra training is to be provided during class time that has been designated as simulation days.
3. If an instructor or simulation facilitator knows a student is having difficulty with a didactic component, skill or scenario, it is their responsibility to approach the student and offer them assistance, during class time.
4. If a student is seeking extra help outside the regular hours of their program they, or the instructor, are encouraged to ask other students for assistance.
5. Should the instructor, or the student, determine the student requires extra education/training outside of regular class/simulation hours, and a tutor is required, the instructor will assist the student in obtaining a tutor. Any fees associated with a tutor will be the responsibility of the student and will be negotiated between the student and tutor. However, the institution will endeavor to insure a mutually fair rate of compensation.

Policy No:	6-100 (Study Groups)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

This policy has been implemented to encourage students to form study groups to assist each other in their education. The Paramedicine programs require students to use a self-directed approach to a number of learning hours and forming study groups may aid those students who may be less motivated to study on their own.

PROCEDURE

1. At the beginning of each program the instructor will advise the students on the use of study groups and encourage the class to form groups to study in.
2. This policy cannot be forced on any student, all students must participate willingly.

Policy No:	6-110 (After-hours Building Access)
Effective Date: 30 May 2015	Approved by: President
Revision Date: 9 March 2018	Review Date: 09 March 2018

POLICY

Medavie HealthEd recognizes the pace at which our programming is delivered and therefore affords students the opportunity to access program facilities/equipment, after-hours, for the purposes of preparing for didactic and simulation competency evaluation. To that end, this policy establishes the framework our institution will adhere to as we provide a safe and productive environment for students to access facilities/equipment after-hours.

In situations where our institution rents/leases space and access is controlled by the landlord, our students will adhere to the landlord's policies regarding facilities access.

PROCEDURE

1. Students requesting after-hour access to any of our facilities will be required to adhere to this policy and will sign a "Building Access Agreement."
2. Students will not lend and/or give anyone the key/access card they have been provided.
3. Students are responsible to immediately notify their lead instructor/administrative staff of a lost/stolen key/access card.
4. Students upon graduation, dismissal or withdrawal shall return their key/access card to their lead instructor/administrative staff.
5. Students will not receive their transcripts or diploma, unless they return their key/access card, or pay a fee of \$50 to have the key/access card replaced.
6. Students will have access to our buildings between the hours of 6 am and 11 pm seven days a week.
7. Students will only allow fellow students to enter a building after hours. Anyone else requesting access other than other students are to be denied access, this includes family, friends, acquaintances, etc.

8. Students will always ensure there is at least one other person (student, HealthEd staff, cleaning staff) in the building with them.
9. Any student utilizing our facilities after hours must have a mobile device to use in the case of an emergency.
10. If at any time a student recognizes that they will be and/or are alone in the building they will immediately vacate the premises.
11. If a student does not possess and/or forgot their mobile device they will not access the premises unless at least 2 other people are present and possess such devices.
12. Students will not participate in and/or allow the use of alcohol and/or illicit drugs on the property.
13. Students may access didactic classrooms, common areas and washrooms. If simulation equipment is present it must be under the supervision of instructional staff.
14. Students will wear appropriate Personal Protective Equipment when required.
15. Students will not enter an area of the building they have been advised not to access after-hours; this includes but is not limited to offices, file rooms and simulation rooms where simulation equipment is present.
16. Students will keep all doors closed while in the building.
17. Students will not interfere with any Medavie HealthEd activities such as janitorial services, general maintenance and/or repairs.
18. Students will comply with the safety procedures for the building they are in, such as exiting the building during a fire alarm or contacting emergency services, as required.
19. If an emergency arises that affects a student and/or the premises after hours 9-1-1 is to be contacted immediately. Once the emergency is reported through 9-1-1, the student will attempt to contact their lead instructor and advise them of the situation. Additionally, the students who witnessed the emergency will document the incident in an e-mail to one of the senior managers.
20. In Medavie HealthEd controlled buildings, the following numbers will be posted near the exit of each building for student access. Emergency – 9-1-1 and Program Manager.

21. Students will respect noise levels and comply with local municipal bylaws.
22. Students will respect local municipal bylaws as they apply to smoking and will only smoke in designated smoking areas outside.
23. Students will only be permitted to practice competencies with instructional staff after hours once they have been taught said competencies during regular class hours.
24. Students will not utilize any equipment, within our facilities after-hours, except under the following circumstances:
 - a. The student(s) are under the direct supervision of one of our institutions staff, who is qualified to utilize the equipment. Prior to leaving the building the institutions staff member will secure the equipment.
 - b. The student(s) have sought prior approval, from their lead instructor, to utilize a piece of equipment that is deemed to present little to no risk of injury, if the students were left unsupervised utilizing it. Examples of this would include blood pressure cuffs and stethoscopes.
25. In general, equipment will be secured and inaccessible to students after-hours; however, if at any time equipment of any type is incidentally left accessible to students after hours, students must not use that equipment without the immediate supervision of a member of our institutions staff who is qualified to utilize said equipment. The fact that equipment was left accessible should be reported to a senior manager, who will then address the incident and take measures to prevent future occurrences.
26. Failure to adhere to this policy will lead to disciplinary action.

Section 07: Equipment

Policy No:	7-10 (Acquisition of Equipment and Materials)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 9 March 2018

POLICY

All acquisition of new equipment and/or material shall be approved for use in Medavie HealthEd program by the President, or their designate.

PROCEDURE

Any individual (instructors, Paramedics, volunteer and staff) requesting the purchase of a new piece of equipment and/or material for a Medavie HealthEd Program shall make a written request with documentation to the President, or their designate.

The results of the evaluation shall be forwarded to the originator of the proposal.

Policy No:	7-11 (Care of Equipment/Classrooms and Common Area)		
Effective Date: 01 Aug 2012		Approved by: President	
Revision Date: 05 Jan 2015		Review Date: 9 March 2018	

POLICY

Medavie HealthEd is responsible for the safekeeping and maintenance of the training equipment.

It will be the responsibility of the course instructor to ensure proper care and maintenance is being provided for course equipment, the classroom and common area.

PROCEDURE

1. The equipment is to be stored in a secure area that is warm and dry with adequate space for storage.
2. It is the responsibility of the course instructor to:
 - 2.1. Assign students to groups. These groups will become responsible for checking the equipment on a regular basis.
 - 2.2. Provide the students with check lists to complete as the equipment is checked.
 - 2.3. Ensure all students are participating in checking the equipment on a regular basis.
 - 2.4. Ensure that students are taught appropriate methods for the care and storage of equipment.
3. The student will ensure they complete equipment checks as required by the instructor.
4. The instructor will also designate groups to ensure the common areas of the building are kept in a neat and orderly fashion.
5. The instructor will also designate groups to ensure the classroom and lab facilities are kept in a neat and orderly fashion.
6. Any student identified as not performing equipment checks, maintaining the common areas, classroom or lab facilities, as required; could face disciplinary action under the Code of Conduct.

Policy No:	7-20 (Lost or Damaged Equipment)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 9 March 2018

POLICY

All lost or damaged equipment shall be reported to a senior manager within 48 hours of occurrence.

Policy No:	7-21 (Improper Use of Equipment)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 9 March 2018

POLICY

Medavie HealthEd equipment is to be used by the students under the supervision of faculty assigned to the course. Equipment is to be used in the manner for which it was designed.

PROCEDURE

1. Equipment breakage due to improper use is to be reported to a senior manager within 48 hours of the occurrence.
2. A senior manager will conduct an investigation of the events.
3. Those found to be responsible for equipment breakage due to improper use are subject to the full range of disciplinary action.
4. Further legal action against those responsible may also be taken depending on the severity of the situation.

Policy No:	7-22 (Theft of Equipment)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 9 March 2018

POLICY

Stealing program equipment is a serious infraction of the Code of Conduct and will be dealt with accordingly.

Clinical & Practicum sites and agencies are viewed as an extension of the Medavie HealthEd campus and therefore students attending these sites will be subject to the same rules regarding theft of equipment. Removal of any equipment from these sites, will be dealt with in accordance to this policy.

PROCEDURE

1. Equipment loss due to theft is to be reported to a senior manager within 48 hours of the occurrence.
2. A senior manager will conduct an investigation of the events.
3. Those found to be responsible for equipment loss due to theft are subject to the full range of disciplinary actions as per policy 4-20.
4. Further legal action against those responsible may also be taken depending upon the situation.

Policy No:	7-30 (Equipment Inventory List)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 9 March 2018

POLICY

A senior manager, or their designate, shall maintain an inventory list of major and minor equipment. The listing shall indicate brand name, model number, serial number, asset number and any other pertinent data.

Equipment additions and deletion shall be noted on each annual update.

Policy No:	7-40 (Return of Equipment)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 9 March 2018

POLICY

An equipment usage list shall be compiled by the course instructor and submitted to a senior manager within 72 hours of course completion.

Section 08: Evaluation and Testing Process

Policy No:	8-10 (Course Evaluation)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 9 March 2018	Review Date: 09 March 2018

POLICY

Program self-evaluation is critical to program success. Issues affecting students need to be identified and addressed to meet their needs. Students will be given an opportunity to evaluate the program they are attending via course evaluation forms.

Individual and summarized course evaluations will be completed for the following components of each program:

- 1) didactic/simulation,
- 2) the various clinical rotations (ER, OR, etc.)
- 3) practicum/ambulance

The individual and summarized evaluations shall be submitted to a senior manager and subsequently forward for further review to other committees, as deemed appropriate.

The President, while considering all implications for the institutions sustainability, has the responsibility to discern how issues identified by students will be managed.

PROCEDURE (Didactic Component – PCP, ACP and CCP)

1. Course Evaluation Forms will be provided directly to the students through electronic means.
2. Students will be afforded the opportunity to complete the evaluation forms during class hours.
3. 100% student participation in the completion of the evaluation forms is to be encouraged by the instructors.
4. All forms are to be summarized by the Program Liaison and forwarded to a senior manager.
5. A summary of the course evaluation documentation will be forwarded to the following groups for their review and recommendations:
 - 5.1. The instructor of the program.
 - 5.2. The Faculty, as required

- 5.3. The President, or their designate,
- 5.4. The Curriculum Development Committee, as required
- 5.5. The Program Advisory Committee, as required
- 6. The President, while considering all implications for the institutions sustainability, will determine which recommendations the institution will adopt and implement.
- 7. All completed individual and summarized course evaluations and their corresponding will be held for a period of at least seven (7) years.

PROCEDURE (Clinical and Ambulance Component)

- 1. Clinical and Ambulance Evaluation Forms will be provided directly to the students through electronic means.
- 2. Students will complete the evaluation forms during class hours.
- 3. 100% student participation in the completion of the evaluation forms is to be encouraged by the instructors.
- 4. All forms are to be summarized by the Program Liaison and forwarded to a senior manager.
- 5. A summary of the course evaluation documentation will be forwarded to the following groups for their review and recommendations:
 - 5.1. The instructor of the program.
 - 5.2. The Faculty, as required
 - 5.3. The President, or their designate,
 - 5.4. The Curriculum Development Committee, as required
 - 5.5. The Program Advisory Committee, as required
- 6. The President, while considering all implications for the institutions sustainability, will determine which recommendations the institution will adopt and implement.
- 7. All completed individual and summarized course evaluations will be held for a period of at least seven (7) years.

Policy No:	8-20 (Attendance – Evaluations and Testing)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

This policy is used to advise students that they are expected to attend all evaluations and testing on the designated dates. Only under extenuating circumstances will a student be permitted to miss the original date of an evaluation or test.

PROCEDURE – PCP, ACP & CCP

1. The lead instructor for a program will advise all students of the evaluation & testing date.
2. All students will attend on the scheduled date for the evaluation or test.
3. If a student fails to attend the required evaluation or test, without prior permission, it will be an indication of the lack of respect they have for the training requirements, their instructors and simulation facilitators.
4. Failure to attend the regularly scheduled evaluation, or test date, will result in an automatic failure of that evaluation, or test, unless there are extenuating circumstances. This will count as one of the evaluations or tests a student is permitted to fail.
5. There may be extenuating circumstance resulting in a student failing to attend the required evaluation or test (e.g. sudden illness of the student or immediate family, death in the family), each case will be reviewed for validity by the Lead instructor. Students with valid reasons for not attending the evaluation or test may be given permission to write the test at a later date.
6. In all cases of extenuating circumstances, the student must provide written proof of the extenuating circumstance from a third party (e.g. physicians note or copy of death certificate); otherwise the automatic failure will stand.
7. In all cases, where extenuating circumstances have been validated by written documentation, the Lead Instructor will review the resources that are available to assist the student in making up the evaluation or test they missed. The instructor will then confer with a senior manager who, using their discretion, and provided resources

are available, may assist the student in making up the component they are lacking attendance in.

8. However, the resources the institution is required to put forward will be limited to those that are reasonably afforded and do not place an undue burden on the institution.

Policy No:	8-30 (Grading/Evaluation Process)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

At the beginning of the program, the Lead instructor will advise the students of the evaluation.

PROCEDURE

1. During Orientation with a senior manager, or with the lead instructor, students will review all policies related to the evaluation process. Those policies include but are not limited to:
 - 1.1. Policy 8-20 – Attendance – Evaluations & Testing
 - 1.2. Policy 8-40 – Evaluation Procedures – General & Final Week
 - 1.3. Policy 8-50 – Module Testing
 - 1.4. Policy 8-60 – Module Quizzes
 - 1.5. Policy 8-70 – Oral Boards
 - 1.6. Policy 8-80 – Essential Skills Evaluations
 - 1.7. Policy 8-90 – Final Scenario Evaluations
 - 1.8. Policy 8-100 - Institutional Clinical Evaluations (Students)
 - 1.9. Policy 8-110 – Ambulance Practicum Evaluation (Students)
 - 1.10. Policy 8-120 – Mid-term and Final Written Test
 - 1.11. Policy 8-130 – Final Skills Evaluations
 - 1.12. Policy 8-140 – Test Review Policy
 - 1.13. Policy 8-150 – Retesting of Candidates
 - 1.14. Policy 8-160 – Oral Testing
 - 1.15. Policy 8-170 – Test Waiver Form
 - 1.16. Policy 8-180 – Probationary Status
2. The student is also expected to review the policies on their own after the senior manager, or lead instructor, have reviewed and will highlight the key points of the evaluation process with the class.

Policy No:	8-40 (Evaluation Procedures – General and Final Week)		
Effective Date: 01 Aug 2012		Approved by: President	
Revision Date: 05 Jan 2015		Review Date: 09 March 2018	

POLICY

This policy provides a consistent format to be followed by the students during the testing and evaluation process. An instructor is not to change the format of the evaluation/testing process without the prior approval of a senior manager.

PROCEDURE (General)

1. The Program Manager will ensure that the Lead Instructor has outlined the testing and evaluation process for the year.
2. Students are tested and evaluated on the following:
 - 2.1. Module quizzes (See Policy 8-60 – Module Quizzes)
 - 2.2. Projects
 - 2.3. Module Tests (See Policy 8-50 – Module Testing)
 - 2.4. Mid Term Test (See Policy 8-120 – Mid-Term & Final Written Test)
 - 2.5. Final Test (See Policy 8-120 – Mid-Term & Final Written Test)
 - 2.6. Essential Skills (Simulation Setting) (See Policy 8-80 – Essential Skills Evaluation)
 - 2.7. Final Skills evaluation (See Policy 8-130 – Final Skills Evaluation)
 - 2.8. Final Scenario evaluation (See policy 8-90 – Final Scenario Evaluation)
 - 2.9. Oral Boards (ACP program only – See policy 8-160 – Oral Board Testing)
 - 2.10. Institutional Clinical Evaluation (See Policy 8-100 - Institutional Clinical Evaluation)
 - 2.11. Ambulance Practicum Evaluation (See Policy 8-110 – Ambulance Practicum Evaluation Student)
3. The student is responsible to know and understand the testing and evaluation process.
4. If they have any questions regarding the process they must contact the Lead Instructor.
5. Each component of the evaluation process is explained further in the following policies and procedures.

PROCEDURE (Final Week)

1. The Program Manager will ensure that the Lead Instructor has outlined the final week of testing.
2. The Program Manager, will ensure that five testing dates are established for the students to complete the final Skills testing, Scenario (Medical & Traumatic) testing, Final Written tests, Oral Boards (ACP programs only) and retesting as required
3. Students will be scheduled, by the lead instructor for a specific testing time on each day of the skills, scenario, and oral boards (ACP programs only) and retesting.
4. All students will attend the same day of the final written test.

Policy No:	8-50 (Module Testing)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 03 Dec 2021	Review Date: 09 March 2018

POLICY

This policy establishes the testing process utilized by or institution, as well as the procedures for developing and validating test questions. It also captures the processes for statistically analysing questions, marking tests, reviewing tests with students, managing students who fail tests and appeals of written test results.

For the PCP programming module Tests account for 36% of the students overall mark, the Midterm exam accounts for 20% of the overall mark and the Final exam accounts for 34% of the overall mark. For the ACP programming module Tests account for 36% of the students overall mark, the Midterm exam and Final exam account for 27% each of the overall mark.

PROCEDURE – PRIOR TO THE TEST

1. If the campus internet connection has sufficient band width, it is recommended that students test download start times are set shortly before the start of the test, so that students can download the test file in class on the day of the test. If the testing environment's internet does not allow for this, then the download start time will be set far enough before the start of the test to allow all test takers a chance to download the exam ahead of time, generally, this is the evening before the test date.
2. It is the individual student's responsibility to ensure that the test has been downloaded no later than 30 minutes prior the tests scheduled start time, so as to prevent any delays in the start of the test. This requirement will afford the student, who is having technical difficulties downloading the test, an opportunity to meet with instructional staff who will assist the student with the test download, thus allowing the test to start on time. In situations, where a student is unable to complete a download due to technical difficulties, the Lead Instructor will consult with the Program Manager, for direction on how to manage the test for said student.
3. Test takers should also be given only ONE download for an exam. If additional downloads are needed, they can easily be changed on an individual basis.

4. Instructional staff, utilizing the tracking feature of the Exemplify software, will track downloads to confirm which Test Takers have downloaded their exam files. Test Taker Activity may take up to 15 minutes to be refreshed with the most recent uploads. Reviewing this information before and after each exam enables instructional staff to quickly identify the Test Takers who have not downloaded the test.
5. Because specialized cases/attachments, for iPads, are permitted, students are reminded that their cases/attachment must not contain notes or materials that could aid them during assessments. Possession of these materials during the assessment will result in a zero for that assessment, even if the student had no intention of using them.
6. Students are expected to arrive prepared to complete their written exam on the date scheduled by their instructor.
7. If a student fails to attend and complete their written test during that tests originally scheduled date and time, without prior permission, it will be an indication of their lack of respect for the program completion requirements and will result in an automatic mark of zero for that particular test. For further information regarding attendance requirements during testing, please see Policy No 8-20 Attendance – Evaluations and Testing.

PROCEDURE – TESTING SESSION

The following rules are in place in an effort to ensure that students have efficient, fair and positive experiences on assessment days. - All students must sign-in, be in their seats, with iPads/laptops turned on, setup and ready to start by the designated test time. As soon as students enter the test room, they should launch the test and navigate, within the Exemplify software to the "Begin Screen" and wait for instruction from the instructor, or proctor, indicating that it is okay to begin. Repeated late arrivals will result in a professionalism competency failure.

1. Students are not permitted to have anything open on their iPads/laptops in the test room except the testing software (Exemplify by ExamSoft). They may only bring their iPad/laptop, charger, ear plugs and pencil/pen. No bags, cell phones/smart devices*, iPods/music players, purses, food, water, coffee, backpacks, notes, paper or anything else is allowed in the room.
2. *Cell phones and smart devices (i.e. smart watches, etc.) are strictly prohibited. If a student is discovered with one of these devices, they will be escorted out of the room and receive a zero for that assessment.

3. Students are to be spread out, so that they cannot easily view another student's iPad/computer screen. Students who are observed by the Lead Instructor, or Proctor, to be consistently (more than twice) viewing the screen of another student's testing device, during a test, will be asked to leave the room and be assigned a mark of zero for that test.
4. The students are not to be left unsupervised during a test.
5. Once a test begins, a student will not be permitted to leave the test environment, therefore, students should ensure they have taken care of any personal matters, such as using the washroom, before the test begins.
6. If a student's iPad/laptop is not working, they will need to speak with their Lead Instructor, who will immediately contact the Program Manager, for the purposes of determining next steps. It will be the Program Manager's responsibility to determine what those next steps will be and will ensure that the student's and institution's best interests are kept in mind. If required, the Program Manager may contact their direct supervisor for guidance.
7. Students must upload their test file prior to leaving the lecture hall.
8. If students are unsure if their file uploaded, they may go to [Exemplify.com](https://www.exemplify.com) and check exam history for confirmation. If a student leaves the lecture hall / building without uploading or loses their exam file for any reason, they will receive a mark of zero for that test.
9. Upon completion of the test, the student may, and is encouraged to, express any concerns (i.e. wording, inappropriate questions based upon required test content covered, material not covered by the instructor, etc.) they had regarding the question(s) and associated answer(s). Any concern must be brought forward to either their Lead Instructor and/or the Program Manager, in writing, before the test is marked; otherwise, the student will have relinquished their right to debate the question(s) after the test marks are released.

PROCEDURE - TEST ITEM DEVELOPMENT

Our institution evaluates students using an impartial and objective process that allows faculty to identify how test questions are performing and when necessary make changes to those questions.

All questions are multiple choice in nature for primarily two reasons. First, multiple choice questions demonstrate a high inter-rater reliability. Reliability exists in this form of testing because each student is being asked the exact same question in the exact same way and

the test is marked from a strictly objective stand point, there is no subjectivity. Second, our institution strives to prepare our graduates to successfully pass the provincial entry to practice exam which is comprised of all multiple choice questions.

Multiple choice questions consist of three main components which are the stem, the distractors and the key. The stem serves as the first part of the test item that is offered and will be written as a question or an incomplete statement. The distractor will be an incorrect answer that is specifically designed to be a plausible answer, but is not the correct answer. The key is the correct (or best) answer to the stem.

The vast majority of our institutions test questions are developed from existing examination items that have been previously validated by other cohorts and/or are sourced from textbook publishers test banks.

PROCEDURE - TEST ANALYSIS

As mentioned above under, test item development, our test questions are evaluated and validated through the use psychometrics, which involves the statistical analysis of how each question performed on any given test. This statistical analysis is performed by the software provided by Exemplify and evaluates the performance of assessments, questions, and distractors. This is a very impartial and objective process that allows faculty to identify how test questions are performing and when necessary make any changes.

No single statistic can give you the entire picture of how an item should be interpreted. Likewise, there are no ideal psychometrics that are accurate for every item. The best practice is always to evaluate all pieces of information available about an item while accounting for the intention of the question. Questions that are created by faculty to be “easy” in nature will serve a specific purpose, but those “easy” questions will have very different psychometric results than that of any questions that were created to be discriminatory.

Additionally, we take into account any outside factors that could be influencing the statistics (including content delivery method, conflicting information given to the students, testing environment, etc.)

Upon the completion of each test, our faculty analyze the Test Statistics for that test. Test Statistics are the statistics that are determined based on the performance of all students on all questions of the exam.

Before students receive their test marks, the lead instructor and Program Manager, will have reviewed these Test Statistics and, if necessary, eliminate any test questions that are outside of the norms we would expect for those questions and adjust the marking scheme for the test accordingly.

The statistics that are reviewed include the mean, median, standard deviation, reliability (KR-20), questions statistics, difficulty index, discrimination index, point Bi-Serial and response frequencies.

Mean: The mean is the average score of all exam takers who took the exam. It is found by dividing the sum of the scores by the total number of exam takers who took the exam.

Median: The median is the score that marks the midpoint of all exam takers' scores. It is the score that is halfway between the highest and lowest scores.

Standard Deviation: The standard deviation indicates the variation of exam scores. A low standard deviation indicates that exam taker's score were all close to the average, while a high standard deviation indicates that there was a large variation in scores.

Reliability KR-20 (Kuder-Richardson Formula) (0.00 - 1.00): The KR-20 measures internal consistency reliability. It takes into account all dichotomous questions and how many exam takers answered each question correctly. A high KR-20 indicates that if the same exam takers took the same assessment there is a higher chance that the results would be the same. A low KR-20 means that the results would be more likely to be different.

Question Statistics: Question Statistics are statistics that assess a single question. These can be found on the item analysis as well as in the question history for each question. These can be calculated based on question performance from a single assessment or across the life of the question. A measurement of 0.0 – 0.7 is a poor measurement, while a measurement between 0.7 to 1.0 is a satisfactory to good measurement.

Difficulty Index (0.00 - 1.00): The difficulty index measures the proportion of Exam Takers who answered an item correctly. A higher value indicates a greater proportion of Exam Takers responded to an item correctly. A lower value indicates that less exam takers got the question correct.

In addition to being provided the overall difficulty index, there is an Upper Difficulty Index and Lower Difficulty Index. These follow the same format as above but only take into account the top 27% of the class and the lower 27% of the class respectively. Thus, the Upper Difficulty Index/Lower Difficulty index reflects what percentage of the top 27%/lower 27% of scorers on an exam answered the question correctly. The Upper and Lower Groups of ETs are based on the top 27% and bottom 27% of performers respectively. 27% is an industry standard in item analyses.

Discrimination Index (-1.00 - 1.00): The discrimination index of a question shows the difference in performance between the upper 27% and the lower 27%. It is determined by subtracting the difficulty index of the lower 27% from the difficulty index of the upper 27%. A score close to 0 indicates that the upper exam takers and the lower exam takers performed similarly on this question. As a discrimination index becomes negative, this

indicates that more of the lower performers got this question correct than the upper performers. As it becomes more positive, more of the upper performers got this question correct.

Determining an acceptable item discrimination score depends on the intention of the item. For example, if it is intended to be a mastery-level item, then a score as low as 0 to 0.2 is acceptable. If it is intended to be a highly discriminating item, target a score of 0.25 to 0.5.

Point Bi-Serial (-1.00 - 1.00): The point bi-serial measures the correlation between an ET's response on a given item and how the ET performed on the overall exam.

A point bi-serial that is close to 1 indicates a positive correlation between the performance on the item and the performance on the exam. Students who did well on the exam also did well on this question and students who did poorly on the item did poorly on the exam. A negative point bi-serial indicates a negative correlation between the two. Students that did well on the item did not do well on the exam and students who did not do well on the item did do well on the exam. This may be something to review. A point bi-serial close to 0 indicates that there was little correlation between the performance of this item and performance on the test as a whole. This may indicate that the question tested on material outside of the other learning outcomes assessed on the exam or that it was a mastery item where all or most of the class got the question correct.

Response Frequencies: This details the percentage of students that selected each answer choice. If there is an incorrect distractor that is receiving a very large portion of the answers, you may need to assess if that was the intention for this question or if something in that answer choice is causing confusion. Additionally, an answer choice with very low proportions of responses may need to be reviewed as well.

When reviewing response frequencies you may wish to also examine the distribution of responses from your top 27% and lower 27%. If a large portion of your top 27% picked the same incorrect answer choice it could indicate the need for further review.

Our institution utilizes the Exemplify software, developed by ExamSoft, to not only automatically mark and evaluate individual student's performance, but to validate test questions, as well. It is this question validation process that affords our institution the opportunity to quantitatively, as opposed to subjectively validate a question.

At this point in the analysis and test marking process, any question that did not meet the statistical requirements for being a valid question, has been removed. There is typically little, if any doubt, that the questions are valid, therefore, the validity of the remaining questions on the test in general cannot be appealed by a student, unless that question has been a newly developed question. Students may appeal newly developed questions provided they are able to prove that the material containing the information was not

made available to them, either through their learning resources (books, power points, etc.) or that the instructor did deliver the module in which the material was to be covered.

Periodically multiple choice questions will be utilized in a quiz, test, or exam for the specific purposes of validation. These questions will be assigned a zero point value and will not affect the overall mark of the exam. Exam takers will not be aware which questions are being used for validation purposes at the time of the evaluation. Once sufficient validation statistics are achieved on the question it may be assigned a specific point value and utilized on future evaluations.

PROCEDURE - MARKING

1. The instructor is expected to mark all tests as soon as possible; however the instructor has a total of 5 business days to ensure all tests are marked and the students are given a percentage result.
2. An overall average of 80% or higher must be achieved on all written tests to be considered successfully completed.
3. If the student receives a mark less than 79.5% but greater than 74.5% they will be assigned:
 - a. A project from an approved list of projects by the instructor once the test review has been completed.
 - b. The project will be scored by the instructor and given a point value out of 5 possible points.
 - c. The point value will be added to the original test percentage mark for a score no higher than 80%.
 - d. The student can elect to not complete the project as assigned. The student must notify, via email, the lead instructor within 2 business days of receiving their test mark. In this case the original mark achieved on the test would be recorded as their mark for that test.
 - e. If a student elects to not complete the project it will still count towards the students total allowable projects in a program.
 - f. The student is required to maintain an overall 80% average on the module tests.
4. If the student receives a mark less than 74.5% they will be required to rewrite that written test. The mark they are awarded for the rewrite will be based upon one of two outcomes:
 - a. First, if the mark is less than 80%, that mark will be the mark applied to their overall percentage. Note: the mark received on the rewrite will be the recorded mark for that module even if it is lower than the original score.
 - b. Second, due to the fact that this will have been the third opportunity for

the student to write a quiz, or test, related to this material, if the mark is greater than 80%, the student will receive a final mark of 80%.

5. If the student receives a mark of less than 50% on the rewrite, they will be required to repeat the program.

PROCEDURE - WRITTEN TEST REVIEW

A review of a test will only be conducted after all students have written the test.

Our Institution utilizes the Secure Test Review feature offered by the Exemplify software developed by Exemplify. This feature allows Test Takers to review the assessment's question and answers in a controlled environment. Our Institution will allow Test Takers to view only those items that were answered incorrectly, along with where the correct information may be found, within the learning materials provided to the students. Students are not permitted to copy (either handwritten or electronically) any material from the Exemplify software for personal, or other use. Any student observed copying test questions and/or answers, at any point, will receive a mark of zero for the test that is associated with the material the student copied.

1. The Program Manager will release the cohort's marks after all students have completed the test and schedule a test review that will be completed by the cohort's instructor. Normally, this will be completed within 7 business days of the original test date.
2. Students will receive a report that displays their overall mark, the correct response for the questions that were answered incorrectly and a reference to where the correct answer is found within their learning materials. Students are encouraged to bring this report to the secure review of the test they had written.
3. On the day of the test review, the Lead Instructor will provide the students with the secure review password that has been obtained from the Program Manager. The students will enter and tap **Submit** to begin the Secure Test Review.
4. The instructor will identify and review any questions that were removed from the test because of the statistical analysis generated by the Exemplify software.
5. Students who believe they have grounds for appealing their test marks, must refer to the procedure regarding Written Test Appeals.

PROCEDURE - WRITTEN TEST FAILURES

The procedure identifies what must be done when a student fails a test and requests

assistance from the lead instructor.

1. The rewrite will be scheduled within 10 days of the original release of the students mark. This may be delayed if a question or test appeal is in process.
2. If a student fails a test and desires additional assistance in preparing for retesting and/or future testing, they must approach their instructor to seek assistance and/or guidance.
3. When a student seeks additional assistance in preparing for any test, the Lead Instructor must meet with the student, during regular working hours, and provide guidance, as required. However, the responsibility for learning and knowing the material ultimately resides with the student; therefore, an instructor and/or Medavie HealthEd, cannot be held accountable for a student's written failures, for any reason.
4. To ensure a record of the meeting exists, the Lead Instructor will summarize the discussion with the student in writing, immediately following the meeting, and communicate that information via e-mail to both the student and the Program Manager. This will ensure the meeting has been recorded.
5. If a student has obtained a grade of less than 80% on two (2) tests or two (2) projects or a combination of a project and a test, they will be considered on Academic Probation, which will require the student to meet with the Lead Instructor. During this meeting, a learning plan and contract will be developed to identify the problem, the remediation offered and the consequences of any failure to meet the requirements of the contract. The contract will then be signed by the Lead Instructor and student, with a copy being placed on the students file and the Program Manager receiving notification of the contract.

The Program Manager will advise the Admissions/Administrative Advisor and management of the situation.

6. The student will only be permitted to complete three (3) modular test projects in total. If a student obtains a mark of less than 79.5% and greater than 74.5% on a forth or subsequent test it will be considered a fail of the modular test.
7. **If a student fails any four (4) tests, including the mid-term or final test they will be dismissed from the program they are attending.**

PROCEDURE - WRITTEN TEST APPEALS

The use of the Exemplify software, and the validity it affords our testing process, limits the grounds for which a student may appeal questions on a written test. It is important to remember that any question that has not meet the statistical requirements for being a valid question, has been removed from the test. Therefore, there are only a few reasons a student may appeal test marks, which include:

- When questions, that are newly developed, have not previously been validated.
- The student can prove that they were not provided with material (books, power points, etc.) that were related to the question(s).
- The student can prove the instructor did not deliver the module related to the question(s) they had wrong.
- The student can prove procedural unfairness.
- The student can prove bias.
- The student can prove there was an irregularity in the testing process.

The appeal process may take a total of ten (10) business days.

1. The Level One Test Appeal process will occur as follows:

- The course instructor will render a decision at this level of the appeal process.
- During the test review, the student identifies the question(s) they will be appealing.
- The student will have up to 2 business days to submit evidence supporting their appeal to the instructor.
- The instructor will have up to 3 business day to review evidence and render a decision to the student.
- Should the instructor find validity in the student's appeal they will request the Program Manager adjust the student's mark accordingly.
- If the instructor concludes there is no validity to the student's appeal, the original mark will stand and the student has the opportunity to put forward a Level Two Test Appeal.
- A Level One Appeal should take no longer than 5 business days, but may be lengthened, based upon discretion of the institution.

2. The Level Two Test Appeal process will occur as follows:

- A "Panel" consisting of the Program Manager, another senior manager and an instructor, from another campus, will render a decision at this level of the appeal process.
- From the date the instructor dismisses the student's appeal, the student will have 2 business days to submit evidence to the Panel.
- The Panel will have up to 3 business days to review the evidence and render a decision to the student.

- Should the panel find validity in the student's appeal they will adjust the student's mark accordingly.
- Should the Panel, conclude there is no validity to the student's appeal, the original mark will stand and the student will have exhausted all of the options available for appealing an individual written test. However, if a student is being dismissed for failing four (4) tests they can appeal their dismissal, provided they have grounds for the appeal as per Policy No 10-10 Appeal Process.

If a student chooses to appeal their dismissal in accordance with Policy No 10-10 Appeal Process, they must have valid documented grounds to do so. Grounds include procedural unfairness, proven bias, and/or an irregularity in process.

Policy No:	8-60 (Module Quizzes)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 20 Sept 2017	Review Date: 09 March 2018

POLICY

This policy sets the standardized format with respect to module quizzes. The purpose of quizzing students is to help them identify areas they may need to study further, thus helping the student prepare for the module test. If a student fails a quiz they may be assigned a project on the material they had difficulty with. The passing mark for a quiz will be 80%, or higher.

Quizzes account for 5% of the students overall mark in the Paramedicine program they are attending.

PROCEDURE – PCP, ACP and CCP

1. Following the first writing of any quiz, the instructor will review the quiz with the class as a group. If the students request, the instructor may return the quizzes to the students, for review only. The quiz **must** be returned to the instructor at the end of the review period.
2. Students must be aware that there is potential for them to fail the overall program if they do not maintain an average 80% on all quizzes.

Policy No:	8-70 (Oral Board Testing)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

Provides guidance on how the oral board testing is to be completed for students attending an ACP or CCP program.

An instructor is not to change the format for this testing day without approval from a senior manager.

PROCEDURE – ACP and CCP Only

1. The Program Manager will ensure that the Lead Instructor has outlined and scheduled both the students and appropriate instructors/simulation facilitators for the oral board testing.
2. The Program Manager will ensure that one of the Medical Advisors for the institution is present for the oral board testing.
3. Students will blindly pick a minimum of 6 questions, from an envelope, for which they must give the answers to the oral board panel.
4. Prior to answering any of the questions the students will be given a moment to collect their thoughts and respond when they are ready.
5. The questions will be scored by the oral board team.
6. Should a student not respond appropriately to a minimum of four questions, they will be required to retest on a minimum of 3 more questions. Retesting will be done at a later date; and the Medical Advisor may choose to leave this evaluation to the discretion of the instructor by choosing to not attend.

Policy No:	8-80 (Essential Skills and Scenario Evaluation)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

This policy provides the guidelines to be followed by students when they are being evaluated on their essential skills and scenarios. Please refer to the skills and scenarios when you are reviewing this policy.

PROCEDURE – PCP, ACP and CCP

1. Instructors and simulation facilitators can evaluate students on their essential skills and scenarios.
2. The instructor/simulation facilitator is responsible for setting up the evaluation station they are working at, though they may ask the students to assist with gathering and replacing equipment.
3. The student, when prepared to be evaluated, will provide their iPad with the essential skill being tested to the instructor/simulation facilitator.
4. The instructor/simulation facilitator will have the student complete the skill according to the itemized points of the skill.
5. The instructor/simulation facilitator will also have the student complete each individual scenario according to the medical or traumatic evaluation.
6. The student will be provided with four opportunities to be signed off on each skill a minimum of twice by different instructors/simulation facilitators; provided enough facilitators are available for the program.
7. For the scenarios, the student will be provided with four opportunities to be signed off a minimum of twice by different instructors/simulation facilitators, provided enough are available for the program.
8. If a student is unable to successfully perform a skill or scenario a minimum of twice in four attempts, they will be required to meet with their instructor to review the pertinent materials for the skill or scenario type. The student and the instructor will develop a plan, either verbally or in writing, to insure the material has been

reviewed and understood. The student will then be reevaluated by the facilitator and/or instructor in the appropriate setting.

9. If the student continues to not successfully complete the skill or scenario then they will be assigned to the Program Liaison for a detailed remediation.
 - a. Should the Program Liaison determine that a student requires extra education/training outside of regular class/simulation hours; the instructor will assist the student in obtaining a tutor. Any fees associated with a tutor will be the responsibility of the student. Please refer to Policy No 6-90 "Extra Help for Students".

Policy No:	8-81 (Electronic Competency Tracking Requirements)
Effective Date: 23 Sept 2021	Approved by: President
Revision Date: 23 Sept 2021	Review Date: 23 Sept 2021

POLICY

In order for Medavie HealthEd staff to effectively track student performance in the simulation, clinical and practicum settings, as well as to assess when program completion requirements are met, students are required to provide accurate and timely electronic competency reporting.

The effectiveness and timeliness of electronic reporting is paramount to a paramedic's role as a healthcare provider and thus, similar expectations are placed on Medavie HealthEd students.

Following a skill or scenario evaluation, students are required to complete an electronic record using the electronic competency tracking software. Failure of a student to maintain accurate records could result in disciplinary action up to and including dismissal from their program.

PROCEDURE – PCP, ACP and CCP

Simulation Setting

1. Following the completion of a skill or scenario evaluation in the simulation setting, students are required to complete the corresponding skill form and/or lab call record on the electronic competency tracking software.
2. Students are required to complete the appropriate form, regardless of whether they were successful in the evaluation or not. A student's electronic record will be compared against their Scenario Competency Tracking Form to ensure all records were completed.
3. Students are then required to have their simulation evaluator sign off the electronic record. Every effort should be made to have this step completed prior to leaving the campus at the end of the day.

4. If this step cannot be completed prior to leaving the campus at the end of the day, it is the student's responsibility to complete the record and submit it to the simulation evaluator via the web portal prior to 11:59pm the same day.

Barring extenuating circumstances, should a student fail to complete the submission step prior to the 11:59pm deadline, the student is still required to submit the record, however, any successful competencies associated with the submission will not be allocated to the student's required totals. The determination of an extenuating circumstance will be at the discretion of the lead instructor, or Program Manager.

Clinical/Practicum Settings

1. Following the completion of a skill or scenario evaluation in the clinical/practicum domain, students are required to complete the corresponding skill form and/or lab call record on the electronic competency tracking software.
2. Students are required to complete the appropriate form, regardless of whether they were successful in the evaluation or not. Students are required to complete a Call Record form for all patient encounters, even if no competencies are being attached.
3. For clinical placements, students are required to have their preceptor sign off the electronic record. This must be completed prior to the end of the shift. There is no guarantee that a student will be placed with the same preceptor for future shifts, thus it is mandatory to have all records signed off prior to the end of each shift.
4. For practicum placements, if students are not able to have their records signed off by their preceptor prior to the end of shift, they must ensure that the record is signed off before the end of the rotation in which the call occurred.

Barring extenuating circumstances, should a student fail to have a record signed off prior to the above deadlines, the student is still required to submit the record, however, any successful competencies associated with the submission will not be allocated to the student's required totals. The determination of an extenuating circumstance will be at the discretion of the lead instructor, or Program Manager.

Policy No:	8-90 (Final Scenario Evaluations)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

Medavie HealthEd course instructors are to follow the standardized format below with respect to the final scenario evaluation process.

PROCEDURE – PCP, ACP and CCP

1. The Program Manager will establish the dates for the final scenario evaluation, then, schedule instructors and simulation facilitators as required.
2. Final scenario evaluations are to be administered by an instructor or simulation facilitator. A manikin or non-student will be used as a patient.
3. The final scenario testing will involve a traumatic and medical scenario. The traumatic scenario is to be completed on one day of the final test week and the medical scenario is to be completed on another date.
4. Students are expected to arrive prepared to complete their final scenario evaluations on the date scheduled by their instructor.
5. The instructor or simulation facilitator must ensure that students have access to the testing room and equipment prior to the actual test. The student must be asked to bring to the attention of the evaluator any missing equipment.
6. Students are permitted a few minutes to create their own “street form” under the watchful eye of the instructor or simulation facilitator. The procedure is as follows: a) student shows evaluator a blank piece of paper, b) student creates form (no assistance from partner), c) scenario begins. Commercially available forms are absolutely prohibited.
7. There is to be no intervention or prompting during the scenario by the instructor or simulation facilitator. It is critical that the student is allowed the opportunity to work through the decision making process independently. The instructor or simulation facilitator may question the student following the scenario, if there are any areas that require clarification.

8. These scenarios are timed scenarios. The student has 20 min. to complete a scenario. If the time expires the scenario will be ended and the student will be evaluated up to that point. There is no expectation that every scenario should reach transfer of care point in order to be considered successful. If the student has stated that they are in the ambulance and the time expires before the student completes, the instructor or simulation facilitator will state that the unit has arrived at the hospital and that an RN is awaiting a verbal report..
9. After the second unsuccessful attempt a Student Learning Contract will need to be signed with the student. If a student is unsuccessful on their third opportunity then the student will be required to complete a period of remediation, as determined by the Program Manager, prior to having to reattempt the final scenarios.
10. All re-tests are to be evaluated by an instructor other than the original instructor or simulation facilitator who assigned the student an unsuccessful grade. A student may request the same instructor or simulation facilitator if they so choose.

Policy No:	8-100 (Institutional Clinical Evaluations)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

This policy provides the guidelines for the completion of the Hospital Clinical Preceptorship component of the program a student is attending.

PROCEDURE – PCP, ACP and CCP

1. The student is to review the Clinical Documentation Guidelines section of the Preceptor Manual to become familiar with the expectations that are placed upon them for the completion of this component of their program.
2. The student has accepted responsibility for understanding the completion requirements for this component of the program upon signing their contract to enter the institution.
3. For a student to successfully complete this component of the program their preceptor must have approved all of the “C – performance environment competencies” twice indicating the student is competent in the skill or procedure. This means the students would have successfully completed each skill or procedure a minimum of twice independently.
4. A student may proceed from the clinical environment to the practicum environment for the purpose of obtain “C” performance environment competencies. This will be permitted based upon the student completing hours in the clinical environment and possessing outstanding “C” performance environment competencies.
5. If a student is unsuccessful at having all the skills and procedures that are required in the “C – performance environment” approved they will be required to continue in the clinical and/or practicum setting until they are successful, or it is determined that they will not be successful.
6. Please refer to Policy 9- 140 – Incomplete Clinical/Ambulance Practicum Grade for determining a student who will not be successful at obtaining the required “C performance environment sign offs.

Policy No:	8-110 (Ambulance Practicum Evaluation - Students)		
Effective Date: 01 Aug 2012		Approved by: President	
Revision Date: 05 Jan 2015		Review Date: 09 March 2018	

POLICY

This policy provides the guidelines for the completion of the Ambulance Practicum component of the program a student is attending.

PROCEDURE – PCP and ACP

1. The student is to review Practicum Documentation Guidelines section of the Preceptor Manual to become familiar with the expectations that are placed upon them for the completion of this component of their program.
2. The student has accepted responsibility for understanding the completion requirements for this component of the program, when they signed their contract to enter the institution
3. For a student to successfully complete this component of the program their preceptor must have approved all of the “P – performance environment competencies” twice indicating the student is competent in the skill or procedure. This means the students would have successfully completed each skill or procedure a minimum of twice independently.
4. If a student is unsuccessful at having all the skills and procedures that are required in “P – performance environment” signed off, they will be required to continue in the ambulance practicum until they are successful, or it is determined that they will not be successful.
5. Please refer to Policy 9- 140 – Incomplete Clinical/Ambulance Practicum Grade for determining a student who will not be successful at obtaining the required “P – performance environment” sign offs.

Note: ACP students are completing the ambulance practicum time while they continue to work full time in their own jobs. They must complete a minimum of one 12 hour shift per week for a total of 42 shifts.

This situation could allow for the placement of two students with one preceptor; the preceptor takes two students, but each student goes out at different time each week, they are never together on the truck with the one preceptor (e.g. Students Bob and Jane are assigned to Preceptor Joe. Preceptor Joe is working Tuesday (Day), Wednesday (Day), Thursday (Night) and Friday (Night) – Student Bob goes on shift for Joe’s Tuesday (Day) and then Student Jane goes on shift for Joe’s Thursday (Night); thus allowing one preceptor to have more than one student from the institution).

Policy No:	8-120 (Mid-Term and Final Written Test)	
Effective Date: 01 Aug 2012	Approved by: President	
Revision Date: 05 Jan 2015	Review Date: 09 March 2018	

POLICY

Medavie HealthEd course instructors are to follow the standardized format below with respect to administering the Mid-Term and Final written tests. Any student attending a program has the right to appeal decisions or actions as they relate to programs offered at Medavie HealthEd. The student will remain enrolled in their program and attend classes as per normal, until they have exhausted the appeal process.

The appeal process should take a total of 13 business days, but may be lengthened, if required.

A student can rewrite a test only once and they can rewrite a total of 3 tests, including the Mid-term and Final Written test.

The Mid-term test will account for 20% of the PCP students' and 27% of the ACP students' overall mark in the Paramedicine program they are attending.

The Final test will account for 34% of the PCP students' and 27% of the ACP students' overall mark in the Paramedicine program they are attending.

PROCEDURE – PCP, ACP and CCP

1. Students are to be appropriately spread out such that each student has lots of room. All textbooks and learning materials are to be removed from the tables. The students are not to be left unsupervised. All students should have some blank paper for notes, a couple of pencils, an eraser and a pen. No electronic information devices, including calculators are to be permitted in the classroom.
2. Students are expected to arrive prepared to complete their written exam on the date scheduled by their instructor. When the student has completed the test, the instructor will ask if there are any questions prior to marking it. This is an opportunity for the student to express any concerns (i.e. wording, inappropriate based on content covered, etc.) they had regarding questions on the test.
3. The instructor is expected to mark all tests as soon as possible; however the instructor has a total of 5 business days to ensure all tests are marked and the

students are given a percentage result.

4. Following the first writing of the Mid-Term or Final written test, the instructor will review the test with the class as a group. If the students request, the instructor may return the tests to the students (for review only) as per policy 8-140. The tests **must** be returned to the instructor at the end of the review period. It is during this review process that students are afforded the opportunity to begin the appeal process to validate any answers that may have been marked wrong on their test.
5. A minimum grade of 80% or higher must be achieved on the Mid-Term & Final written test to be considered completed. If the student receives a mark less than 80% they will be required to rewrite the Mid-Term or Final written test.
6. If the student receives a mark of less than 50% on the rewrite, they will be required to repeat the program.
7. A maximum of three (3) rewrites will be granted to a student during their enrollment. The mark they are awarded for the rewrite will be based upon one of two outcomes. First, if the mark is less than 80% that will be the mark applied to their overall percentage. Second, due to the fact that this will have been the third opportunity for the student to write a quiz, or test, related to this material, if the mark is greater than 80%, the student will receive a final mark of 80%. Note three rewrites will include the module tests, the mid-term and final test.
8. If a student fails a fourth test (includes any module, Mid-term or Final test) they will be required to re-enter the Medavie HealthEd program they are taking.
9. If a student fails the first Mid-Term or Final test, they will be considered on Academic Probation.
10. Academic Probation will require the student to meet with a senior manager and Instructor. A learning plan will be developed and a learning contract will be signed by the parties involved.
11. Following a rewrite of any test, including the Mid-term or Final, the instructor may review the test with each individual student upon request as per policy 8-140. The instructor will explain the impact of a failing grade to the student. A student may also appeal the rewrite mark based on the process documented below.

WRITTEN TEST MARK APPEAL PROCESS – PCP, ACP and CCP

The appeal process may take a total of 13 business days.

1. The Level One Test Appeal process will occur as follows:

- The course instructor will render a decision at this level of the appeal process.
- During the test review, the student identifies the question(s) they will be appealing.
- The student will have up to 2 business days to submit evidence supporting their appeal to the instructor.
- The instructor will have up to 1 business day to review evidence and render a decision to the student.
- Should the instructor find validity in the student's appeal they will adjust the student's mark accordingly.
- If the instructor concludes there is no validity to the student's appeal, the original mark will stand and the student may make a Level Two Test Appeal to the President, or their designate, of the institution.
- A Level One Appeal should take no longer than 3 business days, but may be lengthened, if required.

2. The Level Two Test Appeal process will occur as follows:

- A senior manager, will render a decision at this level of the appeal process.
- From the date the instructor dismisses the student's appeal, the student will have 2 business days to submit evidence to the senior manager.
- The senior manager will have up to 1 business day to review evidence and render a decision to the student.
- If the senior manager finds validity in the student's appeal they will have the student's mark adjusted accordingly.
- If the senior manager concludes there is no validity to the student's appeal, the original mark will stand and the student may make a Level Three Test Appeal to the Medical Advisor of the institution.
- A Level Two Appeal should take no longer than 3 business days, but may be lengthened, if required.

3. The Level Three Test Appeal process will occur as follows:

- The Medical Advisor for the institution will render a decision at this level of the appeal process.
- From the date the senior manager dismisses the student's appeal, the student will have 2 business days to submit evidence to the Medical Advisor.
- The Medical Advisor will have up to 5 business days to review evidence and render a decision to the student.
- Should the Medical Advisor find validity in the student's appeal they will have the student's mark adjusted accordingly.

- Should the Medical Advisor conclude there is no validity to the student's appeal, the original mark will be maintained. A student will not be permitted any further appeals within the institutions structure under this circumstance.
- A Level Three Appeal should take no longer than 7 business days, but may be lengthened, if required.

Once the student has exhausted the institutions appeal process they do have the option to appeal based on the provincial regulators established guidelines. For this process the student should reference the provincial regulations. It will be the senior managers responsibility to advise the student of this level of appeal.

Policy No:	8-130 (Final Skills Evaluation)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

This policy applies to all programs offered at Medavie HealthEd. The final skills evaluation process is to be completed by instructor and or simulation facilitators for Medavie HealthEd. This process is completed prior to students attending the ambulance practicum component of their program.

PROCEDURE PCP, ACP and CCP

1. The Program Manager, in consultation with the Lead Instructor will establish the dates for the final skills evaluation. Then, schedule simulation facilitators and students accordingly.
2. The final skills evaluation involves the prior random selection of a specific number of skills the students are to be tested on. Students are responsible to be prepared for evaluation of all skills they developed throughout the program.
3. Students are expected to arrive prepared to complete their evaluation on the scheduled date.
4. The instructor or simulation facilitator must ensure that students have access to the testing room and equipment prior to the actual test. The student must be asked to bring to the attention of the examiner any missing equipment.
5. There is to be no intervention or prompting during the evaluations by the instructor or simulation facilitator. It is critical that the student is allowed the opportunity to work through the decision making process independently. The instructor or simulation facilitator may question the student following the scenario if there are any areas that require clarification.
6. Skills are obtained from the skills list and scored based on the point's award for each skill. To be successful at each skill the student must obtain the minimum score identified on the skills sheet, without obtaining any critical failures. Students are provided with two opportunities to successfully complete the skills.
7. All re-tests are to be conducted by an instructor other than the original instructor or

simulation facilitator, who gave the student an unsuccessful grade, unless a student requests the same instructor or simulation facilitator.

Policy No:	8-150 (Retesting of Candidates)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

If necessary, candidates will be retested on the theory and/or practical test within 1 to 7 business days of the original test. The date of the retest will be established by the instructor and will be based upon availability of resources, as determined by Medavie HealthEd.

Extensions may be considered based on extenuating circumstances. Written requests are to be submitted to the Lead Instructor by the student within the 5 day limit.

Candidates repeating a practical test are to be re-tested by different evaluators for the second attempt when possible. A student may request the same evaluator; however, by requesting the same evaluator, the student will not be permitted to appeal the results on the basis of being tested by the same evaluator.

Policy No:	8-160 (Oral Testing)	
Effective Date: 01 Aug 2012	Approved by: President	
Revision Date: 05 Jan 2015	Review Date: 09 March 2018	

POLICY

There will be absolutely NO oral tests administered for any written tests required for any Medavie HealthEd Paramedicine program.

Policy No:	8-170 (Projects)		
Effective Date: 01 Aug 2012		Approved by: President	
Revision Date: 05 Jan 2015		Review Date: 09 March 2018	

POLICY

This policy sets the standardized format with respect to assigning projects. The purpose of a project is to help students broaden their understanding of the material presented during the program. The passing mark for a project will be 80%, or higher.

Projects account for 5% of the students overall mark in the program they are attending.

PROCEDURE – PCP, ACP and CCP

1. The instructor, at their discretion, will assign projects to students. This may be done on an individual, or group basis.
2. Marks assigned to projects will be based out of 100% and will apply to the individual, or group.
3. Students must be aware that there is potential for them to fail the overall program if they do not maintain an average 80% on all projects.

Policy No:	8-190 (Probationary Status)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

This policy establishes the guidelines that will be used to place a student on Probationary Status, should that student not maintain adequate test marks during the program.

PROCEDURE

1. It applies to any student that has exercised their second (2nd) rewrite for any test.
2. The student will be placed on probationary status for the remainder of the program.
3. The student shall meet with a senior manager and the lead instructor to discuss the options available and sign a Learning Contract, which outlines what is expected of the student.
4. Follow up meeting dates may be established to assess the progress of the student and to make adjustments to the objectives, as necessary.
5. The contract and any other information relating to the probationary student will be maintained on his/her file, but will not be shown on any transcripts of the program provided the student successfully completes the program.

Policy No:	8-200 (PCP/ACP Program Completion Requirements)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

This policy identifies the requirements for students to complete the PCP and ACP programs.

Each program offered by Medavie HealthEd follows a similar teaching and learning format of instruction. Following the principles of adult learning, each program employs multiple learning styles and techniques to ensure students thoroughly comprehend the curriculum. Styles used include, didactic learning, skills learning through simulation sessions and practical through hands on patient care in the clinical/hospital and ambulance operations settings.

PROCEDURE

1. In the didactic setting, the student is introduced to a number of academic issues including medico legal, patient assessment and the pathophysiology of medical and traumatic illnesses or injuries. The student is evaluated for academic knowledge through class participation, projects, quizzes, tests and examinations. This portion of the program encompasses class hours, as well as self-directed learning and the “A” and “X” performance environment competencies found in the NOCP for Paramedicine.

To successfully complete this component of the program the student must maintain an overall course average of 80% based on the following:

- Modules Quizzes account for 5% of the students overall mark. The instructor will take the average of all the quizzes and multiply that mark by 5% to obtain the quiz percentage of the student’s overall mark. Students must be aware that there is potential for them to fail the overall program if they do not maintain an average of 80% on all quizzes. (E.G. 69% X .05 = 3.45 pts)
- Projects account for 5% of the students overall mark. The instructor will take the average of the projects and multiply that mark by 5% to obtain the Projects percentage of the student’s overall mark.(E.G.80% X .05 = 4 pts)

- Module tests account for 36% of the students overall mark. The instructor will take the average of all the tests and multiply that mark by 36% to obtain the test percentage of the student's overall mark. (E.G. $80\% \times .36 = 28.8$ pts)
- Mid – Term test accounts for 20% of the PCP students' or 27% of the ACP students' overall mark. The instructor will take the mid – term mark and multiply it by 20% (or 27%) to obtain the mid-term test percentage of the student's overall mark.(E.G. $80\% \times .20 = 16$ pts)
- Final test accounts for 34% of the PCP students' or 27% of the ACP students' overall mark. The instructor will take the final mark and multiply it by 34% (or 27%) to obtain the final test percentage of the student's overall mark. (E.G. $80\% \times .34 = 27.2$ pts)

The students overall mark will be based on the above percentages. (Total overall all mark for the above examples = 79.45 Note - This is a failure of the course)

2. In the simulation sessions, the student is provided with the opportunity to practice and perform skills specific to their competency level. To ensure competency is achieved, the student must successfully perform each of the required competencies a minimum of twice, and is afforded four opportunities to do so. Furthermore, they are evaluated on their performance of multiple scenarios which requires the use and correct applicable of multiple skills, thus simulating real scenarios they will encounter in their clinical settings.

This portion of the program encompasses the simulation hours for the program, as well as self-directed learning and the “S”, “C” and “P” performance environment competencies found in the NOCP for Paramedicine. Refer to Policy No. 8-80 Essential Skills and Scenario Evaluations, Policy No. 8-90 Final Scenario Evaluations and Policy No. 8-130 Final Skills Evaluation for more details on evaluations in the simulation session.

3. The clinical component of the program provides the student with a concentrated period of practical training in a controlled institutional environment. The goal is to develop the student's ability to accurately assess and meet the needs of patients, in both an emergent and non-emergent setting.

The student develops his/her competencies, specific to the clinical setting, under the direct supervision of the institutional staff (e.g. physicians, nurses, respiratory therapists, or other qualified health care professionals). The assigned preceptor engages in one-to-one evaluations of the student using the evaluation tools provided by the institution. This review and analysis of patient care aids the student in developing the skills and abilities needed to enter professional practice in the future.

To successfully complete this component of the program the student must:

- Meet the minimum hours associated with the clinical setting as per their specific program
- Meet the minimum number of successful attempts for clinical-based competencies as per their specific program

In the event that a student receives an incomplete or failure in a clinical rotation, the right to complete, or not complete supplemental hours, is at the discretion of Medavie HealthEd. Attitude, commitment, dedication, skills competency and the demonstration of initiative are the primary factors, influencing the successful completion of the clinical sessions.

This portion of the program encompasses clinical hours, as well as self-directed learning and the “C” performance environment competencies found in the NOCP for Paramedicine. Please refer to Policy No. 8-100 Institutional Clinical Evaluations (Students) for more details on evaluations in the clinical setting.

Students, who complete all the hours required for this component of the program, without successfully obtaining all the required competencies, may be permitted to obtain the outstanding competencies in a high fidelity simulation. For details regarding this process please see Policy No. 8 – 210 – High Fidelity Competency Attainment.

The ambulance practicum component of the program provides the student with a concentrated period of practical field experience with an ambulance service; and focuses on the student’s ability to assess and meet the needs of patients, in both emergent and non-emergent situations.

During these sessions, the student will develop his/her competencies, specific to the ambulance practicum session, under the direct supervision of the paramedic preceptor. The preceptor engages in one-to-one evaluations of the student using the evaluation tools provided by the institution. This review and analysis of patient care will help the student to form a knowledge base for professional practice in the future.

Ultimately, this represents the capstone of the teaching/learning experience as it is designed to help the student transition successfully into the role of the paramedic practitioner.

To successfully complete this component of the program the student must:

- Meet the minimum hours associated with the practicum setting as per their specific program
- Meet the minimum number of successful attempts for practicum-based competencies as per their specific program

- Have successfully achieved a passing grade, as per the scoring system associated with the CompTracker software, on a minimum of 12 of their last 15 ambulance calls
- Have a minimum of 10 weekly evaluations (8 for DND PCP program students) with the most recent evaluation having a score of 5 or higher.

In the event of an incomplete or failure of this component, the right to complete supplemental hours is at the discretion of Medavie HealthEd. Attitude, commitment, dedication, skills competency and demonstrating initiative are the major factors, which influence successful completion of the ambulance practicum session.

This portion of the program encompasses the practicum hours, as well as self-directed learning and the “P” performance environment competencies found in the NOCP for Paramedicine. Please refer to Policy No. 8-110 Ambulance Practicum Evaluations (Students) for more details on evaluations in the practicum setting.

Students, who complete all the hours required for this component of the program, without successfully obtaining all the required competencies, may be permitted to obtain the outstanding competencies in a high fidelity simulation. For details regarding this process please see Policy No. 8 – 210 – High Fidelity Competency Attainment.

Policy No:	8-210 (High Fidelity Competency Attainment)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

This policy establishes the guidelines that will be utilized on those occasions when a student is permitted to obtain a competency in a High Fidelity environment.

The normal will be for a student to complete all of their scheduled clinical and practicum placements in an effort to obtain “C” and “P” performance environment competencies with real patients. However, there may be circumstances under which a student may not obtain all required competencies during their clinical and/or practicum time. It is under these circumstances that a student will be permitted to obtain competencies in a high fidelity environment based upon the requirements established in Appendix A of the National Occupational Competency Profile (NOCP) for Paramedicine, as developed by the Paramedic Association of Canada.

PROCEDURE

1. The student must have completed all of their scheduled clinical and practicum placements before the institution will permit the student to obtain competencies in the high fidelity environment.
2. CompTracker must show that the student is performing at an acceptable level of performance before the institution will permit the student to obtain competencies in a fidelity environment. An acceptable level of performance is one in which the student successfully obtained a minimum of 90% of all the “C” and “P” performance environment competencies on real patients in the clinical and/or practicum setting, as well as maintained a score of 3 or higher on 12 of their last 15 patient contacts in the practicum setting. This information will be verified by the Coordinator of Clinical and Practicum Placement, the Program Manager, or the students Lead Instructor.
3. Next, the student’s Lead Instructor and/or simulation facilitators will set up the high fidelity simulation(s) the student requires in order to obtain their outstanding competencies. The high fidelity simulations must comply with the requirements established in Appendix A of the NOCP for Paramedicine, as developed by the Paramedic Association of Canada. The Coordinator of Clinical and Practicum

Placement or the Program Manager will ensure that the Lead Instructor and/or Simulation Facilitators are provided with a copy of Appendix A, as well as review the requirements of Appendix A with them.

4. The Coordinator of Clinical and Practicum Placements or the Program Manager will advise the Lead Instructor and/or Simulation Facilitators of which outstanding competencies the student may be performed in the high fidelity environment.
5. The Lead Instructor and/or Simulation Facilitator will ensure that the simulation they formulate adheres to the requirements established in Appendix A for conducting a high fidelity simulation.
6. The Lead Instructor and/or Simulation Facilitator will ensure that the student completes a call record in the “Hifidelity” domain of the CompTracker software that encapsulates the events of the High Fidelity Simulation.
7. The Lead Instructor and/or Simulation Facilitator will advise the student to attach only those competencies for which the High Fidelity Simulation was completed.
No other competencies are to be attached to this record.
8. Next, the Lead Instructor and/or Simulation Facilitator will complete the evaluation in accordance with our institution’s regular practice of verifying student Call Records.

Section 09: Clinical Phase

Policy No:	9-10 (Insurance Coverage)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

The President, or their designate, of Medavie HealthEd will be responsible to ensure insurance is purchased to cover students while they attend programs at the institution.

This insurance will include Student Accident Insurance, Errors and Omissions Insurance, as well as Commercial General Liability. In some provinces, the institution will be required to purchase Workers Compensation for students entering the clinical and practicum environments.

PROCEDURE

1. A senior manager will verify the number of students attending programs offered at Medavie HealthEd.
2. The senior manager will, on an annualized basis, advise the Insurance companies of the institution's enrollment numbers.
3. Once copies of the insurance certificates are received the senior manager will ensure they are kept on file for access as required.

Note: There is no other insurance coverage offered to students attending the institution. It is important for students to note that though they may have full time jobs, the Workers Compensation Board does not protect them while they are attending institution; including on the job training (e.g. Hospital and Ambulance Practicum's). As described above, Workers Compensation is only available in those provinces that offer this coverage to students.

Policy No:	9-20 (Clinical Rotations)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

It is the responsibility of the President to ensure that Medavie HealthEd has written Education Placement Agreements with all Hospital/Institutional clinical and ambulance practicum sites.

PROCEDURE – PCP and ACP

1. All students will complete clinical rotations as assigned by Medavie HealthEd. The clinical and practicum placement requirements are found in the Preceptor Manual.
2. During the clinical rotation in the emergency department, ambulance service and other related sites, students are in a learning environment and must not be used to replace regular staff.
3. Students will be supervised at all times by a preceptor while in the clinical, or ambulance setting.
4. The Coordinator of Clinical & Practicum Placements is responsible for placing student in their hospital/Institutional clinical and ambulance practicum rotations.
5. The Coordinator of Clinical & Practicum Placements in consultation with the identified staff from the Hospital/Institutional clinical and ambulance practicum sites will schedule the student with a preceptor.

Policy No:	9-21 (Termination of Clinical or Ambulance Education Placement Agreements)		
Effective Date: 01 Aug 2012	Approved by: President		
Revision Date: 05 Jan 2015	Review Date: 09 March 2018		

POLICY

This policy establishes the process to be followed should a clinical organization and/or ambulance service terminate a placement agreement with our institution.

It is the responsibility of the President or their designate, to mitigate the risk associated with the termination of a clinical and/or ambulance placement agreement.

PROCEDURE – PCP and ACP

1. Should an organization that is providing a learning environment for students of Medavie HealthEd advise the institution that they wish to terminate their education placement agreement, with the institution, it will be the responsibility of the President, or their designate, to contact that site to see if there is an issue that can be resolved.
2. If it is an issue that cannot be resolved and the education placement agreement is terminated, it becomes the responsibility of the President, or designate to ensure an alternate site is found for the students that are displaced.
3. The President, or designate, will ensure that within 30 days of the termination of the learning that an alternate site has been identified for the students to continue their Hospital clinical or ambulance practicum placements.
4. Any costs associated with sending the student to an alternate site (i.e. travel, meals and accommodations) will become the responsibility of the student. However, the President, or designate, will ensure all efforts are made to keep any costs involved at a minimum for the students.

Policy No:	9-30 (Student Clinical Ratios)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

All clinical rotations will have a 1:1 student/preceptor ratio.

Policy No:	9-40 (Preceptors)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

Medavie HealthEd is provided with preceptors from the various organizations where students are placed for learning experiences. Organizations include, but are not limited to, nursing homes, hospitals and ambulance operations. The preferred qualifications of preceptors are:

1. A minimum of 2 years experience at their level of registration; however, it is also recognized that this may not be possible in all circumstances.
2. At minimum, a registration that is equivalent to or above the level of the student that is being preceptored.
3. Preceptors should have a preceptor workshop from Medavie HealthEd. However, it is understood that because of workloads and other commitments that not all preceptors will have the institution's workshop. Please see procedures below for how to deal with the different situations that maybe encountered.

PROCEDURE (INSTITUTIONAL/HOSPITAL SETTING):

1. The Coordinator of Clinical and Practicum Placement will contact the organization taking students and ask for a preceptor to be assigned. The Coordinator of Clinical and Practicum Placement will make every effort to identify the preceptor in advance of the student starting their clinical rotation to verify if they have had the preceptor workshop. This should take place 4 to 8 weeks in advance of the student being placed.
2. In an effort to ensure consistency in the evaluation of students in the clinical setting, at a minimum the institution will provide each preceptor with access to the preceptor manual and the guide it contains on how to evaluate students.
3. The Institution will provide the nurse managers of each facility with an electronic Preceptor Manual for dissemination to the institution's staff.
 - a. The Preceptor Manual provides all the information a preceptor needs regarding the completion of the institution's evaluation tools.

- b. It will be the responsibility of the Coordinator of Clinical and Practicum Placements to ensure all facilities are provided with a copy of the Preceptor Manual.
 - c. It will be the Coordinator Clinical and Practicum Placements responsibility to ensure preceptors are familiar with the Preceptor Manual.
 - d. For more information on the Preceptor Manual, please refer to the guide itself.
4. The Institution will also provide each student with a Preceptor Manual. This manual is provided to the student as a resource for the preceptor, should the organization no longer have access to the Preceptor Manual they were provided. Any organization that has lost access to the Preceptor Manual will be provided with a new manual, as soon as possible. It will be the responsibility of the Coordinator Clinical and Practicum Placemen to ensure this takes place.
5. If a preceptor requires direct communication with the institution in regard to student progress, they are advised to use the "CompTracker software" to do so, or contact the institution directly.

PROCEDURE (AMBULANCE SETTING):

1. The Coordinator of Clinical and Practicum Placement will contact the organization taking students and ask for a preceptor to be assigned. The coordinator will make every effort to identify the preceptor in advance of the student starting their clinical rotation to verify if they have the institutions preceptor workshop. This should take place 4 to 8 weeks in advance of the student being placed.
2. If the preceptor does not have a workshop, it will be the responsibility of the Coordinator of Clinical and Practicum Placement to advise that preceptor on how to complete the institutions evaluation tools.
3. The Institution will provide each preceptor with an electronic copy of the Preceptor Manual.
 - a. The Preceptor Manual provides all the information a preceptor requires regarding the completion of the institution's evaluation tools.
 - b. It will be the responsibility of the Coordinator of Clinical and Practicum Placement to ensure all preceptors are provided with a copy of the Preceptor Manual.
 - c. It will be the Coordinator Clinical and Practicum Placements responsibility to ensure preceptors are familiar with the Preceptor Manual.
 - d. For more information on the Preceptor Manual, please refer to the guide itself.
4. The Institution will also provide each student with a Preceptor Manual. This manual is provided to the student as a resource for the preceptor, should the preceptor misplace their electronic copy of the Preceptor Manual they were provided. Any

preceptor that has misplaced the Preceptor Manual will be provided with a new manual, as soon as possible. It will be the responsibility of the Coordinator Clinical and Practicum Placements to ensure this takes place.

5. Preceptors in the Ambulance setting have two methods to request direct communication with the institution. First, they may utilize the "CompTracker software" to indicate they wish to have direct communication with the institution during the student's ambulance practicum placement. Second, they may contact the institution via telephone to request direct communication during the student's placement.

Unsuitable candidates may be asked to withdraw from Medavie HealthEd preceptorship portion of the program by a senior manager.

Note: The information gathered on the "CompTracker software", with regard to the Preceptor will be kept electronically.

Policy No:	9-41 (Instructors/Simulation Facilitators as Preceptors)		
Effective Date: 01 Aug 2012		Approved by: President	
Revision Date: 05 Jan 2015		Review Date: 09 March 2018	

POLICY

Students may be assigned to any of Medavie HealthEd instructors or simulation facilitators during their clinical experience. This is not viewed as a conflict of interest.

Policy No:	9-50 (Hospital and Ambulance Clinical Coordinators)		
Effective Date: 01 Aug 2012		Approved by: President	
Revision Date: 05 Jan 2015		Review Date: 09 March 2018	

POLICY

The corporate authority for the various Hospital and Ambulance clinical sites will appoint an appropriate supervisor who will be responsible for coordinating and planning student placements at hospital and ambulance sites. This supervisor will become known, at Medavie HealthEd, as the Site Clinical Coordinator.

Note: Some Hospital and Ambulance Clinical sites may not designate one specific Clinical Coordinator. These sites will allow the individual Unit Managers to be contacted for the placement of the institutions students.

PROCEDURE

1. The President of the institution is responsible for signing all clinical and ambulance placement contracts with clinical and ambulance educational sites. However, it is the responsibility of a senior manager to request, from the Hospital or Ambulance clinical sites corporate authority, a contact name or list of names.
2. Once the senior manager receives the name or list of names for the Hospital and/or Ambulance practicum placements, they will provide this information to the institution's Coordinator of Clinical and Practicum Placement.
3. The institution's Coordinator of Clinical and Practicum Placement will be responsible to liaise with the Hospital and Ambulance Clinical Coordinators on the placement of students in the learning environment.
4. The Coordinator of Clinical and Practicum Placement for the institution will ensure, once a student is placed in a hospital or ambulance clinical site, that the student has the sites clinical coordinators contact name and number. This information is provided to the student, should there be an emergency and they cannot make their clinical rotation.

Policy No:	9-60 (Clinical Site Placement Process)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

The corporate authority for the various Hospital and Ambulance clinical sites will appoint an appropriate supervisor who will be responsible for coordinating and planning student placements at hospital and ambulance sites. This supervisor will become known, at Medavie HealthEd, as the Site Clinical Coordinator.

Clinical rotations will be scheduled by the Institution Coordinator of Clinical and Practicum Placement, in conjunction with the Site Clinical Coordinator. Students will be assigned to preceptors at times that are mutually agreeable to both.

PROCEDURE (PCP STUDENTS)

1. The Institution Coordinator of Clinical and Practicum Placement will begin placing students on the clinical rotations they must complete.
2. All efforts will be made to advise the students of their clinical and ambulance rotations at least 4 weeks in advance of the date for the student's rotation.

PROCEDURE (ACP & CCP STUDENTS)

1. The Institution Coordinator of Clinical and Practicum Placement will provide the students with Student Clinical Availability Sheets; which must be completed by the students.

Students are required to complete this availability sheet indicating what dates and times they are available to attend hospital and/or ambulance clinical time at the beginning for their program.

2. The Coordinator of Clinical and Practicum Placement will advise the student of their confirmed clinical rotation 2 to 4 weeks in advance of the selected dates.
3. A copy of each request is to be kept on the student's individual file, once it is completed.

Policy No:	9-70 (Clinical/Practicum Extensions)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 06 Apr 2021	Review Date: 06 Apr 2021

POLICY

Primary Care Paramedic students have six (6) months to complete the clinical/practicum portion of their Medavie HealthEd program (twelve (12) months for Advanced Care Paramedic students). Extensions of this clinical/practicum period will be considered by a Senior Manager and approval will only be granted following a meeting between a Senior Manager and the student.

The length of the clinical/practicum extension granted will depend on the circumstances of each individual request.

Students must initiate a request for an extension, to a Senior Manager, prior to the end of the original six month timeframe for completing the clinical/practicum component of their program

PROCEDURE

1. The student must submit a written request, to a Senior Manager, for a clinical/practicum extension prior to the original end date of their clinical/practicum component
2. In order for these requests to be considered, the student must:
 - 2.1. Clearly state a valid reason for the clinical extension
 - 2.2. Clearly demonstrate that they have been active in pursuing completion of the clinical/practicum experience, or provide information regarding inactivity.
3. The length of the extension to be granted will depend on the circumstances that resulted in the student requiring an extension (e.g. medical, financial, family circumstances). Extensions will only be granted to a maximum of six (6) months.
4. If an extension is granted, the Senior Manager will ensure a Student Contract Extension is completed, signed by both parties and submitted to the appropriate regulatory bodies.
5. If an extended student fails to successfully complete the program requirements by the end of the extension period, the student will be required to once again meet with

a Senior Manager. During this meeting the student will be informed that they have failed to complete the clinical/practicum component, despite being granted an extension, and as a result, will be dismissed from their program.

Following this meeting, the student will have two options:

- 5.1. The student will accept the dismissal notification and the student's file will be processed in accordance with the normal process for the dismissal of students.
- 5.2. The student has the opportunity to appeal the decision in accordance with Policy 10-30: Appeal of Incomplete Clinical/Practicum Grade.

Policy No:	9-80 (Clinical Exemptions)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

This policy only applies to paramedics who are registered at the Primary Care Paramedic or Intermediate Care Paramedic level in their province of registration and attending the Advanced Care Paramedicine Programs; exemptions will apply to the clinical/practical component only. It allows for the recognition of previously successful training obtained by those individuals who have a current Primary Care Paramedic Intermediate Care Paramedic registration level. Students will be required to complete all written tests and simulation skill evaluations.

Please see policy 6-50 Exemptions: ACP Students for a complete listing exemptions for actively registered PCP's and ACP's.

Policy No:	9-90 (Infection Control Procedures)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

To prevent the spread of infectious diseases, protective precautions must be taken when in contact with all patients and body fluids/tissue. This applies to all learning and working environments.

Students should ensure they have read and continue to periodically read the Safety/Emergency Procedures Manual to ensure they are informed on how to deal with Infection control procedures. This manual can be found on the Medavie HealthEd Learning Management website and students are provided access to it during their program orientation.

If a student is exposed to a communicable disease by any means in the clinical/practicum setting they should notify their Preceptor immediately and seek medical advice. There should be no delay in going to an Emergency Department for assessment and treatment, if required. Notification of institution staff is secondary to seeking assessment and treatment. The institution should be notified as soon as reasonably possible.

Note: In addition to Medavie HealthEd's requirements, students are requested/required, to review the procedures as outlined by the Infection Control Policies and Procedures of the clinical/hospital or ambulance service where they are completing their clinical/practicum experience.

Policy No:	9-110 (Clinical Code of Conduct)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

Students are expected to conduct themselves in a professional manner at all times during the clinical experience.

1. Professionalism is reflected in one's appearance and behaviour. It is expected that all students behave as mature and responsible professionals in the clinical setting. Unprofessional behaviour will not be tolerated; students are guests during the clinical experiences. Student behaviour reflects directly on Medavie HealthEd program.
2. Alcohol or the use of illicit drugs is strictly prohibited.
3. A student will be responsible to their patient by providing ethical care, which includes, but is not limited to:
 - a. Providing care based on human need, while respecting the patient's dignity.
 - b. Providing care within the student's level of qualification & to the best of their ability; and only performing interventions while under the direct supervision of their preceptors.
 - c. Ensuring the student protects and maintains the patient's safety, dignity and privacy.
 - d. Protecting and maintaining patient confidentiality.
 - e. Knowing their (the students) skills and knowledge limitations.
 - f. Providing on-going care for a patient until it is no longer required or another appropriate provider takes over care.
4. A breach of any provisions of this Code of Conduct or any of the policies and procedures of the institution will be considered to be a disciplinary matter and will be dealt with in accordance with policy 4-20 – Disciplinary Action.

Policy No:	9-120 (Professional Liability)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

While participating in the clinical setting, the student will not perform procedures outside the scope of practice for the program they are attending. Scope of practice will be based on the provincially and nationally accepted standards for the program the student is attending (i.e. Paramedicine scope of practice would be based on the Saskatchewan College of Paramedics, or in New Brunswick the PANB competencies, or in Nova Scotia the College of Paramedics of Nova Scotia Competency Template, as well as the National Occupational Competency Profile for Paramedicine).

It is the student's responsibility to bring to the attention of the preceptor any task that is beyond the student's training or ability.

1. A breach of this policy will be considered a disciplinary matter and will be dealt with in accordance with policy 4-20 – Disciplinary Action.

Policy No:	9-130 (Pledge of Confidentiality)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

All persons having access to documentation or patient information pertaining to diagnoses, treatment or personal affairs are to exercise strict confidentiality. This applies to information in written, verbal or electronic form, including the use of iPad's by students.

All information regarding patients in or out of hospital that you have access to as a student in Medavie HealthEd program is strictly confidential. At no time are you to discuss a patient in any context with friends, families, neighbours or other health care team members. The only exception is with your preceptor to assist your learning.

Aside from the sharing of information by those caring for the patient, there are only three ways in which information may be released:

1. Upon written authorization of the patient.
2. Upon request of the Minister of Health and Community Services.
3. Upon court order.

Misuse of any health information shall be considered a serious offence and persons violating these directions can expect disciplinary action to be taken, in accordance with Policy 4-20 Disciplinary Action.

Pledge of Confidentiality

I have read the above Confidentiality Policy of Medavie HealthEd – and as a condition of my clinical/practicum placement, agree to be bound by this said policy.

Date: _____

Signature: _____

Name: _____
(Please print)

Witness: _____

Name: _____
(Please print)

Policy No:	9-131 (Release for Promotional Products)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 09 March 2018

POLICY

Any photographs, video or audio recordings of events related to Medavie HealthEd and its staff, students and Medavie Health Services may be used in any way to promote or enhance Medavie HealthEd. This could include, but is not limited to, promotional slides, posters, appearances on the internet, or to enhance presentations. This also applies to assignments and projects completed in written, verbal or electronic form.

Misuse of any of the above items shall be considered a serious offence and persons violating these directions can expect disciplinary action to be taken.

Pledge of Release

I have read the above Release of Medavie HealthEd and **agree** to be bound by this said policy. _____ (student initials)

I have read the above Release of Medavie HealthEd and **do not agree** to be bound by this said policy. _____ (student initials)

Date: _____

Signature: _____

Name: _____
(Please print)

Witness: _____

Name: _____
(Please print)

Policy No:	9-140 (Incomplete Clinical/Ambulance Practicum Guide)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 06 Apr 2021	Review Date: 06 Apr 2021

POLICY

A student will receive a non-mastery in the clinical/practicum portion of the program by failing to demonstrate competency of the mandatory clinical and ambulance practicum objectives.

PROCEDURE

1. If a student is encountering difficulties in meeting the clinical/practicum competencies, the assigned preceptor should reach out to the Placement Coordinator to request that the student participate in remedial assessment and training.
2. The student will then return to the same preceptor (if available) following the remediation sessions for further assessment. Additional documentation will be used to track student progress in meeting the clinical/practicum objectives. If the student is still encountering difficulty, the preceptor should, once again, reach out to the Placement Coordinator to provide feedback on the student's performance.
3. If the student consistently demonstrates insufficient progress, the case will be escalated to a Senior Manager.
4. This case will be reviewed by a Senior Manager and a decision will be made regarding the actual outcome of the student.
5. Any student assigned an incomplete grade for the clinical/ practicum experience will be assigned an incomplete grade for their Medavie HealthEd program.
6. In certain circumstances, a student may be granted up to an additional six (6) month extension period to complete their clinical/practicum competencies. The extension period will begin at the end date of the student's original contract. The approval of this extension period will rest with a Senior Manager after they have met with the student to discuss the issues that precluded the student from completing their program in the originally allotted time frame. Refer to Policy 9-70 – Clinical Extensions for further details on this process.

Policy No:	9-150 (Education Facilities and Experience Evaluation)	
Effective Date: 16 May 2006	Approved by: President	
Revision Date: 05 Jan 2015	Review Date: 09 March 2018	

POLICY

It is the responsibility of the President, or their designate, to ensure all learning environments in both the clinical/hospital and ambulance setting are evaluated for their ability to provide practical/hands on training experience for students. This policy describes the process followed when evaluating a site for the learning experiences and resources it has to offer in support of the institutions goals.

PROCEDURE

1. The President will direct a senior manager to complete or work with the Coordinator of Clinical and Practicum Placements to ensure a learning environment has adequate experiences and resources to support the programs goals, through the completion and review of this policy..
2. A senior manager or Coordinator of Clinical and Practicum Placements will ensure that all new learning environments are provided with details on the program goals and the institutions expectations. This may be accomplished by sending written information or by having meetings on site or via telephone.
3. The information gathered on the facility includes:
 - a. Name and address of the Corporate Authority for the site, as well as the signing authority name, phone number and e-mail address.
 - b. Location (i.e. hospital unit or ambulance base) within the Corporate Authority where students will be placed.
 - c. Human Resources available to ensure adequate supervision of students.
 - d. Patient/call volume experienced by the location.
 - e. Equipment Resources available for and used by the student.
 - f. Name of the Clinical Coordinator for the location, as well as their position, phone number and e-mail address.
 - g. Type of Health and Safety Orientation required for students.

4. Once it is determined the learning environment will meet the programs goals, the President will sign an Education Placement Agreement, with the Corporate Authority. The Education Placement Agreement may be drafted by the institution or by the Corporate Authority, please see Policy No 9 – 151 Education Placement Agreement, for more details.

Policy No:	9-151 (Education Placement Agreement)
Effective Date: 16 May 2006	Approved by: President
Revision Date: 22 May 2015	Review Date: 09 March 2018

POLICY

An Educational Placement Agreement is the term our institution utilizes for the document that formalizes the process, as well as the terms and conditions, for establishing a relationship with another organization that permits our students to complete preceptorships.

Education Placement Agreements are required with all Corporate Authorities accepting students from the institution. It is the responsibility of the President, or their designate, to ensure the Education Placement Agreements are signed.

PROCEDURE

1. Once it is determined the learning environment will meet the programs goals, the President, or their designate, will sign an Education Placement Agreement, with the Corporate Authority. See Policy No 9 – 150 – Education Facilities and Experience Evaluation for more details regarding the evaluation of a facility/experience.
2. The Education Placement Agreement may be drafted by the institution or by the Corporate Authority. Some Corporate Authorities have documentation they prefer to use while others choose to use documentation provided by the Medavie HealthEd.
3. A senior manager will be responsible for reviewing all Education Placement Agreements and completing the “Contract Summary Template” before they are presented to the President, or their designate, for signature. The “Contract Summary Template” provided by Medavie Health Services is found on the server in the folder identified as “Clinical and Practicum Site Contracts.”
4. Upon final review of the Education Placement Agreement and completion of the Contract Summary Template, by a senior manager, both documents will be presented to the President, or their designate, for approval and signing.
5. Education Placement Agreements are to be reviewed as per Policy No 9-152 Educational Placement Agreement – Maintenance.

6. The information in an Education Placement Agreement should include:
- a. Maximum number of students to be placed with the Corporate Authority, as well as the days and times of their attendance.
 - b. Agreement that the student's education will not compromise patient care and services within the Corporate Authority.
 - c. Agreement that the Corporate Authorities policies, procedures and regulations will govern the student during their learning experience, if there is conflict with the institutions policies and procedures.
 - d. Agreement that the Corporate Authority will not incur any costs as the result of students being placed at their facilities.
 - e. Students are subject to the policies, procedures and regulations of the Corporate Authority, while they are participating in the Education programs of the Agency within the Corporate Authority.
 - f. The Institution will submit objectives governing the Education rotation four weeks in advance of learner placement with the Corporate Authority. The Coordinator of Clinical and Practicum Placements for HealthEd or a delegate will review these objectives with the Sites Clinical Placement Coordinator. Assignments for the students' practical experience will be made according to the student's needs and the Education objectives of the rotation.
 - g. Ensure that students participating in the education rotation are selected according to criteria approved by the Institution and agreed to by the Corporate Authority. The Corporate Authority will be advised by the Institution of those students assigned for learning experiences.
 - h. The health status of the students in the Education program will not be under the supervision of the Corporate Authority except for emergencies.
 - i. The Institution will ensure that all students meet the health criteria as established by the Corporate Authority prior to and throughout the course of the Education placement.
 - j. The Institution will retain responsibility for the placement of a student at the Corporate Authority, to the extent that this placement is viewed as an extension of that responsibility and ensures that each student signs the Student Affiliation Agreement Statement of Understanding.
 - k. The Institution will cooperate in the on-going evaluation of the clinical/practicum experience of the students in the programs.
 - l. The Corporate Authority will make available, to the Institution, appropriate resources reasonably required to meet the learning objectives of the Institution, and as may be provided with no additional cost accrued to the Corporate Authority.
 - m. The Corporate Authority will assign a staff person (i.e. R.N., R.T., etc.) who is qualified to perform the skills that the student will be assessed in performing. That staff person shall provide on-going supervision of the

student. The staff person will be qualified to provide patient care in the department where the student is obtaining their Education experience.

- n. The staff person, of the Corporate Authority, who is overseeing the student, will provide to the Institution, upon completion of the clinical period, an evaluation of a student's progress.
- o. The Institution will ensure that students and instructors will not disclose any confidential information or records including, but not limited to patient/client information and medical or other records to which they may have access or learn about through attendance at any Hospital/Ambulance service to anyone in any manner except as authorized by hospital/ambulance policy. Nor will they copy, alter, interfere with, destroy or take such information or records.
- p. The Institution acknowledges that a student must receive informed consent from the patient prior to his/her participation in the Education program. As part of this process, consent must be voluntary and the patient must have capacity to give consent. A patient has the right to refuse to participate in the Education programs.
- q. The Institution agrees to maintain throughout the term of an agreement, Comprehensive Third Party Liability insurance coverage (including errors and omissions insurance) with limits of not less than \$5,000,000 inclusive per occurrence covering its officers, employees, students, agents and instructors involved in the clinical experience from any claim for damages, for personal injury including death, and from claims for property damages caused by the negligence or wrongdoing of the Institution, its President, or their designate, officers, agents, employees, instructors or students in respect to the performance of their duties under this agreement.
- r. The Corporate Authority agrees to maintain throughout the term of an Agreement, Comprehensive Third Party Liability insurance coverage (including errors and omissions insurance) with limits of not less than \$5,000,000 inclusive per occurrence covering its President, or their designate, officers, agents, servants, and employees involved in the clinical experience from any claim for damages, for personal injury including death, and from claims for property damages caused by the negligence or wrongdoing of the Corporate Authority its President, or their designate, officers, agents, servants, and employees in respect to the performance of their duties under this agreement.
- s. The Institution will acknowledge that the Corporate Authority does not carry insurance which would provide coverage for students in the event of accidental injury. The Institution will advise students that the students themselves are responsible for obtaining such coverage. The Corporate Authority does not accept any responsibility for the risk of accidental injury.
- t. A duration and Termination timeline, with points on renewal.

- u. Information indicating how notices will be formatted and referred to the Institution and/or Corporate Authority.
 - v. Corporate Authorities and Institutions legal name and the contact information of the signing authorities for both organizations.
 - w. A spot for signatures from the Corporate Authority and the Institution.
7. Once the Education Placement Agreement has been signed, the Coordinator of Clinical and Practicum Placements will be responsible to ensure preceptors at participating sites are provided with information on the evaluation tools used by the institution. Please see Policy No 9-40 – Preceptors

Policy No:	9-152 (Educational Placement Agreement - Maintenance)	
Effective Date: 22 May 2015	Approved by: President	
Revision Date: 22 May 2015	Review Date: 09 March 2018	

POLICY

The maintenance of Educational Placement Agreements is vital to our institutions ability to afford students the opportunity to obtain the competencies required for graduation. Therefore, this policy outlines the process and parties responsible for ensuring all Educational Placement Agreements are up to date.

PROCEDURE

1. A folder identified as “Clinical and Practicum Site Contracts” will be maintained on the server. This folder will be the repository for all Educational Placement Agreements.
2. A senior manager will assist the Coordinator of Clinical and Practicum Placements who will work closely with the Administrative Support to maintain the repository of Education Placement Agreements.
3. A “Contract Log” capturing all of Medavie HealthEd’s Educational Placement Agreements will be maintained in the “Clinical and Practicum Site Contracts” folder. The information contained on the master list will encompass the following:
 - a. Contract type – clinical, practicum, etc.
 - b. Contract Summary – purpose of contract
 - c. Contract Parties – this identifies the organizations (e.g. Medavie HealthEd and Horizon Health Networks)
 - d. Start Date – based upon the date identified in the agreement
 - e. Expiry Date – based upon the date identified in the agreement
 - f. Date of Last Review – review should be annualized
 - g. Signing Authorities – this identifies the signing authority(s) of the organization, not Medavie HealthEd
 - h. Confirmation of Approval – date the fully executed agreement is put on file
 - i. Contract Location – this is the physical location of the agreement, typically will include a hyperlink to our server
 - j. Notes – any additional notes deemed necessary, including the date Medavie HealthEd should begin the process of contract renewal. Contract renewal is to begin six months in advance of the agreements expiry date.

4. A report on the status of each Educational Placement Agreements will be prepared on a bi-annual basis (May 1st and December 1st) by a senior manager. This report will be presented at the team meeting that occurs immediately after the report is prepared. Any contracts that are set to expire within the following nine months will be identified during this meeting.
5. Those contracts identified as expiring in the “Contract Log” within nine months of the report produced by the senior manager are to be negotiated and renewed before they expire in accordance with Policy No. 9-151 Educational Placement Agreement.
6. Renewal will be initiated by a senior manager.
7. All agreements due for renewal will be processed in accordance with Policy No 9-151 Education Placement Agreement.

Policy No:	9-153 (Risk Management General)
Effective Date: 20 Aug 2016	Approved by: President
Revision Date: 20 Aug 2016	Review Date: 09 March 2018

PURPOSE

Medavie HealthEd will maintain a risk management program in which risks will be identified, measured and mitigated (when appropriate).

The Medavie HealthEd risk management program is proactive and retroactive, to address perceived risks and risks that have already occurred, whether those risks are within Medavie HealthEd owned and/or leased facilities, outside facilities or during Medavie HealthEd organized transportation. Outside facilities are any facility where a student participates in a Medavie HealthEd organized training experience and/or event. All Medavie HealthEd staff members, students and preceptors are responsible to report identified potential or occurred risks.

Risk is the chance of an event occurring, measured in terms of probability and impact, that will affect the achievement of business objectives. Risk involves both the potential for opportunities and for negative consequences.

Risk Management is a process that promotes awareness, understanding and appreciation of risk within an organization, and provides guidelines, expertise and tools to manage those risks.

Risks which are immediately mitigated without further repercussion or potential of reoccurrence still require reporting.

Appropriate staff will be designated, by a senior manager, to investigate and qualify all reported risks.

For risks in which it is determined the risk is high enough that action is required to reduce the frequency and/or the damage of the risk, efforts shall be taken to mitigate the outcomes and/or frequency associated with a risk through the various means, including (but not limited to):

- Creation or revision of new policy, procedure, or directives
- Communication to and education of staff, students and preceptors, as required

All reported risks, associated investigations, actions and mitigations will be documented by the responsible staff member as assigned.

PROCEDURE

The following procedure will apply to Risk Management. First, with regard to risk identification:

1. Any newly identified risks are required to be reported by Medavie HealthEd staff members, students and preceptors to their immediate supervisor and an occurrence report will be completed.
2. After a risk has been identified, its actual or potential impact on the organization, student or patient care must be determined.
3. Appropriate staff will be designated, by a senior manager, Leadership to investigate reported risks.
4. A Risk Management Investigation form or similar template will be used.
5. A retrospective risk review will be completed, as required, which involves identifying and summarizing all previously reported similar risks.
6. A risk matrix should be used for risk measurement. The position on the risk matrix should be determined by key stakeholders through discussion and consensus.

Second, with regard to risk mitigation:

1. Risk mitigation may be performed through the altering or implementation of current policy, procedure or business practices, or the implementation of new training and awareness initiatives.
2. Recommended mitigations will be reviewed and approved by the President of Medavie HealthEd prior to implementation.
3. Approved mitigations will be assigned to a designated member of staff for implementation and completion.
4. The designated member of staff will report back to the President as to the status of the implementation of the risk mitigation measures.

Third, with regard to continuing review and communication of potential risks:

A Communication shall be provided to the reporter of the risk and all other affected parties to inform them of the actions taken to mitigate its potential harm. This normally will be communicated by the designate member of staff through direct communication.

Policy No:	9-154 (Risk Management – Outside Sites)
Effective Date: 20 Aug 2016	Approved by: President
Revision Date: 20 Aug 2016	Review Date: 09 March 2018

PURPOSE

The Medavie HealthEd Risk Management – Outside Sites policy works in conjunction with our institutions Risk Management – General policy with a particular focus on the requirements for mitigating risks at locations that are not owned or operated by Medavie HealthEd.

For the purposes of our institution, an “outside site” means any site outside where a student is required to attend for work placements or other activities related to the program.

PROCEDURE

1. An instructor/facilitator, member of the staff, or agent must inspect the outside site before sending the student to the outside site, or be in attendance with the student while the student is at the outside site;
2. A written risk assessment must be made of the outside site, including any college-organized travel to or from the outside site. The assessment must also include student activities proposed to take place at the outside site.
3. A copy of the written risk assessment and any risk management requirements must be provided to the student before the student attends the outside site.
4. The student must sign an acknowledgment on the copy of the written risk assessment and the copy must be kept in the student’s student file.
5. The in clinical and practicum settings the students designated preceptor will be designated and identified as the contact for the student when college personnel are not present.
6. The student must receive an orientation to health and safety requirements appropriate to the outside site before or as soon as possible after the student arrives at the outside site.

Risk Matrix for Outside Sites – Clinical Facilities Form
 Risk Matrix for Outside Sites - Ambulance Services Form

RISK MATRIX FOR OUTSIDE SITES – CLINICAL FACILITIES FORM

This form will be utilized to conduct risk assessments within the various clinical sites Medavie HealthEd students attend.

For each risk identified, the evaluator will indicate, in the Risk Matrix Table provided, the likelihood of injury to a student and the impact injury may have. This will provide the student with an understanding of the risk associated with providing patient care at these facilities.

Each student is required to sign a copy of this Risk Assessment Form for the site where they will be providing patient care.

A copy of this form will be retained on the students file.

Site: _____

Biological Agents

Risk of: Infection and Allergic reactions.

Possible causes: Exposure to undiagnosed infectious TB, Exposure to infectious body fluids such as blood, saliva and other body fluids and Exposure to contaminated aerosols e.g. showers harbouring *Legionella* bacteria.

Risk Matrix – Biological Agents - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

1. CHEMICAL AGENTS

Risk of: Health effects such as allergies and dermatitis and Reproductive hazards.

Possible causes: Exposure to soap, latex consumables, disinfectants or drugs, dealing with a chemically contaminated patient and exposure during drug administration e.g. inhaling over pressurized vials or needle stick injury.

Risk Matrix – Chemical Agents - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

2. DRIVING FOR WORK

Risk of: Road collision and Back pain.

Possible causes: High speed driving under emergency conditions, poor ergonomic set up / inadequate lumbar support, manual handling material from the vehicle and sustained posture and duration of journey.

Risk Matrix – Driving for Work - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

1. ELECTRICITY

Risk of: Fire, burns and electric shock.

Possible causes: Faulty equipment, overloading of sockets and unsafe work practices.

Risk Matrix – Electricity - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

2. ERGONOMIC HAZARDS

Risk of: Pain in neck, back or arms and musculoskeletal disorders such as carpal tunnel syndrome.

Possible causes: Poor ergonomic workstation set up, lack of adjustable equipment, static awkward or sustained postures.

Risk Matrix – Ergonomic - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

3. EQUIPMENT

Risk of: Electric shock, and injuries to feet.

Possible causes: Improper use, lack of training, improperly grounded or faulty equipment and falling objects such as medical instruments.

Risk Matrix – Equipment - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

4. FIRE

Risk of: Burns, smoke inhalation and death.

Possible causes: Storing material near ignition sources e.g. electrical fuse boards or lights, faulty electrics, overloaded sockets and blocked fire exits.

Risk Matrix – Fire - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

5. IONIZING RADIATION

Risk of: Genetic / cell / tissue damage, cancer, reproductive health problems and death.

Possible causes: Exposure to radiation from portable or mobile x-ray machines e.g. assisting trauma patients, providing emergency care to patients who have received therapeutic amounts of radionuclides and failure to follow safe systems of work.

Risk Matrix – Ionizing Radiation - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

6. MANUAL / PATIENT HANDLING

Risk of: Musculoskeletal injury and/or disorders.

Possible causes: Lack of or unsuitable mechanical handling aids, inappropriate lifting techniques, lifting too heavy weights and poorly designed work areas e.g. limited space for using lifting equipment.

Risk Matrix – Manual/Patient Handling - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

7. NOISE

Risk of: Hearing damage / loss, physiological effects, work related stress, increased risk of accidents.

Possible causes: Exposure to emergency air transport e.g. helicopters.

Risk Matrix – Noise - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

8. SHARPS

Risk of: Inoculation injuries, cuts, infection, stress.

Possible causes: Needle stick injuries due to improperly discarded needles, overloaded sharps boxes or poor technique, sharp medical instruments, broken bone fragments and teeth bites.

Risk Matrix – Sharps - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

9. SHIFT WORK

Risk of: Digestion problems, heart disease and sleep problems.

Possible causes: Changing shifts and working nights.

Risk Matrix – Shift Work - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

10. SLIPS, TRIPS AND FALLS

Risk of: Minor injuries such as cuts to major injuries such as broken bones, concussion and even death.

Possible causes: Poor housekeeping, uneven surfaces or changes in level, wet or slippery surfaces, slipping on debris such as bandages, blood, IV fluids and plastics especially during emergency situations, cables crossing pathways, cluttered or obstructed work areas, several people working in a compact area and distractions e.g. reading documents whilst walking.

Risk Matrix – Slips/Trips/Falls - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

11. STRESS

Risk of: Psychological disorders and health effects.

Possible causes: Work organization, dealing with intense emotional situations, making life or death decisions, shift work, time pressure, excessive work load or demands, combative patients, role ambiguity, poor management ability, inadequate resources and high or unrealistic patient expectations.

Risk Matrix – Stress - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

12. VIOLENCE AND AGGRESSION

Risk of: Physical injury, stress, psychological disorders.

Possible causes: Crowded or emotional situations, delivering bad news, long waiting times and aggressive, confused or upset patients or family members.

Risk Matrix – Violence & Aggression - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

Student Name: _____

Signature: _____

Date: _____

Website reference:

[http://www.hsa.ie/eng/Your_Industry/Healthcare_Sector/Occupational Hazards in Hospital Departments/Department Hazards/Further Information/](http://www.hsa.ie/eng/Your_Industry/Healthcare_Sector/Occupational_Hazards_in_Hospital_Departments/Department_Hazards/Further_Information/)

RISK MATRIX FOR OUTSIDE SITES – AMBULANCE SERVICES FORM

This form will be utilized to conduct risk assessments within the various practicum sites Medavie HealthEd students attend.

For each risk identified, the evaluator will indicate, in the Risk Matrix Table provided, the likelihood of injury to a student and the impact injury may have. This will provide the student with an understanding of the risk associated with providing patient care at these facilities.

Each student is required to sign a copy of this Risk Assessment Form for the site where they will be providing patient care. A copy of this form will be retained on the students file.

Site: _____

1. BIOLOGICAL AGENTS

Risk of: Infections.

Possible causes: Contact with infectious person or infectious body fluids and exposure to Blood Borne Viruses (BBVs) via puncture wounds or bites.

Risk Matrix – Biological Agents - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

2. CHEMICAL AGENTS

Risk of: Health effects such as allergies and dermatitis and explosion.

Possible causes: Exposure to compressed/anaesthetic gases or chemicals administered/released inside the ambulance e.g. halothane, nitrous oxide, oxygen and ethyl chloride. Use of disinfecting agents. Exposure to latex consumables e.g. powdered latex gloves. Exposure to chemicals or drugs. Mishandling of gas cylinders.

Risk Matrix – Chemical Agents - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

3. DRIVING FOR WORK

Risk of: Road collision. Stress. Back pain.

Possible causes: High speed driving under emergency conditions. Driving in difficult traffic or weather conditions. Poor ergonomic set up / lack of lumbar support. Manual handling of patients and material from the vehicle. Sustained posture and duration of journey

Risk Matrix – Driving for Work - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

1. ELECTRICITY

Risk of: Burns. Electrocution. Death.

Possible causes: Exposure to loose electrical conduits at accident scene. Faulty or unmaintained equipment. Misuse of equipment e.g. defibrillators.

Risk Matrix – Electricity - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

2. ENVIRONMENTAL CONDITIONS

Risk of: Colds. Stress. Fatigue.

Possible causes: Working in inclement conditions - cold, wind, rain, heat. Lack of warm, waterproof clothing. Inadequately maintained vehicles.

Risk Matrix – Environmental Conditions - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

3. ERGONOMIC HAZARDS

Risk of: Pain in neck, back or arms. Musculoskeletal disorders such as carpal tunnel syndrome.

Possible causes: Adopting awkward postures. Using force or exertion.

Risk Matrix – Ergonomic Hazards - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

4. EXPLOSION

Risk of: Physical injury. Death.

Possible causes: Attending accident scenes. Mishandling of gas cylinders.

Risk Matrix – Explosion - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

5. FALLING OBJECTS

Risk of: Physical injury or death.

Possible causes: Entering unstable structures. Attending accident scenes where material may be dislodged

Risk Matrix – Falling Objects - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

6. FIRE

Risk of: Burns. Smoke inhalation. Death.

Possible causes: Attending fire accident scenes.

Risk Matrix – Fire - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

7. IONIZING RADIATION

Risk of: Genetic damage. Reproductive damage.

Possible causes: Transporting patients who have received therapeutic amounts of radionuclides

Risk Matrix – Ionizing Radiation - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

8. MANUAL / PATIENT HANDLING

Risk of: Musculoskeletal disorders. Falls.

Possible causes: Lifting and moving patients, often over rough terrain or down stairs. Lack of mechanical aids.

Risk Matrix – Manual/Patient Handling - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

9. SHARPS / SHARP ITEMS

Risk of: Puncture wound. Infection. Cuts.

Possible causes: Needle stick or sharp instrument injury whilst carrying out work activities e.g. giving injections. Broken glass or twisted sharp items at accident scene. Bites.

Risk Matrix – Sharps/Sharp Items - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

10. SHIFT WORK

Risk of: Health effects - digestion problems, heart disease. Sleep problems.

Possible causes: Poor job structure. Changing shifts. Night work.

Risk Matrix – Shift Work - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

11. SLIPS, TRIPS AND FALLS

Risk of: Minor injuries such as cuts, ranging to major injuries such as broken bones, concussion and even death.

Possible causes: Carrying stretchers or loads up or down stairs. Working in unstable areas or unstable structures. Fall from vehicle.

Risk Matrix – Slips/Trips & Falls - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

12. STRESS

Risk of: Psychological disorders. Health effects.

Possible causes: Time pressure. Working irregular hours. Coping with emotional or traumatic situations. Maintaining prolonged state of alertness.

Risk Matrix – Stress - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

13. VIOLENCE AND AGGRESSION

Risk of: Physical and / or psychological harm.

Possible causes: Uncooperative patients. Patients suffering from emotional stress or behavioural problems. Opportunist members of the public. Public order issues.

Risk Matrix – Violence & Aggression - Score						
Impact Score		Likelihood Score				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

Student Name: _____

Signature: _____

Date: _____

Reference site:

http://www.hsa.ie/eng/Your_Industry/Healthcare_Sector/Occupational_Hazards_in_Hospital_Departments/Department_Hazards/Ambulance_Services/

Section 010: Appeals

Policy No:	10-10 (Appeal Process)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 9 March 2018

POLICY

The Appeal Process policy and procedure establishes guidelines for using the principles of natural justice during an appeal process within Medavie HealthEd.

Any student attending a program has the right to appeal decisions or actions as they relate to programs offered at Medavie HealthEd. The student will remain enrolled in their program and attend classes/clinical/practicum as per normal, until the natural conclusion of the appeal process.

Our institution believes in the principles and process of natural justice. Therefore, each level of the appeal process described below will adhere to the principles of natural justice. If at any time a decision maker, at any level of appeal, determines they are unable to adhere to principles of natural justice, they are to excuse themselves from the process and the President will appoint a new party to manage the appeal.

All parties participating in an appeal must be familiar with the principals of natural justice. Therefore, we have endeavored to encapsulate the principles of natural justice in this policy for all parties. Then we provide descriptions of the different levels of appeal.

Principles of Natural Justice

The principles of natural justice focus on procedural fairness with the intent of ensuring the decision making process is overseen by an objective decision maker. Procedural fairness will protect the rights of the individual, as well as enhance confidence in our institutions process.

Under the principles of natural justice a person has the right to be heard and no person may judge their own case, therefore each level of appeal will take these rules into consideration.

It is important to note that the principles of natural justice will vary depending upon the specific circumstances of each situation.

Three common rules apply to the principles of natural justices, they include: 1) The Hearing Rule, 2) The Bias Rule, and 3) The Evidence Rule.

The Hearing Rule stipulates that an individual must be afforded sufficient opportunity to present their case when their interests and rights have the potential to be adversely impacted by a decision-maker. Therefore, in an effort to respect these rights the person hearing an appeal must give each party equal opportunity to both prepare and present evidence. Evidence may be provided in person (verbally) or in the form of written documentation, or both. Each party must present evidence in the same manner; one party may not present evidence in writing only, while the other party presents evidence in person. Additionally, each party must be provided with the opportunity to respond to any arguments and/or evidence presented by the opposite party.

This administrative decision making process allows a student to choose how they wish to be represented. They may represent themselves, as well as have another student present during a hearing, or they may choose to have someone, other than legal counsel, represent them during a hearing or in the preparation of their written documentation.

Finally, as per the Hearing Rule, when investigating complaints it is imperative that the defendant receives as much detail as possible with regard to the complaint and offered the opportunity, as well as a reasonable amount of time, to respond to the allegations.

The second rule of the principles of natural justice is the bias rule. It indicates that no one should be the judge in his/her own case, which means the person(s) holding deciding authority during an appeal process must be, and act, unbiased in any and all procedures, as well as when reviewing/hearing evidence and making a decision regarding the appeal. Anyone investigating an appeal must ensure they are not in a conflict of interest position, which would conflict with their ability to conduct an un-bias investigation.

Anyone who is considered an investigator or decision maker must be impartial. Decision makers must not favour one party over the other by ensuring their decision is based on the balanced and considered assessment of all the information and evidence presented to them.

The third and final rule of the principles of natural justice is that administrative decisions are to be based upon material evidence and or logical proof evidence. No decision should be based on speculation and/or suspicion; it must be related to clear evidence. Furthermore, the evidence rule requires that all evidence must be subject to scrutiny by both parties, therefore all evidence must be disclosed to each party.

An appeal process will incorporate the principles of natural justice described above and be completed within 20 business days, however, this time may be extended to fulfil the

principles of *natural justice*, if necessary. In general, each level of appeal should adhere to the timelines that follow:

- The senior manager, has 5 business days to make a decision after the student makes the initial appeal.
- The student has 5 business days to appeal the level 1 decision from the senior manager
- The Student Appeals Committee has 10 business days to render its decision once the appeal is received from the student.

Within the institutions policies, the Student has two levels of appeal (See procedure below).

However, once the student has exhausted the institutions appeal process they do have the option to appeal the institutions decision based on the appropriate provincial regulators policies. It will be a Senior Managers, responsibility to advise the student of this level of appeal.

PROCEDURE (LEVEL 1 – PROGRAM MANAGER)

1. The student must provide the Program Manager, with a written request for an appeal within five (5) business days of the event. The Program Manager will be responsible for adhering to the principles of natural justice described above.
2. At this level the Program Manager will initiate and complete an investigation of the appeal within 5 business days, unless additional time is deemed necessary, per the principles of natural law
3. The written statement must contain a brief narrative of the nature and circumstances of the appeal, the names of the parties involved (if applicable) and the expected outcomes. Parties named in the written appeal will be notified of the pending appeal process and may be called upon to personally respond to the written statement.
4. The Program Manager will review all relevant information provided by the student and any third parties involved. The Program Manager may also investigate further by gathering further information in alignment with the principles of natural justice described above.
5. The Program Manager will review the circumstances of the appeal and will communicate the decision in writing directly to the student following the review.

6. The entire appeal process at this level should take no longer than 5 business days, unless additional time is deemed necessary, from the initial receipt of the appeal to the rendering of a decision by the Program Manager.
7. If the decision rendered is not in favour of the student, it becomes the Program Manager's, responsibility to advise the student of the second and final level of appeal (Level 2 – Student Appeals Committee).

PROCEDURE (LEVEL 2 – STUDENT APPEALS COMMITTEE)

1. If the student is not satisfied with the decision of the Program Manager they may request that the appeal be reviewed by the Student Appeals Committee. The student must make this request within 5 business days of the final level 1 decision.
2. The student must submit a written request to the President requesting that the Student Appeals Committee review the appeal.
3. The Student Appeals Committee will initiate and complete the appeal process within 10 business days of the receipt of the written request for a level 2 appeal, unless additional time is deemed necessary. This committee will adhere to the principles of natural justice described above.
4. The written appeal request from the student must contain a brief narrative of the nature and circumstances of the appeal, the names of the parties involved (if applicable) and the expected outcomes. Parties named in the written statement will be notified of the pending appeal and may be called upon to personally respond to the written statement.
5. The President will forward the written request to the Student Appeals Committee for action. The Student Appeals Committee will establish dates for reviewing written submissions, gathering more information, and/or hold a hearing where evidence presented. The President will ensure that all parties are notified accordingly. The committee chair will ensure all proceedings have a written record.
6. The Student Appeals Committee will be comprised of 3 members. Each member of the committee must be present and are required to vote. Any individual involved in the appeal process, including staff of Medavie HealthEd, may be asked to provide information or be questioned, during a hearing.
7. The student and Medavie HealthEd may present evidence, in person or in writing to the Student Appeals Committee. Any written evidence may be subject to cross

examination, The Chair of the Student Appeals Committee will be responsible to make rulings on the admissibility of evidence.

8. The Student Appeals Committee shall hear such information as it deems relevant and necessary to make its decision. All information is to be considered private and confidential.
9. Following the hearing of evidence from both parties, only Student Appeal Committee members remain for discussion and decisions. The committee may request additional information related to the appeal from other sources, and any such information shall be disclosed to all parties.
10. The decision of Medavie HealthEd Appeal Committee is based on a majority vote.
11. The Student Appeals Committee Chairperson will communicate its decision in writing directly to the complainant(s) and defendant(s) following the review.
12. The entire appeal process at this level will take no longer than 10 days business days from the initial receipt of the appeal to the rendering of a decision by the Student Appeals Committee, unless additional time is deemed necessary.

Note: All complaints related to the program delivery, program policy or program evaluation shall be forwarded to the President accompanied by recommendations on how to address the concerns that are identified.

All staff of Medavie HealthEd will respect all appeal decisions that are made in favour of the student.

Individuals involved in the decision making process, that has resulted in a student appeal, shall be excluded from the appeal process. All cases where a student is placed on probation and/or is being dismissed from a program shall to be brought to the attention of a Senior Manager of the institution for the purpose of ensuring the principles of natural justice were applied to the process. The initial decision to discipline a student will be the responsibility of the lead instructor.

Policy No:	10-20 (Appeal of Unsuccessful Final Practical Testing)		
Effective Date: 01 Aug 2012		Approved by: President	
Revision Date: 05 Jan 2015		Review Date: 9 March 2018	

POLICY

Each student has the right to appeal what he/she feels is an unfair decision or action as it relates to an unsuccessful grade of a final practical evaluation.

PROCEDURE

1. Medavie HealthEd appeal policy (10-10) will apply to all appeals of final practical evaluation.
2. A student may appeal either attempt of any practical scenario as long as a written request is made within five (5) business days of the decision or action. .
3. All final scenarios are evaluated and then immediately reviewed with the student; it is at this time that the student is advised if they were successful or unsuccessful.
4. In the event that the student is assigned a grade of unsuccessful following a review of the scenario and an appeal is granted, the student will be given another attempt at successfully completing the scenario; if the student successfully passes the scenario they will be assigned a successful grade.

Policy No:	10-30 (Appeal of Incomplete Clinical/Practicum Grade)		
Effective Date: 06 Apr 2021		Approved by: President	
Revision Date: 06 Apr 2021		Review Date: 06 Apr 2021	

POLICY

Each student has the right to appeal what he/she feels is an unfair decision or action as it relates to an incomplete Clinical/Practicum grade.

The principles described in the Medavie HealthEd Policy 10-10: Appeals Process will apply to all appeals of an incomplete Clinical/Practicum grades.

PROCEDURE (LEVEL 1 – PROGRAM MANAGER)

1. A student may appeal a decision regarding the assignment of an incomplete Clinical/Practicum grade as long as a written request is provided to the Program Manager within five (5) business days of the decision or action.
2. The written request must contain a brief narrative of the nature and circumstances of the appeal and the reasons for not successfully completing the Clinical/Practicum component of the program.
3. At this level, the Program Manager will initiate and complete an investigation within five (5) business days unless additional time is deemed necessary, per the principles of natural law.
4. The Program Manager will review all relevant information provided by the student and any third parties involved. The Program Manager may also investigate further by gathering further information in alignment with the principles of natural justice described in Policy 10-10: Appeal Process.
5. The Program Manager will review the circumstances of the appeal and will communicate the decision in writing directly to the student following the review. The Program Manager will provide the student with one of two possible outcomes:
 - 5.1. If the student has not provided sufficient evidence to support their appeal, the decision to assign an incomplete Clinical/Practicum grade to the student will stand and the student will therefore be dismissed from their program. The student will still have the option to request a second and final level of appeal as per the process

outlined in *Medavie HealthEd Policy 10-10: Appeal Process, Procedure (Level 2 – Student Appeals Committee)*.

- 5.2. If the student has provided sufficient evidence to support their appeal, the Program Manager will submit the student's file to the Medavie HealthEd Student Progression Committee in order to determine options for a pathway forward for the student.

Section 011: Complaints

Policy No:	11-10 (Complaint Resolution Process)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 20 Aug 2016	Review Date: 09 March 2018

POLICY

The purpose of the Complaint Resolution process is to establish procedures so that students, without fear of reprisal, can raise concerns regarding their teaching/learning experience or the services rendered.

Medavie HealthEd places a strong emphasis on providing students with teaching/learning experiences of a high quality; therefore our institution will address any concerns students have about their educational experience or the services they receive in a responsive and timely manner.

Complaints about the teaching/ learning experience raised by students shall be addressed in a way which respects the rights of all parties and which leads to the rapid resolution of the disputes.

Students have the right to raise their concerns and to expect a timely response from our institution. All employees of Medavie HealthEd who deal with a complaint must respect the student's right to confidentiality.

A complaint must be made within 30 days of the incident(s) giving rise to the complaint except in extenuating circumstances which, in the opinion of Medavie HealthEd, would justify an extension.

Where a complaint is against an individual, it is the right of the student to seek an informal resolution through the various levels of supervision in Medavie HealthEd (See Informal Resolution Process)

In a circumstance where a number of students in the same class have the same concern, the matter is to be put forward to a senior manager.

A group of students may delegate one or more of its members to voice a complaint on its behalf. However, no one shall initiate a complaint on behalf of another person or persons without the permission of the person(s). The decision whether to hear from other members of the group or to deal only with the delegate rests with the Medavie HealthEd staff member to whom the complaint is addressed. For a formal complaint, permission to initiate a complaint on behalf of another person or persons must be in writing.

Complaints can be addressed using an informal and/or a formal procedure. Students are encouraged to try to resolve their complaint informally before proceeding with the formal complaint procedure.

A complaint that is not successfully resolved may be the substance of a complaint made to the provincial private educational regulator, under that regulator's Act and its Regulations.

INFORMAL COMPLAINT PROCESS

1. The student must set up a meeting with the staff member to review the complaint.
2. At the meeting, the student must clearly articulate their complaint both verbally and in writing to the staff member.
3. During the meeting the staff member must listen to the concerns raised by the student and seek clarification, if needed.
4. Both the staff member and student must actively explore ways to resolve the complaint.
5. Both the staff member and the student must agree on a way to resolve the concerns presented by the student and write out the resolution, so that it may be both referenced in the future and acted upon.
6. The resolution is distributed to the Program Manager, the General Manager and the President.
7. If the issue is unresolved during the Informal Complaint Process, then the student becomes responsible for moving the complaint to the Formal Complaint Procedure.

FORMAL COMPLAINT PROCESS

1. If unable and/or unwilling to approach the individual, or if concerns have not been resolved informally with the individual, as described under the Informal Complaint Procedure, the student must meet with an appropriate administrator. Typically, the appropriate administrator will be a Coordinator or Manager. For the meeting, the student must present a signed written complaint to the administrator providing information regarding:
 - a. A description of the complaint, including date and time
 - b. Individual(s) involved
 - c. Name of any witnesses
 - d. Action taken to date
 - e. Solution sought by the student(s)
2. The administrator must hear the student(s) complaint and ask for points of clarification if required.
3. Within seven (7) working days of the meeting, the administrator must investigate the merits of the complaint. The investigation should include an in-depth

discussion with the party named in the complaint, the complainant and other parties as required. The administrator may investigate the complaint in a method they deem appropriate.

4. The administrator must provide the respondent with the opportunity to respond in writing to the specific concerns raised by the student(s) within 5 (five) working days.
5. If the complaint has merit, the administrator must work out a resolution with the respondent and advise the student(s) in writing within 5 (five) working days from the receipt of the respondent's written response; or if necessary bring the complainant and respondent together to discuss the situation, clarify the complaint and develop a strategy to resolve the complaint.
6. In situations where the complaint lacks merit, that is in situations such as but not limited to the student(s) not regularly attending class or completing assignments or the cannot identify an area of specific concern, inform the student(s) in writing within 5 (five) working days and provide reasons why no further action will be taken.
7. If a student believes the complaint has not been dealt with fairly, or if a written response has not been received from the administrator, they may appeal the decision in writing in accordance with the Level 2 Appeal Process described within Policy No 10 – 10 Appeal Process or contact the Ministry of Advanced Education. Private vocational schools are registered with the Ministry of Advanced Education, which monitors and serves as a support to both the school and students. Inquiries should be directed to:

Ministry of Advanced Education
Universities and Private Vocational School Branch
1120 – 2010 12th Avenue
Regina, Saskatchewan
S4P 0M3

Telephone: 306-787-5763

Email: pvsinquiry@gov.sk.ca

Website: <https://www.saskatchewan.ca/residents/education-and-learning/universitiescolleges-and-schools/career-colleges#addressing-a-problem-or-concern>

Student Complaint Form:

<http://publications.gov.sk.ca/documents/139/108575-PVS%20Complaint%20Form.pdf>

Policy No:	11-20 (Problem Resolution Process)	
Effective Date: 01 Aug 2012	Approved by: President	
Revision Date: 05 Jan 2015	Review Date: 09 March 2018	

POLICY

The Problem Resolution Process is used to track and record any situations or problems that may arise which can neither be classified as complaints or appeals.

PROCEDURE

The process for tracking problem resolution is as follows:

1. Provide verbal and/or written acknowledgement of receipt of the complaint to the complainant within five (5) working days.
2. Formally track information and documentation related to the complaint.
3. The President, or their designate, will review the circumstances of the problem and will notify the individual of the action plan and identified solution, within ten (10) working days of the problem being identified.
4. Close the file once the problem has been resolved, retaining it until the end of the program.

Note: All complaints related to the program delivery, program policy or program evaluations are to be forwarded to the President accompanied by recommendations on how to address these concerns.

Section 012: Certification

Policy No:	12-10 (Medavie HealthEd Certifications)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 9 March 2018

POLICY

Students successfully completing all components of the Primary Care, Advanced Care or Critical Care Paramedicine program will be issued a Diploma from Medavie HealthEd based upon the program they entered.

Medavie HealthEd prefers to hold a graduation ceremony with all students in attendance, at which time the student **receives their diploma**.

However, it is understood that a student may not have met all of the requirements to receive their diploma by the date of graduation. Therefore, this student, once they have successfully completed all of the course requirements, will receive their diploma at a later date.

A student will not receive their diploma until their tuition is paid in full (See Policy 2-40 – Payment).

Policy No:	12-20 (Medavie HealthEd Retraining Recommendations)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 9 March 2018

POLICY

Medavie HealthEd recommends that a graduate obtain retraining within four years of graduation, if they have not actively practiced post-graduation.

Policy No:	12-30 (NOCP Requirements for Paramedicine Graduates)		
Effective Date: 01 Aug 2012		Approved by: President	
Revision Date: 05 Jan 2015		Review Date: 9 March 2018	

POLICY

Medavie HealthEd endeavors to ensure graduates of its Paramedicine programs have met all competency requirements in the province where they are receiving their education. This policy makes an allowance to provide training to any student who may have graduated from a program offered at Medavie HealthEd and did not receive the latest training requirements to meet the most current NOCP, as developed by the Paramedic Association of Canada, or those competencies required by the provincial regulator.

PROCEDURE

1. The Curriculum Development Committee advises the President of the NOCP('s) within the NOCP documentation that student has not received.
2. If this is identified during the course of a program, the President, through the appropriate staff, will make every effort to ensure student receives the appropriate training before student graduates.
3. If this is identified after the student has graduated from the program, the President, through the appropriate staff, will ensure all students are advised of the deficiency in the training and offer training in the competencies the program failed to provide.
4. The institution will be responsible to provide all didactic and simulation training that is required, free of charge.
5. Should any clinical and/or ambulance time be required and costs are incurred; these costs will become the responsibility of the student. However these costs do not include the costs incurred by the institution to place the student in their clinical/ambulance rotations or to do follow up. These costs will be the responsibility of the institution.

Policy No:	12-40 (Competency Auditing Paramedicine Programs)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 9 March 2018

POLICY

This policy establishes the verification process that will be used to ensure all students have met the specified competencies.

Medavie HealthEd endeavors to ensure graduates of its Paramedicine programs have met the National Occupational Competency Profile for Paramedicine, as developed by the Paramedic Association of Canada, as well as the Registration Requirements for the College of Paramedics of Nova Scotia, the Paramedic Association of New Brunswick, and the Saskatchewan College of Paramedics.

Competency obtainment is verified utilizing the software found on "CompTracker". The database on "CompTracker" contains all dates related to competency completion in the simulation, clinical and practicum setting.

PROCEDURE

1. The Program Manager will appoint a staff member, known as the auditor, to review competency attainment by the individual students.
2. The auditor will ensure they monitor each student for the successful completion of individual competencies and overall call completion. This task is accomplished by reviewing the documentation approved by the student's simulation facilitator or clinical/field preceptorship preceptors for accuracy and completion.
3. In the clinical preceptorship setting, the auditor will review Attendance Records, Airway Management, Patient Record, Preceptor Assignment, Preceptor Contact and Acknowledgement of Responsibility, Student Acknowledgement of Responsibility and Weekly Evaluation Forms. During the review process, they will document their findings on the individual form, as required. In general, student will only be permitted to attach 5 competencies to any individual form in the clinical setting.
4. In the practicum preceptorship setting, the auditor will review Attendance Records, Call Record, Preceptor Assignment, Preceptor Contact and

Acknowledgement of Responsibility, Student Acknowledgement of Responsibility and Weekly Evaluation Forms. During the review process, they will document their findings on the individual form, as required. In general, student will only be permitted to attach 15 competencies to any individual form in the practicum setting.

5. The auditor must become familiar with the documentation completion requirements section of the Preceptor Manual, as well as the clinical and practicum documentation completion requirements as they apply to the program they are evaluating, that is, the ACP for ACP students and PCP for PCP students. Auditors will attend a training session with the Coordinator of Clinical and Practicum Placements or the Senior Manager of Quality Assurance to become familiar with the auditing process.
6. In general, only a preceptor may approve the competencies for which a student indicates they have attained, as only the preceptor is the person who visualized the student proficiently performing said competency. A student will be permitted to seek a competency approval from their preceptor, as long as the preceptor is able to recall the details of the call.

However, there may be circumstances in which an auditor may also approve competency attainment, such as, placing additional costs on the student to travel back to the location they completed their clinical and/or practicum hours. The preceptor is off work due to injury, or moved to another facility/organization, and cannot be reached by the student. It is important to note, that this is not to be utilized as a normal practice.

For an auditor to approve a competency they must first confirm that the CompTracker form contains information regarding the competency the student is seeking approval for. Then, they must contact the preceptor who approved the form to discuss the patient contact and the information it contains. If the preceptor agrees that the student did perform the competency and that the preceptor would have approved said competency, then and only then can the auditor approve the competency. Furthermore, the auditor will make note of the date, time and method through which they communicated with the preceptor, to validate that the student obtained the competency, in the comments section of the form on which they approved the competency.

7. An auditor has the authority to recall competencies that are not supported by evidence of attainment. This means that if there is no written evidence of attaining a competency, on the form to which the student has attached a competency, then the auditor must recall the competency, as the competency cannot be validated.

8. However, as mentioned under point number 5 above, a preceptor is the ultimate authority on whether or not a student performed a competency. Therefore, should a student recall the details of a call that they initially failed to document, they will be permitted to add the information to support that competency attainment so long as the preceptor is willing to validate a the competency attainment by approving the additional information as well as the attached competency. When completing the information in the "CompTracker" data base the auditor must do the following:
- a. Check Attendance Records - ensure students are completing their required hours. If there is a question regarding the number of hours the auditor will send a message to the student for clarification and advise the Coordinator of Clinical and Practicum Placement.
 - b. Airway Management Record - The auditor will read each Airway Management Record in detail in an effort to verify that the information provided on the form supports the competency the student has attached and obtained approval for from their preceptor. The auditors will do the following:
 - i. As an example, if the student has not documented any information regarding performing an airway maneuver to maintain patency, but they attach and the preceptor approves competency 5.1.a Use manual maneuvers and positioning to maintain airway patency, the auditor will recall the competency as there is no information supporting the attainment of this competency.
 - ii. They will indicate they have audited the Airway Management Record by dating it, indicating who audited it and adding comments, as required. The auditor has full authority to recall competencies that, while approved by the preceptor, are not supported by the documentation completed by the student. When a competency is "recalled" from an Airway Management Record it is deleted from the student's record.
 - c. Weekly Evaluation Report – This report is to be generated and sent to the institution by the student at the end of every rotation (e.g. 42 hours). Completed by both the student and their preceptor it is used by the institution as a reporting mechanism on the student's progress and whether, or not, a call or visit is required by institution staff to address any outstanding issues or concerns with the students' progress. The auditor will note the date it was reviewed, who reviewed it and is status (issues noted or no issues noted). If issues are noted, it is to be forwarded to the staff member designated to deal with issues and, if required, generate a course incident/complaint/inquiry record. It is anticipated that it may take up to two weeks for the students Weekly Contact Report to be audited.

- d. Patient Record - The auditor will read each Patient Record in detail in an effort to verify that the student has obtained the competencies they have attached and the preceptor has approved. They will indicate they have audited the Patient Record by dating it, indicated who audited it and adding comments, as required. The auditor has full authority to recall competencies that, while approved by the preceptor, are not supported by the documentation completed by the student. When a competency is "recalled" from a Patient Record it is deleted from the student's record.
- e. Call Record - The auditor will read each Call Record in detail in an effort to verify that the student has obtained the competencies they have attached and the preceptor has approved. They will also identify whether, or not, the student is progressing in regard to their ability to perform an overall call by verifying the Overall Call Score provided by the preceptor. They will indicate they have audited the Call Record by dating it, indicated who audited it and adding comments as required. The auditor has full authority to recall competencies that, while approved by the preceptor, are not supported by the documentation completed by the student. When a competency is "recalled" from a PCR it is deleted from the student's record.
- f. The auditor will advise the Coordinator, Clinical & Practicum Placement of the number of competencies a student has outstanding, as well as the number of Call Records out of the last 15 that have been scored as under 3, approximately 6 weeks in advance of the course completion date.

Important note: If a student has identified that they obtained a competency in a higher Performance Environment then that required by the NOCP the student will be given credit for that competency. Therefore, before the student is sent back to the clinical setting, the auditor should ensure that the student has not performed that competency at a higher level.

Once the auditor is satisfied that the student has obtained all the required competencies, in the simulation, clinical and practicum settings, the President, or their designate, will permit "successful completion" to be identified on the students transcript of marks.

Section 013: Program Quality Control and Assurance

Policy No:	13-10 (Methods to Maintain/Improve Programs - General)		
Effective Date: 01 Aug 2012		Approved by: President	
Revision Date: 9 March 2018		Review Date: 9 March 2018	

POLICY

Medavie HealthEd endeavors to maintain and improve the quality of the programs it offers. In order for quality improvement to take place the institution requires input from Students, Instructors, Preceptors, Employers, Graduates, Medavie HealthEd Committees, and Medavie HealthEd management.

PROCEDURE

1. Data will be collected from the following the sources:
 - 1.1. Students – See policy 13-20 - Program Evaluation – Students
 - 1.2. Instructors – See policy 13-30 - Program Evaluation – Instructors
 - 1.3. Preceptors – See policy 13-40 - Program Evaluation – Preceptors
 - 1.4. Employers – See policy 13-50 - Employer Satisfaction Survey
 - 1.5. Graduates – See policy 13-60 - Graduate Historical Questionnaire
2. The information and data collected is always summarized and forwarded to the Continuous Quality Improvement (CQI) Committee in order to review the summary documents and make recommendations on how to improve programs.
3. A more detailed description of this CQI Process is detailed in the Appendix A: *Medavie HealthEd CQI Committee Framework* document.

Appendix A: Medavie HealthEd CQI Committee Framework

Inherent to the success of any educational program is a comprehensive Continuous Quality Improvement (CQI) Program. CQI works within the larger framework of overall performance management, a process utilized to engage staff in monitoring the success of programs to accomplish organizational goals.

Medavie HealthEd's program curricula are maintained to the standards of the Paramedic Association of Canada's National Occupancy and Competency Profile (NOCP) Guidelines, in conjunction with standards set forth by Accreditation Canada. Programming is developed and updated in keeping with evidence based practices, and with principles of adult learning in mind.

The overall regulatory bodies are the Department of Post-Secondary Advanced Education Private Career Colleges (PCC) branch in Nova Scotia, the Private Occupational Training Association in New Brunswick (POTA) and the Private Vocational Schools (PVS) branch in Saskatchewan. Any significant changes to programming are approved by these respective entities with supporting documentation from the College of Paramedics of Nova Scotia (CPNS), Paramedic Association of New Brunswick (PANB) and Saskatchewan College of Paramedics (SCoP).

Curricula are reviewed on an ongoing basis by stakeholders and committees outlined below. Feedback/data is compiled on a quarterly basis by the CQI Chair. Feedback is collected from students, operating companies, regulatory bodies, faculty, graduates, and provincial entry to practice exam results whenever possible. The CQI Chair collates and presents this feedback as well as his/her analysis to the CQI Committee on a quarterly basis, and any recommendations for program adjustments are developed by this committee. Minor program adjustments may be approved by the CQI Committee independently. Larger changes, at the discretion of the CQI Committee, require referral to the Management and/or Program Advisory Committee(s). The CQI Committee may task the Curriculum Committee, Faculty Committee, Admissions Committee, Management Committee and/or other school faculty with action items to affect the desired changes. It is the responsibility of the CQI Chair to evaluate changes via ongoing data collection and data review by the CQI Committee, thereby measuring the success of any adjustments in programming.

1.0 Policy Statement:

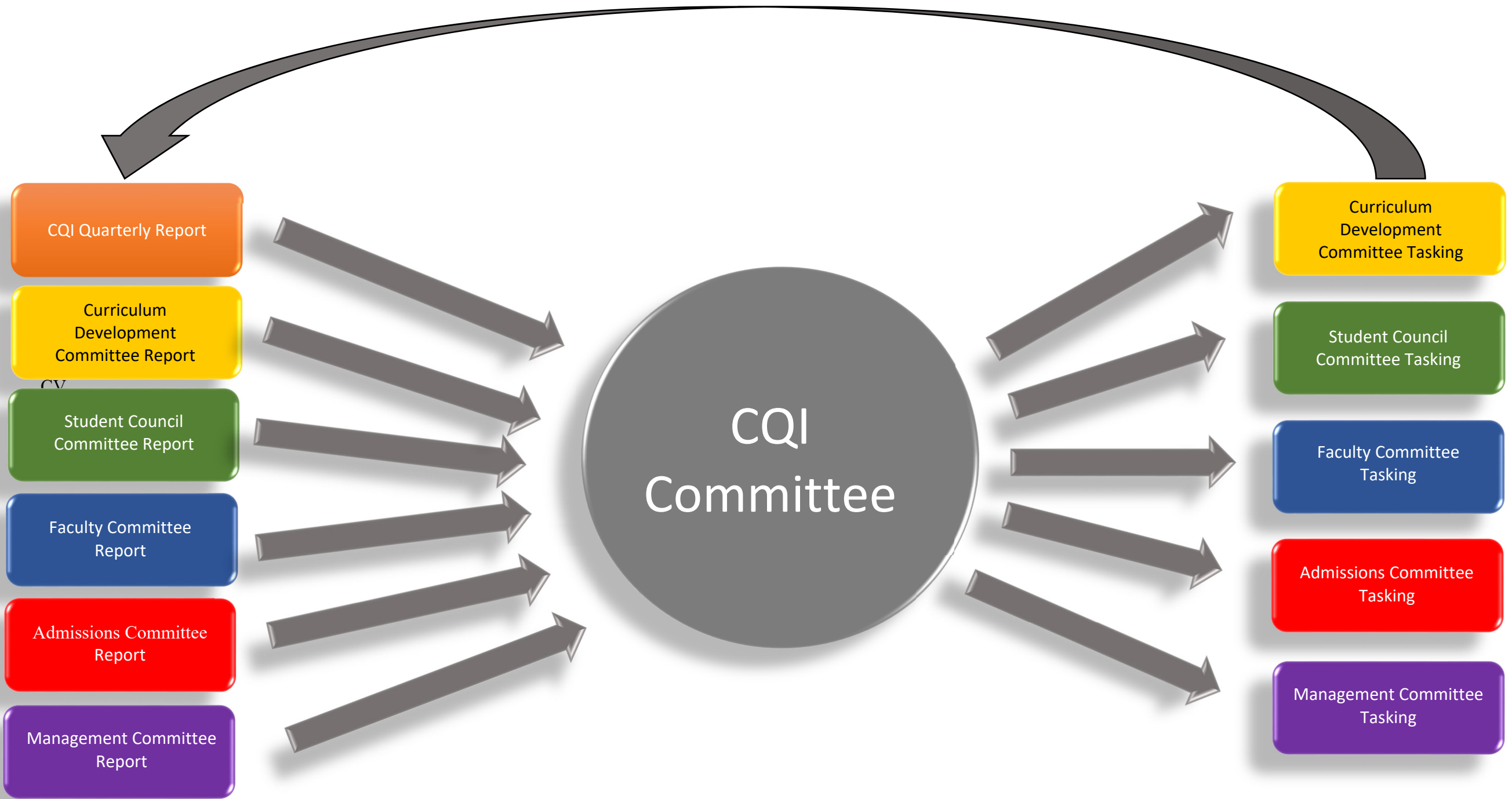
- 1.1 The CQI Program Overview and Framework will direct, guide and support the delivery of quality programming to support the basic principles of CQI including:
 - 1.1.1 **Identify:** The CQI Chair collects and compiles feedback from all available sources, identifies trends, and presents these data to the CQI Committee on a quarterly basis. The CQI Chair will also formulate suggestions for addressing any concerns or findings that will be discussed at the CQI Meetings. Feedback may also be identified by any faculty member, and brought forward to the CQI Committee.
 - 1.1.2 **Analyze:** The CQI Committee will meet on a quarterly basis to analyze data and recommendations presented by the CQI Chair. The CQI Chair, together with the CQI Committee will develop final recommendations for any suggested changes to the programming, policies, etc.
 - 1.1.3 **Implementation:** The CQI Chair is responsible for delegating tasks/action items to members of the CQI Committee, school faculty, and may also call upon the any Medavie HealthEd Committee to assist with bringing the proposed changes to fruition. Larger

changes may require referral to the Management and/or Program Advisory Committee(s) for approval.

- 1.1.4 **Test:** Programming changes will be measured via ongoing feedback collection by the CQI Chair and analysis with the CQI Committee.
 - 1.1.5 **Learn:** The CQI Chair will continue to collect data that may be used to measure changes in outcomes that occur as a result of edits to the curriculum and ongoing edits may be necessary.
 - 1.1.6 **Revise:** The CQI Chair may once again present data and suggested courses of action to the CQI Committee in response to outcome data collected after program changes are made, and if needed further revisions may be advised and would once again follow this CQI framework listed here.
- 1.2 The Continuous Quality Objectives include:
- 1.2.1 Both quantitative and qualitative processes that identify potential risks to quality education or the safety of students and patients.
 - 1.2.2 Addressing quality issues or concerns brought forward by faculty, students, preceptors, and other stakeholders.
 - 1.2.3 Maintaining adherence to national and provincial regulatory requirements.
 - 1.2.4 Maintaining standards as prescribed by Accreditation Canada.
 - 1.2.5 Fostering a collective commitment to provide high quality educational programming.
 - 1.2.6 Enhancing quality by providing professional development opportunities for faculty.
- 1.3 Elements of a High Quality Educational Programming include:
- 1.3.1 Written policies and procedures governing all aspects of educational programming.
 - 1.3.2 Effective feedback mechanisms for learners at both formative and summative intervals.
 - 1.3.3 Evaluation Frameworks with feedback loops for students, faculty and administration where necessary.
 - 1.3.4 Commitment to quality among all faculty and staff.
 - 1.3.5 Sufficient equipment maintained in good working order.
 - 1.3.6 Sufficient human and financial resources to deliver required programming and student support.
 - 1.3.7 Orientation for students and faculty as well as ongoing professional development.

2.0 Overview of CQI Process:

- 2.1 Feedback regarding program design, delivery, and outcomes will be reviewed on an ongoing basis as part of the mandate of the CQI Committee. The CQI Chair and Committee will seek feedback arising from any of the following meetings/committees:
- 2.1.1 Admissions Committee
 - 2.1.2 Faculty Committee
 - 2.1.3 Student Council Committee
 - 2.1.4 Management Committee
 - 2.1.5 Staff Meetings
 - 2.1.6 Curriculum Development Committee
- 2.2 An overview of the CQI Committee process can be found in below:



CQI Quarterly Report

- Data will be collected on an ongoing basis and analyzed quarterly by the Manager, Quality & Risk. Key indicators and trends will be identified in the analysis which will then be presented to the CQI committee for discussion and action as required. The data streams as well as the areas analyzed for each stream are as follows:
 1. Student Feedback Regarding Modules:
 - Modular feedback on program (didactic & simulation) and administration (qualitative & quantitative)
 2. Student Faculty Feedback (Instructional Staff & Lab Facilitators):
 - Individual Instructor evaluations (qualitative & quantitative)
 - Semi-annual summary of this data will be further utilized by the Manager, Quality & Risk to inform a Performance Appraisal process with Lead Instructional staff
 - Individual Lab Facilitator evaluations (qualitative & quantitative)
 3. Student Program Specific Feedback:
 - Driving instruction feedback (qualitative & quantitative)
 - Operating room placement feedback (qualitative & quantitative)
 - Emergency department placement feedback (qualitative & quantitative)
 - Practicum rotation feedback (qualitative & quantitative)
 4. Employer/Operating Company Feedback:
 - The following data will be collected from the Employers/Operating Companies and summarized by the Manager, Quality & Risk. Ideally, on a semi-annual basis, representatives from the Employers/Operating Companies will present said data to the CQI Committee and field any resulting questions.
 - Hiring data broken down by province and cohort (quantitative)
 - Trends and knowledge gaps identified in hiring process (qualitative)
 - Quantitative new employee orientation (NEO) data across the range of areas evaluated.
 - Whenever possible, aggregate data of Medavie HealthEd graduate performance vs. other program's applicants.
 5. Graduate Employment Success
 - Post-graduation follow up interviews – 6, 12 & 24 months (qualitative & quantitative)
 6. Entry to Practice Exam Results
 - Summary of success rates since last CQI meeting for:
 - COPR entry to practice examinations (quantitative)
 - PANB entry to practice examinations (quantitative)

Curriculum Development Committee Report

- Each quarter, the chair of the Curriculum Development Committee (CDC) will present a report detailing the following (if there was any committee activity since the last CQI meeting):
 1. Any items discussed at recent CDC meetings that may require CQI input
 - Ex. CDC wishes to change to a new A&P textbook. They have discussed internally and have a plan to enact the change. CQI committee can discuss possible implications of change and suggest ways to ensure all aspects are considered.
 2. Updates on the any items the CDC was tasked with during the previous CQI Committee meeting
 - Ex. At the last CQI Committee meeting, the Manager, Quality & Risk presented Student Modular Survey data which showed a trend across programming that there is insufficient time for the Cardiology module. At that time CDC was tasked with review of this. The CDC now provides the CQI Committee with an update on its progress.

Faculty Committee Report

- Each quarter, the chair of the Faculty Committee (FC) will present a report detailing the following:
 1. Any items discussed at the recent FC meetings that may require CQI input
 - Ex. At recent FC meetings, Lead Instructors reported that facilitators expressed confusion over the evaluation tool used in the lab setting. CQI committee can discuss the steps needed to remedy this and task various committees as needed to implement changes.
 2. Updates on the any items the FC was tasked with during the previous CQI Committee meeting
 - Ex. At the last CQI Committee meeting, the Manager, Quality & Risk presented Instructional Staff Survey data which showed a trend that Lead Instructors felt facilitators were not showing up early enough for lab days to have a morning meeting. At that time the FC was tasked with implementing ways of addressing this. The FC now provides the CQI Committee with an update on its progress.

Student Council Committee Report

- Each quarter, the chair of the Student Council Committee (SCC) will present a report detailing the following:
 1. Any items discussed at the recent SCC meetings that may require CQI input
 - Ex. At a recent SCC meetings, the student representative from one cohort indicated they still do not have a full complement of their textbooks. CQI committee can discuss the steps needed to remedy this and task various committees as needed to implement changes.
 2. Updates on the any items the SCC was tasked with during the previous CQI Committee meeting
 - Ex. At the last CQI Committee meeting, the Manager, Quality & Risk presented Instructional Staff Survey data which showed a trend that Lead Instructors felt students were showing up late for class. At that time the SCC was tasked with disseminating that information to the representatives of each cohort. The SCC now provides the CQI Committee with an update on its progress.

Admissions Committee Report

- Each quarter, the chair of the Admissions Committee (AC) will present a report detailing the following:
 1. Student Cohort Progression Data:
 - Quantitative data for each student cohort currently enrolled, or graduating in the past 12 months including:
 - Number of applicants for each class
 - Number of students accepted to each class
 - Number of students exiting the program and reason (performance or personal) for each class
 - Number of students successfully graduating from each class
 - Qualitative & quantitative data regarding student exit interviews – attrition feedback.
 2. Any items discussed at the recent AC meetings that may require CQI input
 - Ex. At a recent AC meeting, there was discussion regarding the removal of a transcript requirement from the Admission process. CQI committee can discuss possible implications of change and suggest ways to ensure all aspects are considered.
 3. Updates on the any items the AC was tasked with during the previous CQI Committee meeting
 - Ex. At the last CQI Committee meeting, the Manager, Quality & Risk presented Entry to Practice Exam data which showed that students entering their program after a recent admissions process change are underperforming as compared to previous years. At that time the AC was tasked with reviewing the admissions process and developing a suggested remedy. The AC now provides the CQI Committee with an update on its progress.

Management Committee Report

- Each quarter, the chair of the Management Committee (MC) will present a report detailing the following:
 1. Any items discussed at the recent MC meetings that may require CQI input
 - Ex. At a recent MC meeting, there was discussion regarding the execution of an Educational Placement Agreement with a new Practicum site. CQI committee can discuss possible implications of change and suggest ways to ensure all aspects are considered.
 2. Updates on the any items the MC was tasked with during the previous CQI Committee meeting
 - Ex. At the last CQI Committee meeting, the Manager, Quality & Risk presented Student Program Survey data which showed that ACP students were struggling to meet their minimum number of ETIs in the prescribed number of OR shifts compounded by the decreased availability of OR shifts. At that time the MC was tasked with discussing possible alternative avenues for attainment of the ETI competency. The MC now provides the CQI Committee with an update on its progress.

Policy No:	13-20 (Curriculum Revisions – PCP, ACP and CCP)		
Effective Date: 01 Aug 2012	Approved by: President		
Revision Date: 05 Jan 2015	Review Date: 9 March 2018		

POLICY

Paramedicine programs at all levels are required to meet the National Occupational Competency Profile, as developed by the Paramedic Association of Canada, as well as the Competency requirements established by the College of Paramedics of Nova Scotia (CPNS), the Paramedic Association of New Brunswick (PANB), and the Saskatchewan College of Paramedics (SCOP). The curriculum of all programs will be reviewed every three years by the Curriculum Development Committee.

PROCEDURE

1. The President will designate the Curriculum Development Committee. This team will work under their terms of reference in recommending changes to the various Paramedicine programs offered by the institution.
2. The Curriculum Development Committee will provide a report to the CQI Committee on the status of Medavie HealthEd program curriculum compared to the NOCP's, CPNS, PANB and SCOP Competency Requirements. Recommendations will be made in two categories. The first will be those changes that are required to meet NOCP, CPNS, PANB and SCOP competency requirements. The second will be those changes that are recommended but not required to meet NOCP, CPNS, PANB and SCOP competency requirements. The recommendations made by the Curriculum Development Committee are summarized for review.
3. The summarized document with recommended changes will be forwarded to the Program Advisory Committee for their input and recommendations.
4. The CQI Committee will be responsible to designate a staff member to revise the curriculum and have it submitted to the appropriate provincial regulators for approval before the new curriculum is implemented.

Policy No:	13-40 (Program Evaluation - Students)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 9 March 2018

POLICY

This policy allows for the students to provide feedback on the different components of the program they are attending. They will be provided through the use of electronic evaluation forms for the didactic component of the program, for each site of their hospital/institutional clinical practicum and for each site of their ambulance practicum.

PROCEDURE

1. During the didactic component of the program students will be provided with the opportunity to evaluate the didactic components of their program.
 - 1.1. Students are provided with electronic surveys during class time and asked to complete them.
 - 1.2. Once completed all forms are summarized and reviewed by the Manager, Quality & Risk.
 - 1.3. These summary document are then included in the Quarterly CQI Report and presented to the CQI Committee by the Manager, Quality & Risk.
2. During the Institutional/Hospital Clinical practicum, students will have the opportunity to evaluate each site they are training in.
 - 2.1. The students are provided with electronic surveys and asked to complete them at the end of each of their clinical rotations.
 - 2.2. Once completed all forms are summarized and reviewed by the Manager, Quality & Risk.
 - 2.3. These summary documents are then included in the Quarterly CQI Report and presented to the CQI Committee by the Manager, Quality & Risk.
3. During the Ambulance practicum, students will have the opportunity to evaluate each of their practicum sites.
 - 3.1. The students are provided with the electronic surveys asked to complete them at the end of each of their practicum rotations.
 - 3.2. Once completed all forms are summarized and reviewed by the Manager, Quality & Risk.
 - 3.3. These summary documents are then included in the Quarterly CQI Report and presented to the CQI Committee by the Manager, Quality & Risk.

Policy No:	13-50 (Program Evaluation - Instructors)		
Effective Date: 01 Aug 2012	Approved by: President		
Revision Date: 05 Jan 2015	Review Date: 9 March 2018		

POLICY

This policy allows for instructors to provide feedback regarding programs offered at Medavie HealthEd. At the completion of their program, instructors will be provided an opportunity to provide feedback on all aspects of their program.

PROCEDURE

1. The Instructor is provided with an electronic feedback form and asked to complete it.
2. The Manager, Quality & Risk will summarize the document, if required. A senior manager will then meet with the instructor to discuss the feedback.
3. These summary documents are then included in the Quarterly CQI Report and presented to the CQI Committee by the Manager, Quality & Risk

Note: At any time an instructor may provide feedback on the program verbally or via the monthly faculty meetings.

Policy No:	13-60 (Program Evaluation - Preceptors)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 9 March 2018

POLICY

This policy allows for preceptors to provide feedback on programs offered at Medavie HealthEd. During the student's hospital/institutional clinical and ambulance practicum time the preceptor will be asked to complete surveys or provide verbal feedback to the Coordinator, Clinical & Practicum.

PROCEDURE

1. The Preceptor is provided with an electronic survey and asked to complete it.
2. The Manager, Quality & Risk will summarize the document, if required.
3. These summary documents are then included in the Quarterly CQI Report and presented to the CQI Committee by the Manager, Quality & Risk

Note: At any time a Preceptor may provide feedback on the program verbally or in writing to any member of the Medavie HealthEd management team.

Policy No:	13-70 (Employer Satisfaction)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 9 March 2018

POLICY

This policy is used to gather information from employers who have hired Medavie HealthEd graduates. Information may be collected by a phone interview between the employer and a member of Medavie HealthEd staff, or by sending the document directly to the employer, for completion and return to the institution.

PROCEDURE

1. The Manager, Quality & Risk will contact the employers at regular intervals (based upon hiring cycles) to solicit feedback on the success of recent graduates in a given hiring cycle.
2. The Manager, Quality & Risk will collate this feedback and summarize, if required.
3. These summary documents are then included in the Quarterly CQI Report and presented to the CQI Committee by the Manager, Quality & Risk

Note: At any time an employer may provide feedback on the program verbally or in writing to any member of the Medavie HealthEd management team.

Policy No:	13-80 (Graduate Historical Questionnaire)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 9 March 2018

POLICY

This policy is used to gather information from graduates who have completed a program offered by Medavie HealthEd. Information may be collected by a phone interview between the graduate and a member of Medavie HealthEd staff or by sending an electronic survey directly to the graduate for completion and return to the institution.

PROCEDURE

1. The graduate is contacted by a Medavie HealthEd staff member via phone or provided with an electronic survey within 6 months to 1 year of graduating.
2. The Manager, Quality & Risk will collect and summarize this feedback, if required.
3. These summary documents are then included in the Quarterly CQI Report and presented to the CQI Committee by the Manager, Quality & Risk

Note: At any time a graduate may provide feedback on the program verbally or in writing to any member of the Medavie HealthEd management team.

Section 014: International Students

Policy No:	14-10 (International Applicants – General)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 9 March 2018	Review Date: 9 March 2018

POLICY

The objective of this policy is to provide general guidance with regard to the expectations that will be placed upon international students who are applying, and admitted, to clinical programming at Medavie HealthEd. In general, all policies and procedures that are applicable to our domestic students are applicable to our international students as well. Some policies that require specific mentioning include:

1. English is the primary language of instruction at Medavie HealthEd. If an international student's first language is not English, he or she will be required to supply results of an English language proficiency test in order to be considered for admission into a program. Policy No 2-21 English Proficiency Requirements provides details regarding the level of English proficiency an applicant must have prior to enrolling in a Medavie HealthEd program.
2. Educational credentials, for all clinical programming will remain consistent with the requirements established in Policy No 2-20 Entry Requirements – PCP, ACP; however all foreign education credentials must be validated by an external agency. Please see Policy No 2-22 Educational Credential Validation Process.
3. Study Permits are required by all international students. Policy No 14-40 Study Permits establishes the process that must be followed by all international students seeking acceptance at Medavie HealthEd.
4. Selection process, for all clinical programming will remain consistent with the requirements established in Policy No 2-30 Selection Process – PCP, ACP.
5. Medical/Dental Insurance – Medavie HealthEd does not provide medical and/or dental insurance for international students attending its programming. Therefore, at a minimum, international students are strongly encouraged to evaluate the purchase of an emergency plan and budget accordingly.

6. The tuition Refund policy, for all programming will remain consistent with the requirements established in Policy No 2-50 – Refund Policy.
7. The Complaint Resolution process will remain consistent with the requirements established in Policy No 11-10 Complaints, as well as Policy No 11-20 Problem Resolution process.
8. The requirements to be considered a student in good standing will remain consistent with Policy No 4-70 Student in Good Standing.

Policy No:	14-11 (Ethical Recruitment and Promotion)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 9 March 2018

POLICY

The objective of this policy is to provide general guidance with regard to the ethical recruitment of students for, and promotion of clinical programming to international students.

Medavie HealthEd believes in the ethical recruitment of international students and strives to be consistent with principles that have been established by the Roundtable on the Integrity of International Education forum. Those principles include:

- Integrity – our institution will be honest and straightforward in relation to all business dealings with international students and/or agents.
- Objectivity – our institution will not allow professional judgment to be compromised by bias or conflict of interest.
- Professional competency and due care – our institution will maintain professional knowledge and professional service, and act diligently.
- Transparency – our institution will declare conflicts of interest to all clients, in particular when a service fee is charged to our institution by a recruiter and/or the prospective student.
- Confidentiality – our institution will respect and preserve the confidentiality of personal information acquired and will not release such information to third parties without proper authorization from the student.
- Professional behavior – our institution will act in accordance with all relevant laws and regulations, while dealing with clients in a competent, diligent and fair manner.
- Professionalism and purpose – our institution will act in a manner that will serve the interests of students and the wider society; recognizing that dedication to these principles is the means by which we can earn the trust and confidence of students, parents, the public, business and government.

Source: <https://aei.gov.au/News/Latest-News/Documents/StatementofPrinciples.pdf> - 13 Jan 2014

Policy No:	14-40 (Study Permits)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 9 March 2018	Review Date: 9 March 2018

POLICY

This policy establishes the process international applicants must follow obtain a study permit to enter Canada.

Prior to entering Canada and attending Medavie HealthEd an international applicant must apply for and obtain a valid student permit from Citizenship and Immigration Canada (CIC).

PROCEDURE

1. The Medavie HealthEd staff member responsible for managing applicant enquires is responsible to ensure that all international enquires are advised to learn more about Citizenship and Immigration Canada's study permits by visiting www.cic.gc.ca.
2. Applicants should be advised that it may take up to three months, or more, to obtain a study permit and temporary resident visa.
3. If an applicant is an individual who is already in Canada on a study permit with a different institution, or on a work permit, they are to be directed to contact CIC regarding their eligibility to enrol at Medavie HealthEd.
4. International applicants, who are successful during the selection process, must provide Medavie HealthEd with original documentation, from Citizenship and Immigration Canada indicating that they have obtained a study permit. A copy of this documentation will be made and placed on the students file.
5. Any person who does not have right of residence in Canada and who graduates from any program at a private career college is not entitled to a Post-Graduation Work Permit as issued by Immigration, Refugees and Citizenship Canada.
 - a. It is the institution's responsibility to ensure that International applicants are advised and acknowledge their understanding of this restriction on employment in Canada.

Policy No:	14-50 (Liaising with International Students)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 9 March 2018

POLICY

This policy provides guidance regarding the administrative requirements to enrol international students. Private training organizations are required to identify administrative resources within their institutions that will be responsible for monitoring the enrolment and status of international students, as well as provide additional support to them.

PROCEDURE

1. The Admissions Advisor functions as an advocate for the international student and will be responsible to provide guidance to international students up to the point where a student starts a program. During the application process they will be responsible to provide general advice with regard to; immigration issues, study permits, employment restrictions in Canada, domestic travel, finances, accommodations, cultural adaptation, rights and responsibilities in Canada and pre-arrival information. They will also be responsible to disclose all costs associated with the program including but not limited to tuition, books, uniforms, criminal record checks, immunization and medical records, accessories such as stethoscopes, blood pressure cuffs, etc., as well as costs associated with technology and medicals. Students must also be made of the requirement to travel to clinical and practicum sites, which may be over 2 hours from their residence in the province.
2. The administrative support staff located at each campus will assume responsibility and advocate for the international student once they are enrolled in a program. During a student's enrollment the administrative support staff will provide an orientation to banking, transportation, academic expectations and Canadian culture. They will also provide general advice regarding domestic travel, finances, personal problems, off-site accommodations, cultural adaptation and rights and responsibilities in Canada.
3. The lead instructor for the program the international student has entered will be responsible to monitor the student progress and good standing as per Policy No. 4-70 Student in Good Standing. They will note any incidents resulting in a variation in good standing and report them to the President, or their designate.

4. The President, or their designate, will take appropriate disciplinary measures regarding the variation in good standing, up to and including dismissal from the program.

Policy No:	14-60 (Student in Good Standing)
Effective Date: 01 Aug 2012	Approved by: President
Revision Date: 05 Jan 2015	Review Date: 9 March 2018

POLICY

This policy establishes the minimum requirements for a student to be considered in good standing, as well as the ramifications of not maintaining a good standing.

PROCEDURE

1. Maintaining good standing requires the student to:
 - a. Maintain attendance as per Policy No 6-10 Program Attendance.
 - b. Be punctual for all program requirements
 - c. Complete all course work, including tests and other evaluations
 - d. Maintain a satisfactory behavior
 - e. Adhere to Policy No 4-30 Code of Conduct
 - f. Adhere to Policy No 4-31 Student Responsibilities General
 - g. Adhere to all other policies and procedures.
2. Good Standing is lost when a student fails to meet the requirements identified under point number 1 above.

Failure to maintain good standing will be documented by the lead instructor and will result some form of disciplinary action, up to and including dismissal.