

AU1100 – STUDENT PLACEMENTS

1.0 PURPOSE

- To provide opportunities for Students to experience and learn from clinical and non-clinical educational experiences as part of Interior Health’s (IH) goal of promoting health and health care in the community. Since clinical areas are the most frequented by Students, this policy reflects language primarily to this group.
- To provide a consistent and comprehensive approach for arranging clinical & practice education experiences for those who wish to use IH’s facilities and programs for educational purposes. Standard processes, guidelines and forms have been developed to assist this process.
- Provincially developed practice education guidelines (see *Practice Education Guidelines – IH InsideNet: Education and Development: [Students](#)*) are incorporated within this policy.

2.0 DEFINITIONS

TERM	DEFINITION
Affiliation Agreement	A legal contract between IH and the education agency governing student placements that define roles and responsibilities and address risk and liabilities. This contract may also be known as the Student Placement Agreement (SPA).
Client	Includes patients, clients, residents (persons in care) receiving health services in IH facilities and programs.
Collaborative Learning	Students identify learning goals and negotiate an assignment with a team /unit rather than an individual preceptor. This may also be known as Clinical Learning or Team Learning.
Co-op	An employment opportunity for Students not addressed in this policy as it requires alternate Human Resource support processes.
Data Steward	A public body or specific individual that has ultimate responsibility for a given data source.
Education Institution	Any organization that offers educational programs. May also be referred to as education agencies.
Faculty	Instructional staff of the Education Institution responsible for supervising student groups.
Fieldwork	The process of collecting raw data. May be obtained in situ (worksite, home, environment), laboratory or experimental research center and may be through face to face contact or observational in nature. A term that is used by allied health professions to reference placements.
Group Placement	Two or more Students placed in a facility/unit/department at the same time.

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HSPnet	Health Science Placement network – an internet-based data and information system that streamlines the student placement process and supports practice education management.
Intern (ship)	Someone who works in a temporary position with an emphasis on on-the-job training rather than merely employment. Similar to an apprenticeship. Most of their training is done on the job while working for an employer who helps the apprentices learn their trade/professional role.
Job Shadow	When an individual observes IH staff to gain knowledge about the role of the staff member and/or career opportunities.
Non-affiliated	Does not have an association with an educational institution or IH.
Observational	Hands free learning. No physical contact is made with another human.
Practice Education	Educational experience that occurs in the health services workplace that may involve direct client care and access to their personal and health information. The student may provide services for the benefit of patients or families. The student provides such services under the general direction and supervision of practicing professionals from IH or staff from an Education Institution authorized and qualified to provide the services.
Practicum	Describes a course often in a specialized field of study designed to give Students supervised practical application of a previously studied theory. Faculty member from governs activities of the student.
Preceptorship	One staff member (preceptor) matched to one or more Student(s) (preceptee) for the purpose of meeting learning objectives.
Project Placement	Student placed in a facility, unit or department for the purpose of school project work.
Resident	Medical Resident: A postgraduate trainee who completed a medical degree and is enrolled in an approved training program leading to certification in a specialty or family medicine.
Students	All individuals (affiliated and Non-affiliated) in organized learning experiences in any discipline or category of placement. This policy does not affect Students placed within IH only to conduct research as they require alternate support processes.

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Substitute Decision Maker	A person chosen by a health-care provider under the <i>Health Care (Consent) and Care Facility (Admission) Act</i> and may include a person authorized by the Public Guardian and Trustee to make health-care decisions on an adult's behalf when the adult is incapable and does not have a Personal Guardian (Committee of the Person), or authorized Representative See AL0100 Consent – Adult.

3.0 POLICY

3.1 Student Practice Experiences Considered By Interior Health (Clinical and Non- Clinical)

- IH considers placement requests in geographic priority from local, provincial, national, and international; public and private Education Institutions; other agencies; and Non-affiliated individuals. This involves consideration of multiple factors, whose degree of priority changes depending on contextual factors within the practice setting at the time of the placement request. IH sponsored or funded Students have priority for placement. Provincial governments financially subsidize public and post-secondary Education Institutions. Therefore, in situations where all other decision making factors are equal, IH will place Students from public Education Institutions before Students from private Education Institutions (as per Ministry of Health and Ministry of Advanced Education, BC Academic Council Practice Education meeting March 2013).
- Placements within IH may take the form of Preceptorships, Internships, a Practicum, supervised Fieldwork, Group Placements, Collaborative Learning, Project Placements or Observational placements.
- The Appendices set out specific guidelines for each type of placement.

Post-Secondary Educational Institution	Appendix A
Non-affiliated/ No sponsorship with an Education Institution or contracted vendors or non-clinical placements	Appendix B
High School Students (Grade 10/11/12)	Appendix C
Take Our Kids to Work program (Grade 9)	Appendix D
Midwife student placements	Appendix E
Nurse Practitioner student placements	Appendix F
Medical Student Placements	<i>Please connect with the local Medical Administration Assistant.</i>
Co-op Students	<i>Please connect with local Human Resource Business Partner</i>

- IH is committed to provincial standardization processes as associated with clinical placement. Practice Education guidelines (PEG) are available for further information on subsequent policy points (*IH InsideNet – Education &*

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Development – [Students](#))

3.2 Placement Accountability

- IH leaders convey and actively support health service provider/non-health service provider education and play a direct role in developing, implementing and evaluating evidence informed tools to support practice education management and quality improvement regarding Students.
- IH Leaders
 - inform and train all levels of management about education tools and their use.
 - assign specific responsibility and accountability for developing, implementing, using and maintaining practice and education tools.
 - determine appropriate budget allocations, in conjunction with IH goals and objectives.
 - demonstrate commitment to creating an optimal Student learning environment and ensure staff communication and training related to Student experiences have been completed.
- IH will honor previously approved placements, unless there are significant client safety issues and the change in acceptance has been communicated with the Education Institution placing the Student 24 – 48 hours prior to the Student's arrival.
- The IH manager or delegate is responsible for ensuring IH policies and procedures and clinical decision support tools are followed within the clinical or Practice Education experience.
- Physicians, non-employees and/or contracted agencies supervising Students must adhere to the provisions of this policy.

3.3 Placement Process

All placement requests for clinical, non-clinical & Practice Education experiences must be approved by the manager or delegate of the facility or program where the placement is requested (via HSPnet or Placement Request *Appendix G*). Placements should be requested through academic personnel and not the individual Student. Complete IH Student placement request documents applicable to the placement.

3.3.1 Agreements

- Requesting Education Institutions and agencies must have a current [Affiliation Agreement](#) with IH before a clinical/non-clinical/Practical Experience commences. *For a listing of current Affiliation Agreements,*

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please see IH InsideNet (Education and Development, Students).

- Non-affiliated individuals must have a current Memorandum of Understanding (MOU).
- with IH before their clinical/practice experience commences.
- If there is no physical contact with a client anticipated, complete the MOU for Observation. This has no requirement for professional liability insurance. This MOU is frequently used for Job Shadow experiences.
- If there is physical contact with a client anticipated, complete the MOU for Clinical.
- Requests for these types of Practice Experiences must include professional liability insurance worth \$5 million in the Student’s name. This agreement is frequently used when connecting with a physician. Please see IH InsideNet (Education & Development, Students, MOU template [Observation](#) or [Clinical](#)).

3.3.2 Liability

- All Students and Faculty engaged in clinical/practice education experiences within IH must maintain third party liability insurance in the amount of:
 - Not less than \$5 million if providing care or service to the client.
 - Not less than \$2 million if not providing care or service to the client.
- A copy of this insurance policy must accompany the Affiliation Agreement or MOU.

3.3.3 Accident Insurance

- All Students and Faculty engaged in educational experiences within IH must maintain personal injury (death and disability) insurance from the WorkSafeBC or a private insurer). A copy of this insurance policy must accompany the Affiliation Agreement or MOU. The *University, College and Institution Protection Program (UCIPP)* covers B.C. public Education Institutions.
- *Non University, College and Institution Protection Program (Non-UCIPP)* Education Institutions (e.g. private Education Institutions within B.C. and any Education Institutions outside of B.C.) and Students unable or declining to obtain this insurance must sign a [Waiver](#) and Release of IHA Responsibility Form (see *Appendix H*) confirming that IH assumes no liability for injuries sustained during Practice Education experiences and will not be held responsible.
- Any urgent or life threatening Student injuries should be managed through

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IH Emergency departments. All other injuries need to be addressed through Education Institution processes.

3.4 Criminal Record Check

- All Students and on-site academic educators have the potential to be placed in a sensitive position (areas with vulnerable adults or children under the age of 19) and therefore require a “satisfactory” Criminal Record Check completed prior to their first placement in any IH facility or program. This check is only required once, at the enrollment into a specific program.
- Satisfactory means a record with no criminal convictions or a conviction(s) of such a nature that when considered in relation to the placement does not represent a threat to the care and/or safety of IH Clients, staff or visitors or to the security of IH.
- Students who are engaged in brief Observational experiences lasting no longer than one calendar day and under direct supervision at all times do not require a Criminal Record Check.
- In the event of a charge or conviction, the Education Institution (e.g. placement officer) and the Manager of the placement unit are jointly responsible for reviewing the results of a Criminal Record Check and determining if the charge or conviction is relevant and if the placement may proceed.

3.5 Immunization

- Before a placement commences, all Students and Faculty must ensure they comply with IH immunization policies and procedures. Failure to comply with IH immunization policy may result in termination of the placement. (IH Administrative Policy [AV 0900](#) Prevention and Management of Exposure to Communicable Disease). Appendix I lists the required immunizations for Students and onsite academic educators.
- Student Practice Education may be changed, suspended or delayed during a communicable disease outbreak depending on the circumstances of the placement and type of outbreak (IH Administrative Policy [AV 1300](#) – Staff Influenza Immunization and exclusion; [AV 1350](#) – Influenza Control Program).

3.6 Orientation

- It is the responsibility of Students, Faculty, their respective Education Institution and IH staff to ensure that Students and Faculty are familiar with the expectations and limitations governing Student practice within IH in order to maintain a safe environment. This includes education and training in applicable Workplace Health and Safety and organization policies, standards, procedures and guidelines) and is dependent on duration of the experience and the degree of involvement in care (Observational vs. participation).

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- In addition, it is the Faculty's responsibility for determining their own learning needs with respect to orientation and the maintenance of clinical competency, ensuring they are met prior to the start of the placement.

3.7 Workplace Health and Safety

Students and on-site Faculty must have a working knowledge of the Workplace Health and Safety practices and knowledge on how to access IH specific policies related to:

- Infection prevention
- Influenza Control Program
- Workplace hazardous materials information systems
- Musculoskeletal injury prevention
- Waste management
- Accident reporting – Students, on-site Faculty and IH staff must work collaboratively on any Student involved events – ensuring completion of both academic and IH processes.
- Workplace Health Policy Substance Misuse
- Health Emergency Management (e.g. Fire Safety, Disaster, etc.). Students should report to the Manager or designate to receive specific/further directions per emergency incident.
- Violence Prevention: This is a provincial curriculum required for all healthcare staff and thereby Students completing clinical experiences within IH facilities. Modules 1 – 7 are essential and can be located through the public website: [Violence Prevention](#)
- Workplace Environment

3.8 Identification

- All Students and on-site Faculty are required to wear current Photo ID issued by their Education Institution/agency that clearly identifies them as Students and Faculty, specifies their Education Institution /agency and program of study/title, program dates, and is visible on their person at all times. Please connect with [Security](#) and complete the [Photo Identification form](#) accordingly.

Exception: Students who are engaged in brief Observational experiences lasting no longer than one calendar day may wear non-photo ID but must carry one piece of ID (e.g. school ID, driver's license) preferably with a photo.

- Students and Faculty who are unable to obtain Photo ID from their Education Institution will be required to obtain IH issued Photo ID at their own cost or as provided by specific IH department cost centers.

3.9 Confidentiality

- All Students and Faculty placed /working at IH facilities are responsible for protecting all personal and corporate information they may collect, use, disclose or share, and do so according to IH and Education Institution policy. Students and Faculty may not use, access, disclose or share any personal or corporate information without authorization from appropriate IH personnel. All Students and

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on-site academic educators are required to acknowledge the [External Access Agreement](#) (information system access and which includes Confidentiality) or the [Vis it or's Confidentiality agreement](#) prior to the start of their placement at IH and review all IH policies referred to therein annually.

- Any breach of confidentiality will result in disciplinary action up to and including termination of a placement (IH Administrative Policy [AR0400](#) – Privacy and Management of Confidential Information and [AR0450](#) – Managing Privacy and Security Breaches/Violations). The External Access/Visitor's Confidentiality Agreement is maintained either by the Education Institution (Student file), the IH Manager (Non-affiliated placements) or IH Information Management Information Technology department (User access agreement acknowledgements).
- Conversely, IH staff must respect and protect Student privacy and confidentiality applying the same principles as one would for Client confidentiality.
- Students/Faculty/Staff may not download personal data relating to Clients, employees or business information on any technological devices (e.g. USB key, PDA, IPOD, digital cameras) unless it is encrypted and they receive permission from the IH data steward. Students/Faculty/Staff may download on a technological device, documents that are not confidential such as education materials (orientation manuals, presentations) or supporting clinical information (e.g. policies, procedures, clinical decision support tools).

3.10 Fit for duty

All individuals (Students, Faculty, staff) who are employed by, or carry out business for, or have clinical experiences within IH are expected to arrive at the facility fit for duty and perform their assigned duties safely and responsibly without any limitations due to the inappropriate use or after-effects of use of alcohol, non-medical cannabis, illegal drugs, medications or any other mood altering substances that may endanger their health and safety or that of any other person (WorkSafe BC Regulation, Part 4, 4.20(1)(2)(3)). IH will facilitate the removal of any individual from the premises it reasonably suspects is impaired by alcohol, non-medical cannabis, a drug or other substance. For further information see IH Administrative Policy [AU0200](#) Substance Use Disorder.

3.11 Incident Reporting

- As part of the IH and Education Institution's quality assurance, Students and Faculty are to promptly report any real or potential accidents, injuries, incidents or adverse events that they witness, discover or are involved in (IH Administrative Policy AK0400 – Incident Management) and remain involved for incident review as necessary.
- The person who witnessed or discovered the incident must immediately report the incident or potential incident (near miss) to a local IH Manager (and their respective Education Institution as applicable).
- When the Student or Faculty is responsible for an incident involving others

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and/or themselves, the incident must be reported to IH immediately and to their respective Education Institution as soon as possible. The Student or Faculty should take action to intervene if necessary, document the event in the computerized Patient Safety Learning System (PSLS) and communicate to the appropriate IH manager or designate. Where or when (e.g. power outage) PSLS is not available complete a paper based PSLS form.

3.12 Personal Conflict & Human Rights

- All parties are responsible for acting respectfully and abiding by the Interior Health Standards of Conduct (IH Administrative Policy [AU0100](#) – Standards of Conduct). There shall be no forms of harassment, discrimination, conflict, bullying or violence in the practice environment and any IH will immediately respond to any reports with an aim to resolve the conflict or implement a formal resolution process.
- Students must immediately report situations to the on/offsite academic educator and/or IH Manager/Clinical Nurse Educator/ Coordinator for follow-up.
- If the Student feels unsafe in the practice environment, they may leave the environment once the incident is reported to the Faculty and/or IH Manager.

3.13 Strike /Job Action

In the event of legal or illegal strike action, Students and on-site Faculty should not cross a picket line. Students and Faculty should contact their sponsoring Education Institution or appropriate Manager in the event of unionized job action.

3.14 Library Services

Students and Faculty may access IH library services and related resources (e.g. on-line resources) as applicable. IH staff may restrict the borrowing of material to take off site.

3.15 Copyright/Intellectual Property

Any formal documents or materials developed by Students within the context of a clinical/Practice Education experience at IH are considered to be jointly owned property of the Student and IH and may not be used for non-IH purposes without the consent of both parties. The completion of Copyright Release Form (see Appendix J) is required and submitted to Document Services as applicable.

3.16 Evaluation of Placement Experiences

- As part of IH's quality assurance, placement experiences will be evaluated on an ongoing basis by Students/Faculty/staff. IH collects this information to analyze and to improve placement experiences.
- IH staff will participate in evaluations of individual Students as requested by the Education Institution. Students, Faculty and IH staff have the right to be informed in a timely, confidential manner of any practice concerns.

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- If at any time a Student or Faculty demonstrates incompetence, performs in an unsafe manner or acts unethically, IH staff has the right and responsibility to report the behavior to the supervising Faculty/IH Manager and/or request that a Student leave the practice setting. The Education Institution must be notified.
- If at any time a Student or Faculty member has concerns regarding an IH staff member, communication with the IH Manager and their on-site Faculty is required to ensure performance management protocols (professional development/learning contracts) for their Education Institution are maintained.
- Professional standards related to Duty to Report are required as outlined by the individual Professional’s association.
- All practice issues should be handled as confidential material and discussion should be limited to only those who need to know.

3.17 Vehicle Ride-Along

- IH staff, medical staff or contracted personnel who have Students accompany them in a personal/fleet/rented vehicle as part of the workday, must be appropriately licensed and insured to do so. All IH fleet vehicles are insured. IH Insurance Healthcare Protection Program has third party liability coverage for external individuals within vehicle used for IH work but it is recommended that a minimum of \$2 million be purchased if using a personal vehicle for IH business travel with or without Students.
- Students are not permitted to operate IH fleet/rented vehicle unless authorized in writing by a designated manager (IH Administrative Policy [AQ 1101](#) – Vehicle Responsibility Code for Use of IH Vehicles). Co-op Students/Employed Student Nurses are considered employees and must follow the Responsibility Code for Use of IH Vehicles policy.
- When Students are passengers in an IH personal/fleet/rented vehicle, written authorization from the Education Institution and IH must be obtained prior to travel (Appendix K or Education Institution form). This does not include the usage of personal Student vehicles.

3.18 Remuneration /Reimbursement

- Financial or material remuneration of staff or Students is not encouraged except when constituted in collective agreement language. Placement requests may not be accepted or denied on the basis of financial or material incentive.
- IH staff are permitted however, to accept compensation for their support of clinical placement activities in the way of minimal gifts (mugs, chocolates, coffee vouchers), formal secondment, dual appointment, and/or payment for work beyond regular working hours by an Education Institution, provided that such arrangements have been approved by the appropriate parties at their worksite.
- All Students and Faculty are expected to pay for their own mileage, parking and

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vehicle insurance costs incurred during the course of the placement experience. IH will not provide reimbursement for mileage or other related costs incurred by Students or Faculty during their placement at IH.

3.19 Student Involvement In Clinical Care (Clinical placements only)

- All Clients or their substitute decision makers must be notified of the possibility of their direct involvement in educational opportunities. This notification includes the student name, student discipline, and content of learning.
- All Clients have the right to refuse to participate in the education of Students. Alternative care arrangements may be required in those circumstances. It is the responsibility of all IH staff including medical staff to ensure that individuals in their care are aware of their rights and that these rights are respected. IH Consent Policies and Medical Bylaws must be adhered to at all times:
 - IH Administrative Policy [AL 0100](#) Consent Adults
 - IH Administrative Policy [AL 0200](#) Consent Persons Under 19 years of age
 - [IH Medical Bylaws](#)
- Students/Faculty will only be required to document consent refusals for participation in Student learning.

3.20 Obtaining Patient Consent for Procedures

Students may observe the consent process for Appreciable Risk Procedures but may not be the Health Care Provider signing the IH Patient Consent Record (Form #826034). There are legislative requirements for tracking individuals involved in consent and since Students are external to IH, these conditions cannot be met.

3.21 Respiratory Protection - Respirator Mask Fit-Testing

Students and on-site Faculty are permitted to observe and/or provide care to Clients with suspected, known or probable cases of TB, SARS, or other similar acute respiratory infections, provided they are fit-tested for a respiratory mask (e.g. N95 Mask); educated on its use (e.g. Employee Health & Wellness program) prior to the placement; and carry proof of the current fit (IH Administrative Policy [AV 1900](#) – Respiratory Protection Program)

3.22 Scope of Practice

- Students may perform only those clinical activities for which they have received instruction within the education program and only if permitted by IH policy.
- Further, as part of their learning experience, Students of specific post-basic, post-secondary programs and disciplines may perform a clinical activity, a specialized skill or delegated function if:
 - The activity is permitted in that practice setting (IH practice standard) and is within the scope of practice of the profession.

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- The theory related to the skill has been taught within the Student's Education Institution's program prior to the clinical experience.
- The supervisor's profession or position is authorized to perform the activity and is competent and qualified to perform the activity.
- The Student's performance of the activity is under supervision of qualified staff/physician/Faculty until judged to be able to safely and effectively perform the activity with a consistent level of competence.
- The supervision of the Student's performance of the activity continues at an appropriate level in relation to the task/intervention.
- If a Student holds a current professional license and is enrolled in post-basic education, the Student may perform activities that are within the entry level scope of practice for the professional license beyond the above criteria.

3.22.1 Medication Administration

- In order to safely prepare and/or administer medications, all categories of nursing Students, pharmacy Students and other health professional Students must have received the requisite pharmacology knowledge (includes but not limited to: dosage, side effects, route, contraindications and compatibilities) and skill from their Education Institution. Refer to [Medication Management Manual](#) for further information and complete the Safe Medication Management Practices e-learning module as necessary.
- Faculty or supervising staff member must supervise the preparation and administration of all fractional doses (divided or part of a whole), narcotic or controlled drugs, insulin, anticoagulants and other high alert medications as per legislation and Interior Health policy/protocol until supervising Faculty and staff feel student has successfully demonstrated competency (e.g. follow the standards of medication administration, knowledge on medication).
- Medications dependent on laboratory values must have the dose verified by the Faculty or supervising staff member.
- **A Student cannot conduct an [independent double check](#) on [high-alert medications](#) prepared by another Student.**
- Co-signing may be required and if so, it is done as an indication that the action was supervised and carried out correctly. **Another Student may not be the co-signer.**
- With every medication administration, [two unique patient identifiers](#) must be used (AH1500). Acceptable patient identifiers are full name, date of birth and personal health care number. Room/Bed number is not acceptable.

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- Students may not routinely carry the narcotic keys when not directly using them.
- Students may engage in dispensing medications under the supervision of an RN.

3.22.2 Transfusion Practices

- Only Students enrolled in a registered nursing (RN) or a medical doctorate program may be involved in blood /blood product transfusion procedures. Licensed Practical nurses may engage in the monitoring of the transfusion (general care). The Student must be supervised by their on-site academic educator or designated supervising staff member during the following permitted components of the procedure (as per [IH Clinical Transfusion Resource Manual](#)):
 - Transporter of blood products
 - Assessment checks as assigned by the Transfusionist (Physician, Registered Nurse, Nurse Practitioner, Registered Midwife)
 - General care (vital signs, IV flow rate and site condition, comfort and warmth, adverse effects) for the stable patient/client/resident during transfusion.
 - General care for the stable patient/client/resident for the first 24 hours post transfusion.
- The Transfusionist is ultimately the responsible provider and must be physically present and must co-sign on the patient record **Students cannot be the second person verifier (patient, product and pre-transfusion sample checks)**.

3.22.3 Immunization Administration

- Students may only provide single dose (containing one or more antigens) immunizations to adults and children five years of age and older (see limits below) if the Student has been deemed competent (has the knowledge and skill) either by the Education Institution or the clinical practice site. Providing immunization to infants, children less than five years old and special populations* involves complex scenarios that require a more inclusive level of competency. Therefore, because of the time required to demonstrate competency for this immunization practice, Students will not be permitted to immunize infants, children less than five years old and special populations*. **(Communicable Disease Control Manual Chapter II, Immunization Program Section III – Immunization of Special Populations: www.bccdc.ca/dis-cond/comm-manual/CDManualChap2.htm.)*
- IH Limits:
 - Students do not provide immunizations to children under five years of age with the exception of RN Students within the IH Promotion & Prevention Program who may provide single dose immunizations to

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clients four years of age and older.

- RN Students may provide single dose immunizations to IH Promotion & Prevention Program clients identified as Select Populations in [Section III - Immunization of Special Populations, item 3.0.](#)
- Students do not provide immunizations in the IH Workplace Health and Safety (WHS)
- staff immunization or peer immunization program.
- Pharmacy and Licensed Practical Nurse (LPN) Students do not provide any immunizations as this is not within their entry level competency/curriculum.
- Registered Psychiatric Nurse (RPN) Students do not provide immunizations without an order as this is not an entry level competency for RPNs.
- IH Conditions:
 - RN/RPN Students must successfully complete the British Columbia Centre for Disease Control Immunization Competency (BCCDC) course prior to providing immunizations to IH Promotion and Prevention Program Clients.
 - RN Students providing immunizations outside of the IH Promotion and Prevention Program must meet the IH Immunizing Agents competency standards (currently under development); and must be directly supervised by a qualified RN who is immediately available to respond to unintended consequences.
 - RPN Students providing immunizations with an order must meet the IH Immunizing Agents Competency standard and must be directly supervised by a qualified and competent RN/RPN who is immediately available to respond to unintended consequences.

3.23 Access to Electronic Client Information

- Students may perform only those computer activities for which they have received instruction within their education program and only if permitted by IH policy. Allied Health and Medical Students may be trained by IH staff as per department requirements.
- Students that require access to Client health information as part of their placement will be required to sign an IH External User Access Agreement (EUAA) form and adhere to IH Administrative Policies: [AR0100](#) – Acceptable Use of Information Systems , [AR0600](#)- Internet Access, [AR0500](#) Email and Texting.
- Violation of these Agreements will result in disciplinary action up to and

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including termination of the placement ([AR0400](#)). See Procedure section (4.4).

3.24 Documentation

- All Students and Faculty participating in Client care or other placement activities are required to document their care or participation in accordance with IH policies and procedures, [Clinical Documentation Standards](#), Education Institution policies and procedures (co-signing), statutory regulations (e.g. consent) or Professional Standards for Practice and accepted principles regarding documentation. Students/Faculty must identify their status in all documentation related to Client care and the Education Institution they are affiliated with.
- IH staff, who are supervising Students, maintain responsibility for the care of the Client. Staff/Faculty who are supervising Students are responsible for reviewing the Student's documentation to identify, follow-up, document and reconcile any discrepancies in the Client record.

3.25 Reports

- Students may not take verbal or telephone laboratory reports as related to critical values. These should be directed to an RN, LPN or ward clerk (as per IH Laboratory Services).
- Facility to facility or unit to unit handover (shift, break) reports may be given to a healthcare Student, if the Client is stable and has no significant exceptions in care. The Student will perform this activity initially under the supervision of a qualified staff/Faculty member until judged to be able to safely and effectively perform the activity with a consistent level of competence.

3.26 Orders

- Students may receive, and transcribe orders when it falls within the policies for both the IH practice setting and the Education Institution and if the action is within the scope of practice of the profession.
- Only Students in authorized professions (physician, dentist, podiatrist, nurse practitioner and midwife) may write orders. Orders must be written under the supervision or direction of the supervising authorized professional. The supervising professional must then countersign all Student orders preferably before they are carried out. In the case of an emergency, an order may be carried out and then countersigned at the earliest opportunity.
- Students may not receive or give verbal or telephone orders unless in emergent or urgent situations and where a Faculty/staff member is present to directly hear the order.

3.27 Autopsy Viewing

Students in clinical/practice placements may be permitted to view an autopsy as an

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Observational experience only if:

1. It is relevant to their training;
2. The manager/pathologist responsible for the autopsy consents; and
3. The executor of the estate (if applicable) consents to the presence of the observer(s).

3.28 Professional Responsibility & Supervision of Students

- All IH staff supervising Students are accountable and responsible for their own actions and professional conduct, which will include the supervision of Students and the delegation of activities to Students. (Professional College Practice Standards, IH Administrative Policy AU0100 – Standards of Conduct; AU0800 Dress Code).
- Students and Faculty are responsible for their own actions and professional conduct and for ensuring that their actions are limited to their scope of practice as defined by their professional body, Education Institution, and by IH policies and standards. In cases where there is a discrepancy between IH standards of practice/policies and the Education Institution’s procedures, the more restrictive of the two policies will apply.
- IH staff are responsible for determining if Student participation in care is appropriate and are required to supervise all Client care activities until the Student under their supervision has obtained and demonstrated competency in the necessary skill areas. The supervision of the activity should continue at a level appropriate to the risk of harm thereafter. IH staff maintains ultimate responsibility for care and/or service.

4.0 PROCEDURE

4.1 All Staff

- refer all requests for Student placements to the appropriate facility Education Placement Coordinator or Program Manager or designate.
- follow Practice Education Guidelines and complete specific placement processes as applicable:

Post-Secondary Educational Institution (Affiliated)	Appendix A
Non-affiliated/ No sponsorship with an Education Institution or contracted vendors or Non-Clinical placements	Appendix B
High School Students (Grade 10/11/12)	Appendix C
Take Our Kids to Work program (Grade 9)	Appendix D
Midwife Student placements	Appendix E
Nurse Practitioner Student placements	Appendix F

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Medical Student Placements	Please connect with the local Medical Administration Assistant or Medical Affairs.
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- provide feedback to the Education Institution and/or Student placement designate on the Student's performance.
- attend preceptor class if available.

4.2 Manager/Designate/Education Placement Coordinator

- oversee Student placements within their departments/facility (utilizing HSPnet as applicable).
- oversee Student placement procedures (Practice Education Guidelines) are followed.
- ensure ongoing and final evaluation of Student placement.
- take action to address concerns raised during placement as appropriate and advise the Professional Practice Office of any serious concerns.
- ensure necessary feedback has been provided to the agency re: Faculty or Student.

4.3 Professional Practice Office

- manage the Affiliation Agreement process.
- provide direction to Manager/Designate on resolving concerns.

4.4 Computer Access

4.4.1 Post-Secondary Placements of Two or More Students

Post-Secondary Education Institutions:

- complete IMIT Student Placement spreadsheet (found through the IMIT Access Team) indicating location and duration of placement within IH and submit to IMIT Access Team.
- provide IH policies (AR0100 Acceptable Use of Information Systems; AR0400 – Privacy and Management of Confidential Information; and AR0600 Internet Access to Students) and review with them.
- obtain Student signature(s) and security PIN on the External User Access Agreement and submits to the IMIT Access team two weeks prior to start date. Completed document is then to be submitted to IMIT Access Team.

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- d. receives from IMIT Access Team a list of user ID's (Mnemonics) for the Students with instructions for the Students to call the PHSA Service Desk to obtain their password.
- e. trains the Students in the IH computer applications as applicable to their needs.
- f. notifies IMIT Access Team of any Student withdrawals outside of the submitted timelines.

IMIT Access Team:

- a. provides excel spreadsheet to Post Secondary Institutions upon request.
- b. receives External User Access form(s) and processes the request(s).
- c. provides user names to Post Secondary Institutions, Clinical placement coordinator or designate for distribution to Students.
- d. removes Students who have withdrawn from the education program.

4.4.2 Post-Secondary/Non-Affiliate Placements of Non-Nursing Program Students.

- a. Manager of placement or designate to obtain Student signature and security PIN on External User Access Agreement document and submit to IMIT Access Team two weeks prior to start date.
- b. Access Team to provide Manager with password.
- c. Training to be arranged independently (organized by Manager/designate) within placement location.

5.0 REFERENCES

1. British Columbia Academic Health Council (BCAHC) Practice Education Working group (Internet access April 2013) Endorsed Practice Education Guidelines. *Please see independent guideline for specific references found at:* <http://www.hspcanada.net/managing/index.asp>
2. British Columbia Academic Health Council (BCAHC) September 2007 Endorsed Provincial Affiliation Agreement.
3. Communicable Disease Control Manual (Internet access 2008) Immunization Program Section III – Immunization of Special Populations: www.bccdc.ca/dis-cond/comm-manual/CDManualChap2.htm.
4. Health Science Placement network (HSPnet) (Internet access, April 2013) <http://www.hspcanada.net/>

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5. IH Related Policies/Programs
 - Consent (AL0100, AL0200)
 - Workplace Health & Safety (AV0900, AV1400, AV1900)
 - Transfusion Practices, Clinical Manual
 - IMIT/Privacy & Management of confidential information (AR0100, AR0400, AR0450, AR0500, AR0600)
 - Vehicle Responsibility (AQ1101)
 - Quality and Safety (Risk Management)
 - Collective Agreements
 - Human Resources (AU0100)
 - Substance Use Disorder (AU0200)

6.0 APPENDICES

- Appendix A – Post-Secondary Student Placement
- Appendix B – Non-Affiliated/Not Sponsored/Non-Clinical Student Placements
- Appendix C – High School Student Placement Appendix D – Take Our Kids To Work Program
- Appendix E – Midwife Student Placement
- Appendix F – Nurse Practitioner Student Placement
- Appendix G – Placement Request Form
- Appendix H – Waiver And Release Of Interior Health Authority Responsibility
- Appendix I – Immunization Requirements For Students & Onsite Academic Educators
- Appendix J – Assign And Transfer Of Copyright
- Appendix K – Assign And Transfer Of Copyright

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APPENDIX A: POST-SECONDARY STUDENT PLACEMENT

Post-Secondary student placements are for professional development/time limited practice or an observational experience relevant to a student’s field of practice/study. Examples include student practicums, clinicals, collaborative learning units, fieldwork and preceptorships. This placement process includes non-clinical post-secondary student placements (e.g. business)

- All placement requests for clinical & Practice Education experiences must be approved by the Manager/Designate of the facility or program where the placement is requested.
- See Appendix E or Midwives or Appendix F for Nurse Practitioner Student placements.

CHECKLIST

- A current [Affiliation Agreement](#) is in place between the Post-Secondary Institution and IH. See IH InsideNet listing. If there is no agreement in place, please contact the Professional Practice Office. A placement cannot start until the agreement is in place.
- A [Waiver and Release of Responsibility](#) is completed if the institution does not provide worker /student compensation or similar accident insurance, or the individual does not wish to obtain personal injury insurance. This document must be maintained by the individual Manager for seven years (potential litigation).
- A [Placement Request Form](#) is completed (HSPnet, email or Student Placement Request form – Appendix G). Local Education Coordinators, Education Managers or placement designates must be made aware of all placements within a minimum of one month notice and will be responsible for entering the placements into the IH data base (HSPnet)
- [Computer Access process](#) has been implemented. The External User Access Agreement has been signed and forwarded to the IMIT Access Team and Meditech training has been completed/arranged.
 - External User Access Agreement (Form NO.807294)
- [The Student Placement Administrative Policy AU1100](#) provided and reviewed by all parties prior to commencement of the placement.
 - Associated Interior Health policies within AU 1100 should also be considered. These include but are not limited to:
 - AR0400 Privacy & Management of Confidential Information
 - AR0100 Acceptable Use of Information Systems
 - AV1300 Staff Influenza Immunization and Exclusion
 - AV0900 Prevention and Management of Exposure to Communicable Diseases
 - AV1900 Respiratory Protection Program
 - AU0100 Standards of Conduct
 - AU1000 Workplace Environment
- At the discretion of the Manager/designate proof of Criminal Record Check, Immunization and Respirator Fit testing provided.
- Current Photo ID/arrangements made for Photo ID
- Facility/Unit orientation dates have been set.
- Vehicle Ride-along form completed as applicable (AQ1101, Appendix K)

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APPENDIX B: NON-AFFILIATED/NOT SPONSORED/NON-CLINICAL STUDENT PLACEMENTS

This is a time-limited placement for individuals either not associated with a formal education program or is wishing to do a non-clinical placement.

- *The individual requires supervised practice or professional development to fulfill admission to (e.g. pre-requisite to Medical School) or licensure by a professional college, (e.g. refresher programs). The individual must assume all responsibility for the quality of instruction and for ensuring that all curricula, supervisors (IH staff) and instructors meet the requirements of the education program or professional college.*
- *IH participation in the Health Care Protection Program shall fulfill IH's insurance obligations for this arrangement. Direct client care must only occur under the supervision of IH staff and only when it is within the scope of practice for that individual. The individual must hold 3rd party liability insurance through the individual's professional practice insurance if providing direct client care.*
- *Where the individual is requesting career exploration or a non-clinical placement the experience must be strictly observational, with no provision of care or service to the client permitted.*
- **All placement requests for clinical & practice education experiences must be approved by the Manager/Designate of the facility or program where the placement is requested.**

CHECKLIST

- Specific Memorandum of Understanding signed between the Individual and IH.
 - [Memorandum of Understanding: Supervised Practice or Professional Development](#) (No Affiliation). The individual must obtain liability insurance or be covered by their professional association.
 - [Memorandum of Understanding: Observational Practice Experience](#) (No Affiliation)
- A [Waiver and Release of Responsibility](#) is completed as per MOU. This and the MOU must be maintained by the individual Manager for 7 years potential litigation).
- A Placement Request Form is completed (HSPnet, email or Student Placement Request form (Appendix H). Local Education Coordinators, Education Managers or placement designates must be made aware of all placements within a minimum of one month notice and will be responsible for entering the placements into the IH data base (HSPnet).
- [Computer Access process](#) has been implemented as necessary. The External User Agreement (Form 807294) document has been signed and forwarded to the IMIT Access Team and Meditech training has been completed/arranged.
- The Student Placement Administrative Policy AU1100 provided and reviewed by all parties prior to commencement of the placement. Associated IH policies within AU 1100 should also be considered. These include but not limited to:
 - AR0400 Privacy & Management of Confidential Information
 - AR0100 Acceptable Use of Information Systems
 - AV0900 Prevention and Management of Exposure to Communicable Diseases
 - AU0100 Standards of Conduct
 - AU1000 Workplace Environment
- At the discretion of the Manager/designate proof of Criminal Record Check and Immunization.
- Current Photo ID/arrangements made for Photo ID
- Facility/Unit orientation dates have been set.
- Vehicle Ride-along form completed as applicable (AQ1101, Appendix K)

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APPENDIX C: HIGH SCHOOL STUDENT PLACEMENT

The High School Student Placement provides an opportunity for Students in Grades 10 – 12 an Observational experience as they move into career preparation processes. IH is able to provide an Observational experience only due to the nature of the work we do and the risk to those we care for. Students must be selected by their teacher/counselors for demonstrated maturity and clearly defined career goals, with a declared interest in a health care related profession. IH reviews high school requests for placements on a case-by-case basis.

- **All placement requests for clinical & Practice Education experiences must be approved by the Manager/Designate of the facility or program where the placement is requested.**
- **No High School Student Placements can occur with Physicians as per the College of Physician and Surgeon mandate (2008).**

CHECKLIST

- A current [Affiliation Agreement](#) is in place between the Education Institution and IH. See IH Website listing. If no agreement is in place, please contact the Professional Practice Office. A placement cannot start until the agreement is in place.

If a high school student approaches a staff member outside of this process, please refer them to the Clinical Placement Coordinator of their school or their teacher.

- A [Waiver and Release of Responsibility](#) is completed by a parent/guardian as school districts generally do not hold worker compensation or similar accident insurance. *This must be maintained by the individual Manager for seven years (potential litigation).*
- A [Placement Request Form](#) is completed (HSPnet, email or Student Placement Request form Appendix H). *Local Education Coordinators, Education Managers or placement designates must be made aware of all placements within a minimum of one month notice and will be responsible for entering the placements into the IH data base (HSPnet).*
- [The Student Placement Administrative Policy AU1100](#) provided and reviewed by all parties prior to commencement of the placement. Associated IH policies within AU1100 should also be considered. These include but not limited to:
 - AR0400 Privacy & Management of Confidential Information
 - AR0100 Acceptable Use of Information Systems
 - AV1300 Staff Influenza Immunization and Exclusion
 - AV 0900 Prevention and Management of Exposure to Communicable Diseases
 - AU0100 Standards of Conduct
 - AU1000 Workplace Environment
- A [Visitors Confidentiality Acknowledgement Form](#) (Form NO. 807298) must be signed prior to commencing a visit or tour. This must be maintained by the individual Manager.
- Current School [Photo ID](#)

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APPENDIX D: TAKE OUR KIDS TO WORK PROGRAM

The Take Our Kids to Work Day program enables IH employees or physicians with IH privileges, to take a (Grade Nine) student to work with them, provided they are under the direct supervision of the staff member/physician at all times and follow the guidelines as per the IH Student Placement Policy (AU1100) and the Secondary School Guide. IH is able to provide an observation experience only due to the nature of the work we do and the risk to those we care for.

Certain areas of work are not appropriate locations for this event. The manager has the authority to refuse this permission if he/she feels it is inappropriate. Alternate arrangements may be necessary (e.g. an interview with a staff member, referral to Volunteer services).

- **No grade nine placements can occur with Physicians as per the College of Physician and Surgeon mandate (2008).**

Students must wear school photo-ID visibly during the placement experience.

CHECKLIST

- A current [Affiliation Agreement](#) is in place between the Education Institution and IH. See IH InsideNet listing. If there is no agreement in place, please contact the Professional Practice Office. A placement cannot start until the agreement is in place.
- A [Waiver and Release of Responsibility](#) is completed by a parent/guardian as school districts generally do not hold worker compensation or similar accident insurance. *This must be maintained by the individual Manager for seven years (potential litigation).*
- A [Placement Request Form](#) is completed (HSPnet, email or Student Placement Request form- Appendix H). *HSA or local Education Coordinators, Education Managers or placement designates must be made aware of all placements within a minimum of one month notice and will be responsible for entering the placements into the IH data base (HSPnet).*
- The [Student Placement Administrative Policy AU1100](#) provided and reviewed by all parties prior to commencement of the placement. Associated IH policies within AU1100 should also be considered. These include but not limited to:
 - AR0400 Privacy & Management of Confidential Information
 - AV1300 Staff Influenza Immunization and Exclusion
 - AV0900 Prevention and Management of Exposure to Communicable Diseases
 - AU0100 Standards of Conduct
 - AU1000 Workplace Environment
- A [Visitors Confidentiality Acknowledgement Form](#) (Form NO. 807298) must be signed prior to commencing a visit or tour. This must be maintained by the individual Manager.
- Current School [Photo ID](#)

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APPENDIX E: MIDWIFE STUDENT PLACEMENT

Midwife Student placements are for professional development/time limited practice or an Observational experience relevant to a Student's field of practice/study. Examples include Student Practicum, clinicals, Collaborative Learning units, Fieldwork and Preceptorships.

- All placement requests for clinical & Practice Education experiences must be approved by the Manager/Designate of the facility or program where the placement is requested.

CHECKLIST

- A [current Affiliation Agreement](#) is in place between the Post-Secondary Institution and IH. See IH InsideNet listing. If there is no agreement in place, please contact the Professional Practice Office. A placement can not start until the agreement is in place.
- [College of Midwives of B.C. Student membership](#)
- A [Waiver and Release of Responsibility](#) is completed if the institution does not provide worker compensation or similar accident insurance, or the individual does not wish to obtain personal injury insurance. This must be maintained by the individual Manager for seven years (potential litigation).
- A [Placement Request Form](#) is completed (HSPnet, email or Student Placement Request form – Appendix H). Local Education Coordinators, Education Managers or placement designates must be made aware of all placements within a minimum of one month notice and will be responsible for entering the placements into the IH data base (HSPnet).
- [Computer Access](#) process has been implemented. The External User Agreement document (Form 807294) has been signed and forwarded to the IMIT Access Team and Meditech training has been completed/arranged.
- [The Student Placement Administrative Policy AU1100](#) provided and reviewed by all parties prior to commencement of the placement. Associated IH policies within AU1100 should also be considered. These include but not limited to:
 - AR0400 Privacy & Management of Confidential Information
 - AR0100 Acceptable Use of Information Systems
 - AV1300 Staff Influenza Immunization and Exclusion
 - AV0900 Prevention and Management of Exposure to Communicable Diseases
 - AV1900 Respiratory Protection Program
 - AU0100 Standards of Conduct
 - AU1000 Workplace Environment
- At the discretion of the Manager/designate proof of Criminal Record Check, Immunization and Respirator Fit testing provided
- Current Photo ID/arrangements made for Photo ID
- Facility/Unit orientation dates have been set.
- Vehicle Ride-along form completed as applicable (AQ1101)

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APPENDIX F: NURSE PRACTITIONER STUDENT PLACEMENT

Nurse Practitioner (NP) Student placements are for professional development/time limited practice or an Observational experience relevant to a Student’s field of practice/study. The NP Student may be Preceptored by an NP or be under the supervision of a physician.

- All placement requests for clinical & Practice Education experiences within IH facilities must be approved by the:
 - Professional Practice Office (PPO) Lead for the Nurse Practitioner program
 - Manager/Designate of the facility or program where the placement is requested.
- In addition:** NP student placements with Physicians also require approval through Medical Affairs. For these placements, Medical Affairs will notify the site Health Administrator and Chief of Staff.

- A current [Affiliation Agreement](#) is in place between the Educational Institution that offers the Nurse Practitioner program and IH. See IH Website listing. If no agreement is in place, please contact the Professional Practice Office. A placement cannot start until the agreement is in place.
- A [Waiver and Release of Responsibility](#) is completed if the Educational Institution does not provide worker compensation or similar accident insurance, or the individual does not wish to obtain personal injury insurance. This must be maintained for seven years (potential litigation) by the PPO Lead or Manager/Designate where the placement has occurred.
- Placement Request

Nurse Practitioner student with IH Nurse Practitioner in IH Site, or non IH site (e.g. physician office, First Nation Health Clinic)

- a. Education Institution - communicates NP student placement requests to PPO Lead via email.
- b. PPO Lead - sends approval email confirming which NP requests will be considered.
- c. Education Institution - enters placement requests in HSPnet.
- d. IH Receiving Coordinator - placement request is processed and re-directed to PPO Lead and copied to NP.
- e. PPO Lead and NP - placement request is reviewed by NP, who confirms interest with PPO Lead. PPO Lead communicates with NP’s site specific manager/administrator.
- f. PPO Lead - accepts or declines placement request by email to IH Receiving Coordinator. g. IH Receiving Coordinator – accepts or declines placement request in HSPnet.
- h. NP and site manager/administrator are responsible for orientating NP student.

Nurse Practitioner student with Physician in IH site, or non IH site (e.g. physician office)

- a. Education Institution - placement request is arranged by Educational Institution directly contacting Physician.
- b. Education Institution - communicates NP student placement with a Physician to PPO Lead via email.
- c. Education Institution - enters placement request in HSPnet under Agency Primary Care-Private and is not received by IH.
- d. PPO Lead confirms Affiliation Agreements between IH and Education Institution.
- e. PPO Lead informs Medical Affairs Lead that a Physician has agreed to supervise a NP student.
- f. Medical Affairs contact informs Physician of need for Agreement or MOUs between physician

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- and Educational Institution.
 - g. Medical Affairs contact informs site health administrator and Chief of Staff of student's name, dates and year of practicum.
 - h. Physician arranges for NP student access to the Physician EMR.
 - i. Physician and Site Manager are responsible for orientating NP student.
- Computer Access process has been implemented.
- a. Education Institution sends the IH External User Access Agreement (form 807294) to the Student to complete. This is for all NP Students whether they preceptor with a NP or a Physician.
 - b. Student sends the completed, signed form with their email address to the PPO Lead at IH via email.
 - c. PPO Lead signs the form as the IH Sponsor, indicates which IH NP preceptor's access to copy and sends the form via email to the IH Access Team.
 - d. Access Team notifies the NP Student with user ID and instructions to contact the Service Desk to obtain a password.
- The Site Manager or Physician provides and reviews the IH Student Placement Policy AU1100 with the NP Student. Associated IH policies within AU1100 should also be considered. These include but are not limited to:
- AR0400 Privacy & Management of Confidential Information
 - AR0100 Acceptable Use of Information Systems
 - AV1300 Staff Influenza Immunization and Exclusion
 - AV0900 Prevention and Management of Exposure to Communicable Diseases
 - AU0100 Standards of Conduct
 - AU1000 Workplace Environment.
- At the discretion of the Manager/designate proof of Criminal Record Check, Immunization and Respirator Fit testing provided.
- Current Photo ID/arrangements made for Photo ID.
- Facility/Unit orientation dates have been set.
- Vehicle Ride-along form completed as applicable.

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APPENDIX G

For a copy of the manual PLACEMENT REQUEST FORM, please click [here](#).

Please review Interior Health Policy AU 1100 Clinical & Practice Education (Student Placements) requirements and Practice Education Guidelines.

Checklist to be completed by IH Manager, Placement Coordinator or designate that is accepting the placement.

- Affiliation Agreement or Memorandum of Understanding signed
Affiliation agreements are listed on the IH Website. If no agreement listed, please contact the Professional Practice Office.
 - Waiver and Release of Responsibility form signed by unaffiliated placement individual or by parent/guardian of Grade 9 – 12 (under-aged) observer(s).
 - Privacy & Management of Confidential Information Agreement (no computer access required) *Not applicable for Post-Secondary Students within Interior Health catchment as agency obtains on enrollment into program.*
 - External Access Agreement signed by student (if computer access required)
Not applicable for Post-Secondary Students within Interior Health catchment as agency obtains on enrollment into program.
 - Photo ID
Students who are engaged in brief observational experiences lasting no longer than one calendar day may wear non-photo ID.
 - Current Criminal Record Check
Criminal Record checks may be a requirement of the Professional Association registration and school registration requirements and should not be duplicated. Necessary for Students engaged in brief observational experiences lasting no longer than one calendar day.
- As applicable:*
- Up to date Immunization Record (at the discretion of the Manager).
 - Proof of Respirator Fit testing
 - Staff member appropriately licensed and insured for vehicle ride-along.
- Copy of this document submitted to local student placement data entry delegate**

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APPENDIX H

WAIVER AND RELEASE OF INTERIOR HEALTH AUTHORITY RESPONSIBILITY

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND LIABILITIES PLEASE READ CAREFULLY

DISCLAIMER CLAUSE

The Interior Health Authority is not responsible for any injury or damage suffered by the student / visitor _____ [name of student] arising from or related to his/her clinical practicum as _____ [student discipline e.g. Speech therapist] with the Interior Health Authority.

AGREEMENT

I _____, hereby acknowledge and agree that I am not an agent, employee or servant of Interior Health.

I acknowledge that I wish to perform the activity of clinical practicum as a [healthcare discipline] and I hereby accept full responsibility for and assume all risks for myself and waive any right of recovery that I may otherwise be entitled to at law.

In consideration of the Health Authority permitting me to perform my clinical practicum, I hereby release Interior Health, its Directors, officers, employees, agents and attending physicians from any and all liability for any loss, injury or damage which I may suffer during the course of my clinical practicum with Interior Health. I acknowledge and agree that I will abide by the applicable policies and procedures in effect for the Interior Health Authority and follow the directions and instructions of duly authorized employees of the Interior Health Authority.

I acknowledge that I have been advised to obtain personal accident insurance to cover risk of injury to myself during my practice education. I acknowledge that I am over nineteen (19) years of age (or proven emancipation) and I have read this Liability Release and I accept the above Disclaimer Clause as evidenced by my signature.

DATED this _____ day of _____, 20____

Printed Name: _____

Signature: _____

If under the age of 19, Parent / Legal Guardian Name: _____

Parent / Legal Guardian Signature: _____

Name of Witness: _____

Signature of Witness: _____

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IMMUNIZATION	REQUIREMENT
Tetanus / Diphtheria / Pertussis	Basic immunization series plus booster / reinforcement dose within the past 10 years, with recommendation for having 1 adult dose of pertussis.
Poliomyelitis	Basic immunization series plus single booster dose 10 years after primary series. Those with no basic series should have the series completed regardless of interval since last dose.
Measles / Mumps / Rubella	Born prior to 1957: considered to have acquired natural immunity to measles, mumps and rubella. Otherwise: - <i>Measles</i> : 2 doses of measles containing vaccine, for those born on or after January 1, 1957, who do not have a history of lab confirmed measles infection, lab evidence of immunity, or documentation of 2 doses of a live measles containing vaccine at >=equal to 12 months of age and given at least 4 weeks apart. - <i>Mumps</i> : 2 doses of mumps containing vaccine recommended for those born on or after January 1, 1970; one dose is recommended for all individuals born January 1, 1957 – December 31, 1969 who do not have evidence of immunity to mumps disease. - <i>Rubella</i> : One dose is recommended for all individuals born on or after January 1, 1957 who have not received at least 1 dose of rubella containing vaccine or who do not have serologic evidence of rubella immunity. One dose is considered evidence of immunity to rubella. One dose of rubella containing vaccine is recommended for all health care workers regardless of age.
Hepatitis B	Recommended for those who may be exposed to blood or body fluids, or, are at increased risk of sharps injury, bites or penetrating injuries. Refer to BCCDC Communicable Disease Manual [p. 15] for list of health care professionals eligible for vaccine. Available at: www.bccdc.ca/dis-cond/comm-manual/default.htm . For those working in a health care facility in areas away from blood or body fluids, Hepatitis B vaccine is not required, and the individual is not eligible to receive the vaccine.
Varicella Vaccination (Chicken Pox)	Required for those with negative titers or those with no history of the disease less than 12 months of age.
Tuberculin Status	Negative skin test dated within 6 months of first practice education placement. For those with a positive skin test (>10mm of induration or greater) at the last test, a negative chest X-ray is required within a year of the first practice education placement. Periodic Screening: Annual TB skin testing or chest x-ray is recommended for those individuals who are, or are likely to be, involved in risk activities and at risk facilities. Those individuals who are involved with high risk activities in all hospitals must have annual screening.
Influenza Vaccination	Required annually as per B.C. Provincial policy. For those individuals who choose not to receive vaccination, individual must wear a surgical procedure mask at all times in the Practice Education setting.



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APPENDIX J: ASSIGN AND TRANSFER OF COPYRIGHT

PERSONAL INFORMATION

Last Name: _____ First Name: _____
 School: _____ Program: _____

Placement Information

Location / Unit/Dept.: _____ Placement Dates: _____

I have been asked as a component of my post-secondary course requirements to produce the following original work/material:

Material Name: _____

Material Type: _____

as part of the clinical/practice education experience for _____

IH Program / Network / Department

which I have delivered to:

Last Name _____ First Name _____
 Title _____ Department _____

I hereby assign and transfer all right, title and interest in and to any copyright to Interior Health and hereby waive all moral rights therein in favour of Interior Health.

Signature _____ Signed on _____, 20 _____

Interior Health Staff to complete this section

I acknowledge that I have received the master copy and related documents of the above described material.

Signature _____ Signed on _____, 20 _____

Original – to be kept with material and sent to Document Services Copy of this form to the Student

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APPENDIX K: VEHICLE RIDE ALONG AUTHORIZATION

IH staff, medical staff or contracted personnel who have Students accompany them in a personal/fleet/rented vehicle as part of the workday, must adhere to the IH Administrative Policy AQ 1101 Vehicle Responsibility Code for Use of IH Vehicles and complete the following documentation. This document must be maintained by the Manager of the employee or the individual medical staff for a period of seven years (litigation requirement).

Staff members/Students have the responsibility to operate/ride in IH vehicles in a safe and courteous manner at all time

Traffic violations such as but not limited to parking fines, speeding infractions, towing and impoundment charges are the responsibility of the operator of the vehicle. All vehicles involved in an accident (regardless of severity) must be reported to the IH Vehicle Coordinator immediately.

As the operator or passenger of any motor vehicle pertaining to a ride-along, he/she is responsible to ensure that:

- The driver’s insurance is business class & has adequate third party liability insurance in the event that the vehicle is in an accident and injuries have occurred.
- Insurance coverage for vehicles is under a combination of the Health Care Protection Program and ICBC (for third party liability).
- If the operator of the vehicle (first party) injures someone else or damages their property (third party) in a motor vehicle crash and are held legally responsible, Third-Party Legal Liability coverage (through the insurer/second party) pays for their claims on the operator’s behalf, up to a specified limit.
- IH vehicles are intended for work related business only. IH vehicle insurance does not cover vehicles when not being used for IH business.

Driver’s Name(s): _____ (LAST, first) _____ (LAST, first)

Driver’s License Number(s) : _____

IH Department: _____ Manager’s Name: _____

Passenger’s Name: _____ Educational Institution: _____

In case of emergency, please contact: _____

I fully understand the above statements of responsibility for Interior Health vehicle ride along.

Signature of Passenger

Signature of Driver

In effect from: _____ to _____
date date

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Date Approved: March 2006	Date(s) Reviewed-r/Revised-R: (R) Oct 2019