



**THOMPSON RIVERS
UNIVERSITY**

**HEALTH CARE ASSISTANT
PROGRAM**

**HEALTH CARE ASSISTANT
STUDENT HANDBOOK**

February 2016

Table of Contents

HCA Values, Beliefs and Principles	4
Health Care Assistants	4
Human Beings	5
Older Adults	5
Health and Healing.....	6
Healthcare	6
Caring and Caregiving.....	7
The Family in Health and Healing	8
The Learning Process.....	9
The Teacher and the Teaching Process	10
Curriculum Organizing Concepts	11
Introduction to Policies /Guidelines	14
A. Academic Policies	14
1. Academic Honesty Policy	15
Forms of Academic Dishonesty	15
2. Promotion and Progression Policy	16
3. Grading System.....	17
4. Criteria of Oral and Written Assignments	19
5. Submission of Assignments/Papers	20
6. Examinations and Quizzes	20
7. Attendance Policy	21
7.1 Attendance at the Start of a Course or Program.....	21
7.2 General Attendance during a Course or Program	21
8. Student Records.....	22
B. Practice/Lab Policies	23
1. Ethical and Professional Behaviour.....	23
2. Confidentiality of Client Information.....	23
3. Safety to Practice	24
4. Promotion and Progression Policy	24
5. Journaling.....	25
6. Skill Test	25
7. Attendance Policy	26
7.1 Missed practise time	27
7.2 Absences in the clinical/practica setting	27
7.3 Late arrival in the clinical/practica setting	27

8. Learning Contract Policy	28
C. Progression Policies	31
1. Program Completion Requirements	31
2. Withdrawal for the Program	31
3. Re-Entry Policy	32
4. Appeal Policy	32
D. Health and Safety Policies	33
1. WORKSAFE Plan (formerly WCB)	33
2. Immunizations	38
3. Influenza Vaccine	38
4. Workplace Hazardous Material Information System	39
5. Emergency Evacuation/Fire Alarm	39
6. TRU harassment Policy	40
E. General Policies/Guidelines	42
1. Dress code in HCA practice	42
2. Student Identification and HCA Practice	43
3. Transportation and Liability	43
4. Practice Placements –Outside Kamloops	44
5. Confidentiality of Student Information	45
6. Electronic Mail, Cell Phones, Blackberries etc.	45
7. Requesting Information from Community Agencies	46
8. Library/Resources of Practice Agencies	46
9. Process of Faculty Evaluation	46
10. Student Records	47
11. Family Members Attending Class	47
12. Gift Giving / Receiving Guidelines	47
13. Authorization to Disclose Personal Information Reference	48

HCA Values, Beliefs and Principles (HCAP Provincial Curriculum, 2008)

Health Care Assistants

HCA's are prepared to work in both healthcare facilities and community agencies. They may take on the roles of CHW and RCA. In these roles they are important and valued members of the health care team.

CHW and RCAs promote and maintain the health, safety, independence, comfort and well-being of individuals and families. CHWs and RCAs provide personal care assistance and services in a caring manner that recognizes and supports the unique needs, abilities and backgrounds of clients and residents. They work as members of a health care team in a variety of settings with direction and supervision from other health professionals.

(Excerpt from Care Aide Competency Project Framework of Practice, Ministry of Advanced Education, Government of British Columbia, July, 2007, p. 10)

The work done by HCA's is based on a set of fundamental values, beliefs and ethical principles that are consistently reflected in all aspects of their work with clients, residents, families, team members and others. Amongst these core values, beliefs and principles, which serve as foundations of HCA practice, are those related to:

- Human Beings
- Older Adults
- Health and Healing
- Healthcare
- Caring and Caregiving
- The Family in Health and Healing

As well, HCA educational programs are built on values, beliefs and principles related to:

- The Learning process
- The teacher and the teaching process.

Human Beings

All individual humans are holistic beings consisting of physical, cognitive, psychological, social, and spiritual dimensions. All people have unique perceptions of themselves and others that shape their experiences, responses and choices. Factors that may influence a person's perceptions include one's life experiences, values, socio-cultural/ethnic background, gender, abilities, resources and developmental level.

Humans, of all ages, are constantly changing as they interact with others and with the world around them. As well, people move through definable developmental transitions as they grow and change across a lifespan. Each developmental transition brings forth certain tasks which are defined and influenced by one's family, culture, gender, and social cohort.

Aging is a normal developmental process of human life. It involves a series of physiological, psychological and social transitions that start at birth and continue throughout life. As we age, our abilities, potentials, possibilities and goals can be expected to change. Nevertheless, each person's potential for growth and development exists throughout life.

Older Adults

Later adulthood can be viewed as a potentially fulfilling and enlightened time of life. For many people, aging gives rise to insight, creativity and serenity which can provide the foundation for true selffulfillment.

As adults move into their later years, they do not become a homogenous group. Despite social perceptions, older people are not all alike. If anything, people become less similar as they get older. Older adults have a wide variety of interests, life experiences, backgrounds and values. Each older person must, therefore, be viewed and valued as a unique individual.

The experience of a long lifetime provides an older person with a special perspective based on years of learning and living. The older adult needs to be valued for the person s/he is as well as the person s/he has been in the past. Every older person has a life story, a wealth of experience, which is part of what that person is today.

Within Western cultural values, independence is valued and viewed as a desired goal for everyone to attain and maintain. This strong societal value sometimes makes it difficult for those older adults who experience declining health to relinquish

independence. Paradoxically, however, independence is often fostered through interdependence. Interdependence involves mutually supportive relationships that acknowledge each person's capabilities and potentials while also providing support when and where needed. This sort of interdependency enables older individuals to feel valued and recognized despite their need for assistance.

Negative attitudes and stereotypes about any group of people are detrimental. In the case of our older citizens, negative attitudes and stereotypes may contribute to inaccurate beliefs such as: all older people suffer from markedly diminished physical and/or mental abilities; all older individuals will become dependent on others; older individuals are incapable of change; and older people are a drain on society. How we interact with older people will influence how they see themselves. We all have a role in breaking down stereotypes and unhealthy negative attitudes.

Health and Healing

The World Health Organization's (WHO) definition of health as a state of physical, mental, and social well-being and not simply the absence of disease has gained widespread acceptance. The WHO further defined health as "the extent to which an individual or group is able on the one hand to realize aspirations or needs and on the other, to change or cope with the environment." Health, in this point of view, is seen as a resource for everyday living, not an objective of living. It is a positive concept which emphasizes psychological, cognitive, social and spiritual resources as well as physical capacity.

Health and healing co-exist. Healing is not simply viewed as movement along a continuum from illness to health. Healing is the process of enhancing health and responding to challenges. Challenges may be in the physical, psychological, cognitive, social and/or spiritual dimensions of health. During the healing process, resources are mobilized, hardiness is enhanced, and vulnerability is minimized.

Healthcare

The right to comprehensive healthcare for all is highly valued by Canadian society. Healthcare services include health promotion along with preventive, curative, rehabilitative and supportive services. Healthcare consumers need to have access to those services that meet their needs at any given time.

People have the right and responsibility to be full participants in making decisions about and looking after their own health and the health of their family. The health care

practitioner serves to facilitate the individual and family's ability to make informed choices and be actively involved in decision-making related to healthcare options.

Caring and Care-giving

Caring, in an interpersonal context, implies a genuine concern for the well-being of another person. Caring may take the form of courtesy, kindness or compassion. It may involve acknowledgement, encouragement, and giving genuine praise. It may also show itself through interpersonal warmth, cheerfulness, and gentle humour.

A caring act is always an expression of reverence for the basic value and dignity of another person. As such, it will never be possessive or patronizing. Caring never promotes unnecessary dependency.

The need and desire to give and receive care is rooted in our very nature as human beings. Babies who are not adequately cared for have been known to experience developmental delays, physical illness and even death. Caring is essential for optimum human growth and development. Without adequate human caring in our lives, we cannot reach our potentials as human beings.

The human capacity for caring needs to be nurtured in order for it to develop and blossom. In order for us to become caring human beings, we must experience caring interactions with others. Caring brings forth caring.

Within a formalized care-giving role opportunities to express care are many and they are seldom dramatic. Care providers display caring in a multitude of small ways – a kindly word, a caring touch, a helpful gesture. As caring blossoms, the valuing of the recipient of care is increased as is the valuing of the care-giving role itself.

In their work with clients, residents and families, HCAs actualize a caring approach in many ways. They:

- View the client/resident as a whole person with a past, present and future. The client/resident is viewed as a member of a family, a community and a culture – an entirely unique human being.
- Strive to understand what is meaningful to the client/resident and assure that the client/resident's
- values and beliefs are respected.
- Assist client/residents to meet those basic human needs which the client/resident is unable to meet unaided.

- Respect the client/resident's privacy and confidentiality.
- Communicate effectively, using active listening and empathic responses.
- Respect the client/resident's potential and promote personal growth by offering information, choices, opportunities and assistance.
- Acknowledge the right of each client/resident to participate in their care.
- Include the client/resident, as much as possible, in decisions which affect them.
- Respect the role that families play in the promotion of healing.
- Act as caring advocates on behalf of the client/resident when necessary and appropriate.
- Display honesty and integrity in all their actions.
- Demonstrate competence, reliability, responsibility and accountability.
- Take responsibility for the safety of themselves and others.
- Display a gentle acceptance of the human imperfections of themselves and others.
- Display a commitment to their own growth and development as care providers.

The Family in Health and Healing

The family is the foundation of society. It is the primary socializing force. It is within the intimacy of the family that we are fed, clothed, sheltered and protected from harm. The family provides us with our first experiences of human caring, acceptance and understanding. Within the family we initially learn values, beliefs and standards of conduct. Many of the lifestyle choices that ultimately determine our physical, psychological, social and spiritual well-being spring from our early family experience.

Like individuals, each family is unique. Every family has its own particular set of values, beliefs, standards and goals which are influenced by socioeconomic, environmental, educational, religious, and cultural factors. Each family influences and is influenced by its member and the larger socio-cultural community in which it lives and develops.

Families also experience definable developmental stages that change the character, functions and size of the family unit over time.

Although families come in a variety of sizes and configurations, the interdependence of members is a constant theme. Family members assume roles and responsibilities that are complimentary and interrelated. Consequently, changes in one family member affects all family members.

Illness or dysfunction in a family member can represent a major demand for change and adjustment within the family unit. The family's response to the situation will influence the way in which the affected person will perceive his/her illness or dysfunction. Likewise, the response of the family can greatly influence the course of the illness or dysfunction. As a consequence, families must be acknowledged and included as an integral part of care.

Care providers must be sensitive to and respectful of the language, culture, values and preferences of the families with whom they interact. Healthcare practitioners must recognize the socio-cultural and economic influences on the family, and respect the means by which the family is attempting to cope with increased stress.

The Learning Process

Learning is a continuous process of change and personal growth. Learning occurs continuously over a lifetime and is influenced by a multitude of factors. Within a formalized learning environment, several factors need to be considered in order to assist learners to reach their goals. These include the following:

- Elements external to the learning situation can influence the learner's ability to benefit from learning opportunities. An individual's self-concept as a learner; his/her physical or psychological health status; family demands; economic stressors; and availability of interpersonal support systems may all contribute to an individual's ability to succeed.
- A person's past experience influences learning in many ways. Previous life experiences shape the knowledge, skills and attitudes the learner brings to the learning experience. Past experiences with formal education will influence an individual's self-concept as a learner.
- Learners come with preferred learning styles and strategies, all of which are valuable and need to be recognized and facilitated.
- Learning is facilitated by proceeding from simple to complex and familiar to unfamiliar.
- When learners are provided with opportunities to apply new concepts or skills in a variety of real and simulated situations, they are more likely to learn. Learners need to be actively engaged in the learning process.
- Learning opportunities that foster individual's ability to work both cooperatively and collaboratively with others will broaden the learning process and encourage the development of group skills
- A caring, respectful learning environment which fosters success will help learners make difficult, transitions, develop confidence and maintain motivation.

The Teacher and the Teaching Process

Teaching is a caring, interpersonal profession. The teacher attempts to enhance and facilitate learning by providing a supportive learning climate in which each learner feels recognized and safe. The teacher strives to get to know each learner as a unique human being and to tailor teaching/learning strategies in a creative effort to meet individual learning styles and preferences.

The teacher continually invites students to become actively involved in their learning, knowing that assisting students to learn how to learn is equally as important as (perhaps more important than) assisting them to acquire knowledge. The teacher displays enthusiasm for the subject matter and for learning in general.

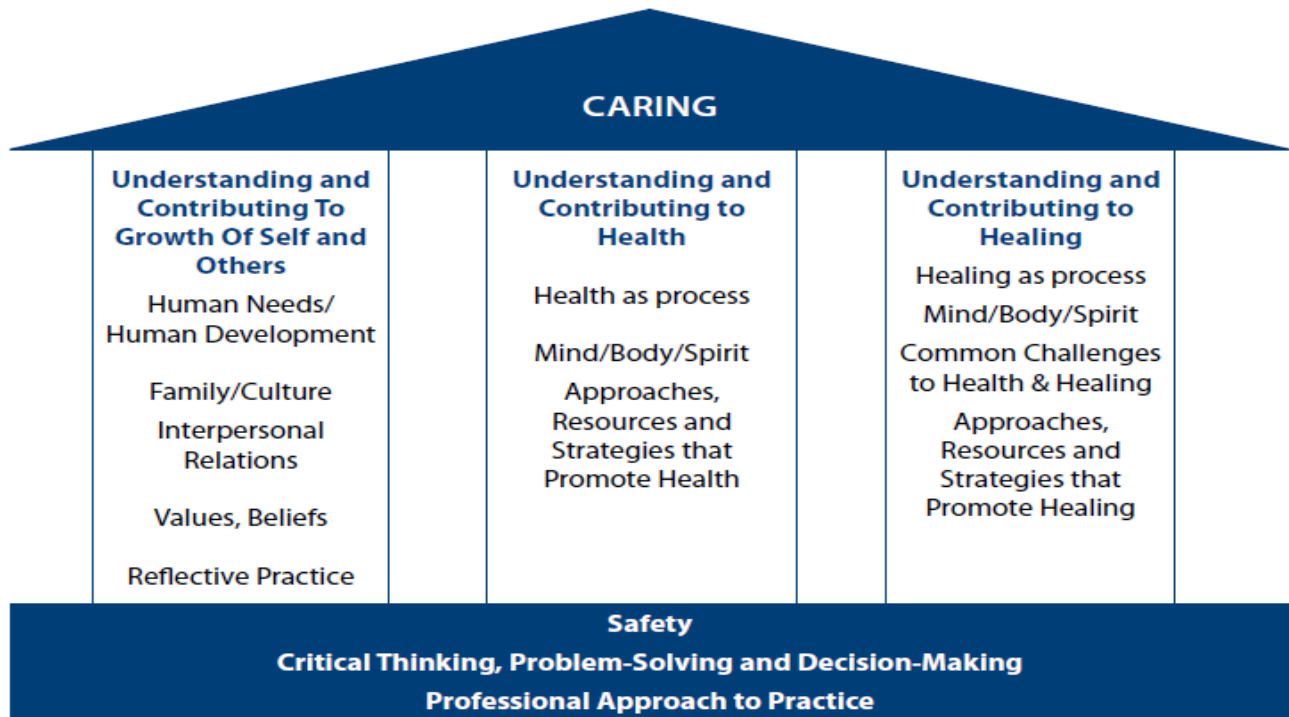
The teacher maintains an abiding faith in each learner's ability to learn and grow. Even when learners are unsuccessful in a formal learning environment, the teacher is still attuned to those aspects of the learner that reflect ability, interest and potential.

Teachers who assist learners to prepare for a care-giving role realize that it is important for them to model the caring approach they want their students to emulate. These teachers consistently treat learners with dignity and respect. The teacher utilizes excellent interpersonal skills including active listening and appropriate self-disclosure. As well, the teacher acts as a resource for current information and displays a deep respect for the care-giving role the learner will soon be assuming.

The teacher is a problem-solver and a crisis manager. S/he is able to give feedback effectively. S/he is organized and autonomous as well as being able to work effectively as a member of a teaching team. The teacher is a role model of lifelong learning and personal growth. As well, s/he is a role model of professional competence, behaviour and decorum.

Each teacher, like each learner, is an individual who desires and deserves to be treated with dignity and respect. Teachers are most effective when they know that their unique strengths, talents and contributions are recognized and appreciated.

Curriculum Organizing Concepts



The organizing concepts or themes that are pulled through the HCA curriculum appear on the diagram on the preceding page. The overarching, primary concept is that of caring. This combined with the foundational concepts, provide the underpinnings for all knowledge and abilities that learners gain within the program. The foundational concepts are: safety, thinking skills (critical thinking, problem-solving, decision-making) and professional approaches to practice.

Caring

Within the statement of Values, Beliefs and Principles underlying this curriculum, there is considerable discussion about what caring is and what it means in care-giver practice. Perhaps the most important statement related to caring is the following:

A caring act is always an expression of reverence for the basic value and dignity of another person.

This simple statement makes it clear that caring involves, always, an approach to care-giving practice that is person-centred. Each individual who is the recipient of care is unique and deserves to be viewed as such. Within a caring philosophy, a “one-size-fits-all” approach to care-giving would never be appropriate. Consequently, with caring as

the overarching, primary concept of the HCA curriculum, the emphasis is always on providing care and assistance in ways that are clearly resident or client-centred.

Safety

Safety is a constant and clear priority of practice for HCAs. Through safe practices, the HCA protects both self and others from injury or harm. Attending to the safety of a client/resident is part of being a caring practitioner. Attending to the safety of self is an important part of healthy self-care. A professional approach to practice is, first and foremost, based on clear understandings and applications of principles related to safety and harm reduction.

Critical Thinking, Problem-Solving and Decision-Making

Effective healthcare practitioners make informed decisions that are based on a sound knowledge base. They use logical, rational, focused, purposeful thinking to come to decisions and to solve problems. They also reflect on their decisions and evaluate their choices so that they are continually gaining knowledge and expertise.

HCAs utilize an informed problem-solving approach in their practice.

The problem-solving approach used by HCAs includes: identifying and analyzing a problem; identifying priorities and options; identifying possible consequences; determining sources of assistance; utilizing the safest, most appropriate action to rectify the problem; and evaluating the outcome.

Professional Approach to Practice

A professional approach to practice is one in which the care-giver consistently demonstrates respect for self and others. A professional approach is also one in which the care-giver maintains safe, competent practice and displays a commitment to responsible and accountable behavior. The HCA who behaves in a professional manner functions within the legal parameters of his/her role, maintains professional boundaries and is dependable, reliable and honest.

The professional practitioner works effectively, constructively and collaboratively with other members of the healthcare team. As well, a professional practitioner is self-reflective, regularly identifying his/her personal/professional development requirements and seeking effective ways to meet these needs. A professional

practitioner is continually learning, growing and becoming more competent, capable and professional.

HCA Program Purpose

The HCA Program is designed to provide students with opportunities to develop the knowledge, skills and attitudes necessary to function effectively as front-line caregivers, and respected members of the healthcare team, in community and facility settings. Under the direction and supervision of a health professional, graduates provide person-centered care aimed at promoting and maintaining the physical, emotional, cognitive, and social well-being of clients/residents. Upon completion of the program, graduates are prepared to work in any level of continuing care, including: home support, adult day care, assisted living and complex care including special care units.

The Health Care Assistant Student Handbook provides students with information regarding TRU School of Nursing, Health Care Assistant policies and procedures

Introduction to Policies/Guidelines

It is the student's responsibility to be aware of policies, procedures and deadlines in effect during their attendance at the Thompson Rivers University. Students are encouraged to read the TRU Calendar, TRU Policies and Procedures, and the TRU Health Care Assistant Student Handbook. The TRU Calendar may be found at <http://www.tru.ca/calendar.html> and the TRU Policies and Procedures may be found at <http://www.tru.ca/policy.html>

The educational practice policies and procedures for the Thompson Rivers University HCA Program include both academic and practice standards and guidelines. For students in the HCA program, in addition to the TRU wide policies and guidelines, further policies and guidelines are included in the current **Thompson Rivers University, HCA Student Handbook**.

In all Facilities and Community Agencies, policy and procedure manuals should serve as a guideline for practice. The student is responsible and accountable for abiding by the policies and regulations of any institution visited for the purpose of educational practice. Copies of the facility/agency policy and procedure manuals are available at the agency/facility.

A. ACADEMIC POLICIES

A list of all TRU Policies can be found at <http://www.tru.ca/policy/allpolicy.html> (Policies to be reviewed in class)**

Policy	Policy #
Academic Accommodation and Services for Students with Disabilities	BRD 10-0
**Academic Integrity	ED 5-0
**Alcohol (also Hb)	ADM 5-3
**Examinations	ED 3-9
Faculty Office Hours	ADM 14-1
**Freedom of Information and Protection of Privacy	ADM 2-0
**Grading Systems	ED 3-5
Health and Safety	ADM 5-0

**Respectful Workplace and Harassment Prevention	BRD 17-0
**Satisfactory Academic Progress	ED 3-2
Smoking	ADM 5-2
**Student Academic Appeals	ED 4-0
**Student Attendance	ED 3-1
**Withdrawals	

A. Academic Honesty Policy –ED 5-0

http://www.tru.ca/_shared/assets/ed05-05657.pdf

General

The Thompson Rivers University (TRU) students have an obligation to fulfil the responsibilities of their particular roles as members of an academic community. They are expected to be honest and forthright in their endeavours. Academic integrity is both highly valued and expected. Apart from the responsibility of the student in not participating in an act of academic dishonesty, it is the responsibility of the TRU staff to take all reasonable steps to prevent and to detect acts of academic dishonesty. It is an instructor's responsibility to confront a student when such an act is suspected and to take appropriate action if academic dishonesty, in the opinion of the instructor, has occurred.

1. Forms of Academic Dishonesty

1.1. Cheating

Cheating is an act of deception by which a student misrepresents that he/she has mastered information on an academic exercise that he/she has not mastered. Examples:

- a. Copying from another student's test paper.
- b. Allowing another student to copy from a test paper.
- c. Using the course textbook or other material such as a notebook brought to a class meeting but not authorized for use during a test.
- d. Collaborating during a test with any other person by receiving information without authority.
- e. Using specifically prepared materials during a test, e.g. notes, formula lists, notes written on the student's clothing, etc.
- f. Entering a building or offices or otherwise viewing a test for the purpose of obtaining or examining an unadministered test.

1.2. Academic Misconduct

Academic misconduct is the intentional violation of TRU academic policies and procedures, by tampering with grades, or taking part in obtaining or distributing any part of an unadministered test.

Examples:

- a. Stealing, buying, or otherwise obtaining all or part of an administered test.
- b. Selling or giving away all or part of an unadministered test including answers to an unadministered test.
- c. Bribing any other person to obtain an unadministered test or any information about the test.
- d. Entering a building or office for the purpose of changing a grade in a grade book, on a test, or on other work for which a grade is given.
- e. Changing, altering, or being an accessory to the changing and/or altering of a grade in a grade book, on a test, a "change of grade" form, or other official academic records of TRU which relate to grades.
- f. Entering a building or office or otherwise viewing a test for the purpose of obtaining or examining an unadministered test.

1.3. Fabrication

Fabrication is the intentional use of invented information or the falsification of research or other findings with the intent to deceive.

Examples:

- a. Citation of information not taken from the source indicated.
- b. Listing sources in a bibliography not used in the academic exercise.
- c. Inventing data or source of information for research or other academic exercise.
- d. Submitting as one's own any academic exercise (e.g. written work, printing, sculpture, etc.) prepared totally or in part by another.
- e. Taking a test for someone, or permitting someone to take a test for the registered student.

1.4. Plagiarism

Plagiarism is the inclusion of someone else's words, ideas or data as one's own work. When a student submits work for credit that

includes the words, ideas or data of others, the source of that information must be acknowledged through complete, accurate, and specific footnote references, and, if verbatim statements are included, through quotation marks or block format as well. By placing his/her name on work submitted for credit, the student certifies the originality of all work not otherwise identified by appropriate acknowledgements.

A student will avoid being charged with plagiarism if there is an acknowledgement of indebtedness:

- a. Whenever one quotes another person's actual words;
- b. Whenever one uses another person's idea, opinion or theory, even if it is completely paraphrased in one's own words; and
- c. Whenever one borrows facts, statistics, or other illustrative materials, unless the information is common knowledge.

B. Promotion and Progression Policy

The Health Care Assistant student is responsible for his/her physical and moral conduct at all times. If conduct or academic standing is unsatisfactory, the student may be placed on a learning contract. Student's knowledge of the curriculum will be assessed by quizzes, examinations, written assignments, oral and written presentations as well as practice experience evaluations. Marks of exams, quizzes, papers and presentations will take 7-14 days.

M/C means multiple choice quiz/exam

S/A means short answer quiz/exam

C. Grading System

Passing standard for theory courses is 70%. Students must pass each course to continue in the program. The HCA program does not provide opportunities to rewrite failed exams/quizzes/or graded assignments.

Students must also successfully complete all HCA practice courses in order to continue in the HCA program. Practice courses include, the HEAL 1150 lab days and the 1150 clinical days in facilities, the 1100 ancillary days specifically the bedbath day, all of the HEAL 1250 and 1300 days in Home Support and practicum.

Students who do not meet the above criteria will receive an F (failure) and will be asked to withdraw from the program.

Vocational Trades/Non-Trades Programs			
Letter Grade	Numerical Grade	Grade Points	Letter Grade Definitions
A+	98 - 100	4.33	Excellent. First Class Standing. Superior Performance showing comprehensive, in-depth understanding of subject matter. Demonstrates initiative and fluency of expression.
A	94 - 97	4.00	
A-	90 - 93	3.67	
B+	86 – 89	3.33	Very Good. Second Class Standing. Clearly above average performance with knowledge of principles and facts generally complete and with no serious deficiencies.
B	82 – 85	3.00	
B-	78 - 81	2.67	
C+	74 - 77	2.33	Satisfactory Pass. Basic understanding with knowledge of principles and facts at least adequate to communicate intelligently in the discipline, but with definite deficiencies.
C	70 - 73	2.00	
F	0 - 69	0.00	Unsatisfactory. Fail. Knowledge of principles and facts is fragmentary; or student has failed to complete substantive course requirements.

Criteria for Oral Assignments and Written Assignments

Oral Presentation

- oral delivery:
grammar, volume of voice, variation in voice, understandable English and speed of delivery
- freedom from distracting mannerisms
- attitude towards subject
- teaching aids (i.e., handout, posters, overheads, etc.)
- encouragement of class participants
- duration not less than five minutes

Written Assignment

1. Title page required. Include title, student number, course number, date.
2. Computer / Typewritten unless instructor states otherwise.
3. Follow outline. Include headings or underlining to assist with organization and clarification of material.
4. Written assignments must be double-spaced, *legibly written* or typed on one side of white paper only and securely stapled. Loose pages will not be accepted.
When typed, use 12 point font, no bolding.
5. Learners should endeavour to submit assignments that are well written with correct spelling, grammar, and punctuation.
6. Confidentiality of clients must be maintained by use of initials or pseudonym. Under no circumstances is a client/residents full name to be used in any assignments. Marks will be deducted if a client/resident name is used on an assignment.
7. Assignments are graded by:
 - addressing all main points in the assignment
 - elaborating on the main themes and ideas
 - presenting clear, consistent, logical points
 - using information selectively
 - stating conclusions clearly
8. Ensure you retain a copy of all written assignments handed in.
9. For every day or portion of a day a paper is late, one letter grade will be deducted (e.g. "B" to a "B-"). A weekend is considered to be 2 days.
10. Information sources must be included in a reference list.

Submission of Assignments/Papers

Assignments must be submitted on the due date at the specified time and place discussed by the instructor.

Due dates are set by individual instructors and requests for extensions must be made 48 hours prior to the due date. Exceptions include incidents, of illness, accidents, or family affliction.

Students should retain copies of all papers submitted and should also retain graded papers until final transcripts have been issued.

Examinations and Quizzes

All examinations and quizzes will be scheduled in advance and all students are expected to attend. In the unusual circumstance that a student is unable to write (e.g. illness, domestic affliction, or other unexpected urgent matters) the student will telephone the appropriate instructor prior to the scheduled writing time.

In the unusual event that an exam or quiz is not written, the student must make a request as soon as possible to the appropriate instructor for permission to write the examination at an alternate time and the student must provide a written Doctor's note. At the instructor's discretion the student may be allowed to write at a later date.

- Students are referred to TRU policy regarding Examinations at [Examinations Policy ED 3-9](http://www.tru.ca/_shared/assets/Examinations5652.pdf) www.tru.ca/_shared/assets/Examinations5652.pdf

Guidelines for writing Quizzes/Exams

- Back packs are left at the front of the room
- Desks are cleared and separated
- Instructors provide scrap paper
- Students cannot leave the room during a quiz/exam
- Write quizzes/exams in pen
- Write your student number on quizzes/exams
- For multiple choice quizzes, do not write answers on quiz, use the answer card
- A ruler may be used to help track the multiple choice answers
- Instructors cannot explain the meaning of words used in the quiz/exam
- Earplugs help with noise
- When you hand in your exam/quiz and leave the room, you may not request to look at your exam/quiz again

D. Attendance Policy-ED 3-1**1 Attendance at the Start of a Course or Program**

- a. A registered student is **expected to attend the first class for each course** in which he or she is registered. A registered student who does not attend the first two days of class and **who has not made prior arrangements** acceptable to the instructor may, at the discretion of the instructor, be considered to have withdrawn from the course and his/her course registration may be deleted. The seat may be reassigned.
- b. **Attendance at the Start of a Limited Enrolment Program** A student enrolled in a limited enrolment program is expected to attend the first day of class for each course in the program. A student who is absent for the first two days of a limited enrolment program will be considered to have withdrawn from the program and his/her program registration will be deleted. The student's seat may be assigned to a waitlisted student at the discretion of the Department Chair or designate.

2 General Attendance During a Course or Program

- a. A student is expected to regularly attend lectures, laboratories, tutorial and seminar sessions for which they are enrolled. Admission to a lecture, laboratory, tutorial or seminar may be refused by the instructor for lateness, class misconduct or failure to complete required work.
- b. Unless otherwise stated, a student will be expected to attend a minimum of 90% of class, lab or practica time allocated to each course. However, due to the wide variety and diverse nature of courses and programs at TRU, individual departments or programs may set their own attendance requirements which will supersede the 90% requirement.
- c. In the case of deficient attendance without cause, a student may, on recommendation of the instructor and with the sanction of the instructor's Dean or Chairperson, be withdrawn from a course. TRU's withdrawal policy (ED 3-0) will apply. Hours absent from HCA Practice courses will be recorded and documented on the final

Performance Summary. See Practice Progression Policy - Missed *Practice Time* for additional information.

- d. The TRU attendance policy states a minimum of 90% attendance to be successful in programs. This policy allows for flexibility in interpretation, for example if a student missed class time and was not doing well clinically or academically they could be asked to leave the program. In clinical/practicum the most a student could miss would be 4 days unless there were extenuating circumstances.

E. Student Records

It is the student's responsibility to keep the both the Student Records Department and School of Nursing informed of their current address, phone number and email.

PRACTICE/LAB POLICIES

1. Ethical and Professional Behaviour

Students are expected to communicate and behave in a professional/respectful manner at all times, in and out of the classroom/ on campus/ in facilities/agencies. You are a representative of the program and the expectation is that your conduct will be professional at all times. This is of particular importance in regard to your interactions with clients/ residents/ families/ workers/ faculty/ staff **and all students**.

Students are expected to recognize their own limitations and to take responsibility for ensuring their continued competency and learning.

Students found in the lab or practicum area, who in the opinion of the instructor or staff, are under the influence of alcohol, illicit drugs or impaired by prescription drugs, will be requested to leave the area immediately and will be requested to report to the Dean of Nursing at TRU and will be subject to dismissal from the program.

Agency property must not be removed from the premises without the permission of the person in charge of the area and must be used in accordance with agency policies and procedures.

2. Confidentiality of Client Information

Confidentiality is an integral part of the professional code of ethics and the standards of practice. The principle of confidentiality flows from a belief in the worth of the individual and the right to privacy. Details of a client's history may be shared discretely when required by the health care team or for educational purposes. Indiscriminate use of confidential information for purposes other than these constitutes unethical conduct and may result in a student being placed on a learning contract.

Utmost prudence must be observed in discussions concerning the practice agency or its clients, especially in public area, e.g., facilities, buses, elevators, social gatherings, etc. Use only the client's initials when writing HSR care plans or other assignments. This prevents identification in the event the assignment is misplaced. Any information which includes the client's name or personal

information, such as client addresses, must be shredded or submitted to the clinical instructor.

Saving assignments containing client information to the hard drive on any public or university college computer is a breach of confidentiality. Any use of social media communicating or referring to practice sites, clients, residents, staff, students, activities, observations etc. is a breach of confidentiality and will be taken very seriously and may result in a student being asked to withdraw from the program.

3. Safety to Practice

All HCA students are advised that it is their ethical and legal responsibility to obtain supervision from the TRU instructor or designate when carrying out any HCA intervention for which they have not been previously supervised or in which they are not competent. In addition, in any new practice setting and/or course, instructors may require students to demonstrate skills previously performed. A student who at any time throughout the educational experience feels uncertain of his/her ability to practice skills effectively and safely must ask the TRU instructor for supervision/guidance. If the instructor is not available, the responsible Nurse is to be consulted and the situation reported to the TRU instructor.

In all Hospitals and Community Agencies, policy and procedure manuals should serve as a guideline for practice. The student is responsible and accountable for abiding by the policies and regulations of any institution visited for the purpose of educational practice. Agency policy and procedure manuals are available on request in the agency and/or from the Learning Resources Centre at TRU School of Nursing.

Return demonstration of select skills must be successfully completed in the Learning Resource Centre (the Lab) before performing the skill in the practice setting. Skills requiring return demonstration must be supervised when performed for the first time in the practice setting. Those students who are unsuccessful in skill(s) testing will be required to demonstrate mastery in formal skill testing within 7 days of the unsuccessful skill test. Failure in a formal skill test means that a student will not be eligible to continue in the program.

Students in practice courses who are deemed to be unsafe in the practice area will be asked to leave the practice area and must report to the chairperson of the HCA program.

4. Promotion and Progression Policy

The Health care Assistant student is responsible for his/her physical and moral conduct and respectful communication at all times. The student will be evaluated by the instructor on an ongoing basis throughout the program and in the clinical setting. Numerous sources of data will be used in the lab/clinical evaluation process including: demonstration of skills, facility staff and Home Support Workers input, course assignments, journaling, practice charting, participation in clinical conferences and professional behaviour and appearances. If conduct or clinical skills are unsafe or unsatisfactory the student may be placed on a learning contract or asked to leave the program.

Development of professional work habits are an important part of the HCA program. Evaluation of these habits will include student attitude, initiative, reliability and time management during program and clinical experience.

The student will be evaluated on his/her ability to cope with standards required for safe practical application of knowledge and skills. An important component of the evaluation includes daily journaling and practice charting. The BC Provincial Health Care Assistant curriculum outlines the objectives that must be learned to perform a safe standard of care.

HCA students found in the lab or practicum area, who in the opinion of the instructor or staff, are under the influence of alcohol, illicit drugs or impaired by prescription drugs, will be requested to leave the area immediately and will be requested to report to the Dean of Nursing at TRU and will be subject to dismissal from the program.

Driving your vehicle is not acceptable under these circumstances. Students will be responsible for alternate transportation arrangements.

5. Journaling/Charting

Journaling and Charting are an important component of the evaluation process for HEAL 1250 and HEAL 1300 and will be submitted regularly during

practicum. If regular journaling/charting are not handed in a learning contract will be initiated.

Described in HEAL 1250/1300 courses

6. Skill Test

Skill Tests will be graded pass or fail

Students not receiving a passing grade during a skill test will discuss this with the instructor and arrange time for further learning and demonstration of a safe level of knowledge of the failed skill. Students who have been unsuccessful in a skill test may be re-tested one additional time within 7 days of the original skill test. A second unsuccessful attempt of a skill test will result in failure of the course and the student will be asked to withdraw from the program.

7. HCA Program Attendance Policy

The faculty believe attendance in HCA practice courses must be a priority for HCA students. The planned total numbers of hours in the HCA program is viewed as being the minimum number of hours required to become a competent caregiver. The HCA program follows the TRU Attendance Policy ED 3-1 which states that a student is expected to attend a minimum of 90% of course time. In the HCA practicum this equates to 4 days of missed practice time. Missed time will be critically assessed as explained below.

Future employers place a high value on regular attendance at work. As a result, many employers ask for your record of time missed from HCA practice. Students are expected to attend, and be on time for class, scheduled practice, laboratory, and seminar learning experiences.

7.1 Missed Practice Time

The TRU HCA program values practicum time to become a safe competent caregiver. Students must meet or exceed the TRU Calendar policy of attendance ED 3-1 as above.

Students scheduled for a practice experience who become ill and are unable to attend are expected to contact the appropriate instructor via phone or text at least one hour prior to the scheduled starting time.

All missed time will be critically analysed on an individual basis. The student will be assessed and documentation on the student's evaluation will include the following criteria:

- a. amount of time missed
- b. the reason(s) for missed time and / or physician note
- c. presence or absence of a pattern of missed time
- d. level of performance.

Missed HCA practice is recorded and will be included on references given to potential employers.

Students may be required to submit a statement from a physician or other professional. Recommendations will be based on an evaluation of the student's circumstances, practice performance and academic records.

7.2 Absences in the Clinical/Practicum setting.

In the event that a student will be absent in the Clinical/Practicum setting they will inform the facility/agency and instructor a minimum of an hour prior to the start of the student shift. Informing the site and the instructor allows the staff to plan for their shift.

One unreported or unexcused absence will result in a verbal reminder to the student of their professional obligation to report absences as a courtesy to the practice sites.

A second unreported or unexcused absence will result in a meeting with the instructor to discuss the issue and a written letter outlining instructor expectations will be given to the student in question and a copy placed in the student's file.

A third unreported or unexcused absence will result in the student being placed on a learning contract.

Practice absenteeism may result in faculty recommending withdrawal from the program. Absenteeism seriously impacts student's ability to effectively meet the learning outcomes.

Regardless of excused or unexcused absences, after four missed practice days a letter will be given to the student outlining that he/she is at risk of failing. A copy of the letter will go to the Chairperson

7.3 Late Arrival in the Clinical/Practicum setting.

In the event that a student will be late for Clinical/ Practice they will inform the facility/agency and instructor preferably at least an hour prior to shift, or as soon as possible before the shift begins. This allows the HCA to begin work prior to the student arriving.

One unreported or unexcused late arrival in the clinical/practicum setting will result in a verbal reminder to the student in which the student will be reminded of their professional obligation to report a late arrival as a courtesy to the practice sites.

A second unreported or unexcused late arrival will result in a meeting with the instructor to discuss the issue and a written letter outlining instructor expectations will be given to the student in question and a copy placed in the student's file.

A third unreported or unexcused late arrival will result in the student being placed on a learning contract

8. Learning Contract Policy

When an instructor has concerns regarding a student's ability to meet the course competencies and objectives, a learning contract may be initiated. In conjunction with the instructor, the student will develop strategies to meet the expected learning outcomes and competencies as outlined in the contract. If performance is unsatisfactory at the end of the learning contract period the student will receive a failing grade (F) and the student will be required to withdraw from all HCA courses.

Learning Contract Processes

When the instructor identifies a serious performance problem, he/she will discuss it with the student.

At the discretion of the instructor, upon assessing the student progress in practice, a learning contract (LC) may be initiated. The following are examples of reasons teachers may initiate a learning contract:

- a. a high-risk or several low-risk incident(s) indicative of student performance that places client's at actual or potential risk;
- b. a recurring pattern of unacceptable practice identified in previous practice appraisals;
- c. below minimum student practice performance, or inconsistent performance, in one or several domains.

Additional reasons for placing a student on a Learning Contract may include:

- ❖ Behaviour - Students in the field area are expected to conduct themselves in a professional, courteous and respectful manner at all times.
- Noisy and/or boisterous behaviour or the use of foul language is not acceptable. Eating is allowed in the cafeteria only. Students with the Home Support Agencies are expected to provide their own meals and may not smoke in the client's home.
- Inappropriate use of cell phones/texting.
- Inability to interact professionally (respectfully) with the client, resident, faculty, health care team or family.
- Excessive and/or unexcused or unreported absences and late arrivals.
- Excessive, unexcused or unreported absences during clinical/practicum courses.
- Frequently late in the clinical area.
- Failure to hand in regular journaling or charting
- Performance/Safety Problems (Inability to perform basic skills safely).
- ❖ Inconsistent performance or regression in skills previously mastered.
- ❖ Inability to perform tasks or client/resident care assignments within a reasonable period of time.

Learning contracts may be initiated by the teacher during a practice rotation or at the end of a practice rotation. The teacher consults with the Coordinator prior to initiating a learning contract.

The instructor and the student will develop a plan for the student to improve his/her performance. The plan shall clearly outline the problems in performance,

the learning outcomes which must be met, targets for performance at the end of the learning contract period, approaches the student may use to improve performance, and the date by which performance must meet the performance targets set out in the plan.

The instructor in consultation with the Chairperson, will determine a timeframe in which the student will demonstrate competence in the learning outcomes.

The instructor and the student will sign the plan and a copy will be forwarded to the Dean and Chairperson, School of Nursing.

If the student does not show substantial progress in meeting the performance targets by the date set out in the plan, the instructor shall notify, in writing, the student and Dean of Nursing of the failure to meet program performance standards. The instructor will request the student to withdraw from the program, and the Dean of Nursing may terminate the student's training.

Students failing to achieve the learning outcomes at the expected level in the given time frame may not progress in the program. A failing grade (F) will be submitted as a grade. Please note that students may fail a practice course without the initiation of a learning contract. Students may appeal a failing (F) grade through the office of Student Affairs. Please refer to Appeals Policy ED 4-0 <http://www.tru.ca/assets/policy/ed/ed04-0.pdf>

The Registrar's Office will be notified of the student's standing in relation to the program. A written record of all actions taken under this procedure shall be maintained by the instructor and Dean of Nursing and kept in the student's file.

C. PROGRESSION POLICIES

1. Program Completion Requirements

HCA students must successfully complete all program requirements in order to receive an HCA certificate.

Students who have left the program prior to graduation may re-enter the program at the discretion of the HCA Chairperson and program seat availability. Students maintain credit for prior courses that have been successfully completed

2. Withdrawal from Program

TRU Withdrawal Policy ED 3-0

http://www.tru.ca/__shared/assets/Withdrawals5640.pdf

Thompson Rivers University (TRU) Board recognizes that students may withdraw from their courses for a wide variety of reasons. Because of the possible impact on their educational future, students are urged to seek counselling before making a decision to withdraw from a course or program. Refer to the [TRU Withdrawals Policy ED 3-0](#) for detailed information regarding procedure and deadlines for withdrawal.

Students withdrawing from the HCA Program are expected to:

- inform the appropriate instructor
- complete the appropriate withdrawal forms.
- deliver the signed withdrawal form to the Records Office

3. HCA Student Re-entry Policy

Due to the competition for seats in the School of Nursing, if there are insufficient seats to accommodate all students, a ranking will be done to determine which student(s) are readmitted to the program. This ranking will be based on the student's reason for re-entry, HCA course marks, number of courses that need to be repeated and the student's letter of intent. Please see TRU http://www.tru.ca/__shared/assets/ed03-35644.pdf

Students who take a medical withdrawal from the program will be required to submit a doctor's note which states that they are physically/mentally fit to return to the nursing program.

Process for Re-Entry:

1. At least four (4) months prior to the date of intended re-entry, submit a Letter of Intent, to the HCA Chairperson. The Letter of Intent should indicate the date that the student wishes to re-enter and include steps that the student has taken to ensure their success in the program (if applicable).
 2. At least three (3) months prior to the date of intended re-entry, make an appointment to see the HCA Chairperson for the purpose of advising.
 3. Students are reminded of the program completion requirements and the policies regarding failures and re-entry, as stated in the Thompson Rivers University Calendar http://www.tru.ca/__shared/assets/ed03-35644.pdf.
 4. A student who wishes to re-enter the program must show competence of lab skill tests including oral care, handwashing, bedmaking, am care with peri care, lifts moves and transfers and feeding. Re-entry students will have to pay a fee for the Lab skills testing. If a student fails to successfully demonstrate lab skill they will be required to retake HEAL 1150, the lab skills course.
- 4. Student Academic Appeals Policy ED 4-0**
http://www.tru.ca/__shared/assets/ed04-05656.pdf

Thompson Rivers University (TRU) recognizes that although most students experience no concerns regarding their education, some occasionally experience problems with interpretations of TRU policy or procedures by TRU staff. While most differences can be resolved by an open and frank discussion with the people concerned, a process is required whereby students may bring forward for formal review, matters that have not been resolved to their satisfaction.

An appeal is an internal hearing for the purpose of reviewing and resolving matters of concern raised by students.

Students have the right to appeal decisions on grades or application of policies, procedures and regulations, and perceived unethical conduct by TRU staff or other students. Students are referred to the current [TRU Calendar](#), the Student Affairs Department and TRU [Student Academic Appeals Policy ED 4-0](#) for information on TRU Appeal Procedures.

D. HEALTH AND SAFETY POLICIES

1. WorksafeBC (Formerly WCB)

Students enrolled in HCA Practice courses are covered by WORKSAFEBC (formerly W.C.B.) in British Columbia.

Refer to:

http://www.worksafebc.com/claims/claims_faqs/default.asp#Claims%20basics

Students in practice at agencies located outside of B.C. are **NOT** covered by *WorkSafeBC*. However, each province has a *Worker's Compensation Act* that covers accidents to workers. TRU has a Student Accident Insurance Plan plus you should make arrangements for additional insurance independently when you have a practicum out-of-province (BC).

Injury or Incident during Practice or in the Nursing Resource Centre

Work-related injury, incident/disease is one that arises of and in the course of employment (students or faculty in practice courses) or is due to the nature of employment. For a disease, this means that the disease contracted must be caused by the work or the work environment in order to be covered by *WorkSafeBC*. This includes blood borne pathogen or body fluid exposure.

Reporting injury, incident or blood borne pathogen/communicable disease exposure: Any injury, incident, blood borne pathogen or communicable disease exposure **that results in a worker (student or faculty) receiving medical attention or time-loss from work must also be reported to *WorkSafeBC*.**

If a worker (student) is injured on the job (in practice), the worker (student), employer (TRU) and the worker's treating physician **MUST** report the injury or incident to *WorkSafeBC* and TRU Occupational Health & Services (OH & S) **within 3 business days.**

IHA Agency Reporting

A student or faculty **DOES NOT** report an incident or injury to IHA as you are a TRU employee.

*******EXCEPTION** If there is a blood borne pathogen exposure to a student/faculty while practicing in IHA, a report needs to be phoned into the IHA Incident Report Line.

Reporting an Injury, Incident, Blood Borne or Communicable Disease Exposure:

1. An injury, incident, blood borne or communicable disease exposure needs to be reported to the faculty immediately.
2. Seek immediate treatment if necessary. The student can go to the Emergency Department or else a physician's office/clinic. Inform the physician that this is a work-related injury, incident or exposure.

***** A needle stick or blood splash incident must report to the Emergency Department within 2 HOURS of exposure****

3. The faculty is to inform the HCA Chairperson of the incident as soon as possible.
4. Forms need to be completed within a specific time frame and submitted to specific personal. Copies of all forms need to be included in the students file and forwarded to the HCA Chairperson.

Thompson Rivers University Forms

1. Complete a TRU SON Unusual Occurrence Report (see Appendix H). Put the original form to student's file (include with PAF); provide copies to the student and BScN Chairperson.
2. Complete a [TRU Hazard/Incident Report Form](#) with the faculty for all injuries, incidents (exposures) and near miss incidents.
Send the original form to TRU OH&S OM1475 within 3 days.

http://www.tru.ca/_shared/assets/hazardandincidentreportform9149.pdf

WorkSafeBC Forms

Only if the student/faculty seeks medical attention (**Emergency or physician, not a First Aider**) then complete the following forms: TWO *WorkSafeBC* Forms need to be completed.

1. Report the injury/incident/exposure to *WorkSafeBC* use [Form 6A: Worker's Report of Injury or Occupation Disease](#) This form must be completed on-line by the injured person (**STUDENT or Faculty**) **within 3 days.**
<http://www.worksafebc.com/forms/assets/PDF/6a.pdf>

2. Report the injury/ incident/ /exposure to *WorkSafe BC*, using Form 7: Employers Report of Injury or Occupational Disease. This form must be completed by the student's **NURSE EDUCATOR** (employer of TRU) and submitted to **TRU OH&S within 3 days.**
(Do not submit Form 7 to *WorkSafeBC* as TRU OH&S will forward)

[http://www.tru.ca/shared/assets/Form_7 -](http://www.tru.ca/shared/assets/Form_7_-_Apprentice_Practicum_Report_of_Injury_or_Occupational_Disease25693.pdf)

[_Apprentice Practicum Report of Injury or Occupational Disease25693.pdf](http://www.tru.ca/shared/assets/Form_7_-_Apprentice_Practicum_Report_of_Injury_or_Occupational_Disease25693.pdf)

Inform the physician that this is a work related injury/ incident/exposure as they must complete [Form 811](#) for *WorkSafeBC*

Blood Borne Pathogen Exposures (IHA Employee Health and Safety)

Definition of Exposure

An employee or student/faculty with:

- A parenteral exposure (e.g., needle stick or cut) or mucous membrane exposure (e.g., splash to eye or mouth) to blood or other body fluids.
- A cutaneous exposure to blood or body fluids when the exposed skin is broken, cracked, abraded or afflicted with weeping or open dermatitis.

In the event of exposure to a blood borne pathogen students/faculty working in Interior Health Authority facilities are to follow the following steps immediately. Students working outside of IHA must consult the agency policy and procedure for exposure to blood borne pathogens. The following guidelines reflect IHA Workplace Health and Safety procedures.

Immediate First Aid and Management

An employee or student who has experienced a needle stick or blood splash must:

1. Seek assistance from fellow staff member if necessary.
2. Apply immediate first aid:
 - a. Reduce contamination by washing the wound with soap and water or flushing blood from eyes, mouth or nose with large amounts of clear water.
 - b. If blood gets on the skin but there is no cut or puncture, just wash thoroughly with soap and water. This is not considered an exposure and no report or follow-up is necessary.
3. Report the incident to your faculty (or unit manager/preceptor if appropriate) immediately.
4. Report to Emergency. *You will need the client's full name, patient's PHN and birth date.* A source risk assessment will be completed. If the

risk is high, someone must arrange consent from the involved client for HIV / hepatitis testing. This may be the physician, your instructor or the Infection Control Nurse or the Patient Care Coordinator on the unit. If necessary you will be offered counselling regarding the use of antiretroviral therapy. **Please note: To be most effective this therapy must be started within 2 hours of exposure.**

5. The student must call the Interior Health Employee incident report line 1-866-899-7999. The Occupational Health Nurse will ensure that all protocols have been followed and the follow up with you if needed. If you are calling after hours leave a message and someone with IHA Workplace Health and Safety will contact you the following day. *They will also need the correct spelling of the involved client, PHN, birthdate.* Again please be clear that you are a student at TRU.

Sources:

IHA inside Net / employee health & safety / occupational health / blood borne pathogen exposures

[Practice Education Guidelines for BC: Workplace health and safety](#)

http://www.hspscanada.net/docs/peg/3_2_workplace_health_safety.pdf

Injury or Incident during Practice or in the Nursing Resource Centre Quick Reference

Student and Faculty reporting injury, incident, and blood borne pathogen or communicable disease exposure in Practice or in the Nursing Resource Centre

An injury, incident, blood borne or communicable disease exposure needs to be reported to your immediate supervisor re: Nurse Educator for students and Chairperson for faculty.

Seek immediate treatment if necessary in the ER department or a physician's office/clinic.
Inform the physician that this is a work-related injury, incident or exposure.
**** A needle stick or blood splash incident must report to the Emergency Department within 2 HOURS of exposure**.**

Complete a **TRU SON Unusual Occurrence Report**- original To student's file, copy for student & Chairperson.

Complete a [TRU Hazard/Incident Report Form](#) with the faculty for all injuries, incidents, exposures and near miss incidents. Original form to TRU OH&S OM1479 **within 3 days** (make copies)
http://www.tru.ca/_shared/assets/hazardandincidentreportform9149.pdf

If a student/faculty seeks medical attention (not a First Aider) then complete WorkSafeBC Forms

Report the injury/ incident/ exposure to using TRU OH & S specific **WorkSafeBC Form 7** at:
http://www.tru.ca/_shared/assets/Form_7_-_Apprentice_Practicum_Report_of_Injury_or_Occupational_Disease25693.pdf
This form must be completed by **the employer of TRU** (Supervisor of student or faculty) **within 3 days**
Submit **WorkSafeBC Form 7** original copy to TRU OH&S as they will forward to **WorkSafeBC**.

The injured person (student or faculty) should report the injury/incident/exposure to **WorkSafeBC within 3 days** using **WorkSafeBC Form 6A: Worker's Report of Injury or Occupational Disease** to Employer <http://www.worksafebc.com/forms/assets/PDF/6a.pdf>

Blood Borne Pathogen Exposures (IHA Employee Health and Safety)

Report to Emergency Department **within 2 hours**

For **Blood Borne Pathogen Exposures ONLY**: call the Interior Health Employee incident report line

1-866-899-7999

For a needle stick or blood splash: refer to Immediate First Aid and Management in the BScN Handbook

2. Immunizations

Immunizations

All TRU healthcare students and faculty visiting health care service delivery sites for clinical placements are considered health care providers and should be protected against vaccine preventable diseases. They must follow Provincial and Practice Agency immunizations guidelines and policies. Such policies are based on the Communicable Diseases and Immunization Guidelines from the BC Centre for Disease Control and the Canadian Public Health Agency.

- All TRU HCA students are expected to have a complete immunization schedule on admission to the program and will NOT be allowed to enter practice settings until this is complete.
- Proof of immunity status is required and the practice agency may request proof from students and faculty at any time in preparation for or during a clinical placement.

For more information refer to the Practice Education Guidelines for BC [Immunizations](http://www.hspscanada.net/docs/peg/1_3_immunization.pdf)
http://www.hspscanada.net/docs/peg/1_3_immunization.pdf

3. Influenza Vaccination

Vaccination of health care providers is considered an essential primary prevention strategy to protect vulnerable populations. Many practice agencies serving vulnerable populations (e.g. children, elderly, people who are immunosuppressed and health care providers) frequently used by the TRU School of Nursing, require students to obtain an influenza vaccination annually prior to attending practice experiences. TRU Health Services will make arrangements for students to receive free vaccinations.

Failure to provide proof of flu vaccination (upon request and in the event of an influenza outbreak) may result in missed practice time and progression in the program may be compromised.

In the event of an influenza outbreak and / or if a student has a known allergy to eggs, the student may be required to take an antiviral medication. Arrangements for this antiviral medication are to be made on an individual basis between the student and their health care provider. Written documentation from the health care provider is requested when a student cannot be vaccinated because of an allergy.

4. WHMIS

WHMIS=Workplace Hazardous Material Information System

All HCA students are required to obtain WHMIS certification which will be included in a mandatory Nursing Practice Orientation Module series during the program but prior to clinical.

5. Emergency Evacuation/Fire Alarm

These points are to assist you in the event that an alarm sounds or you discover a fire. If you require any further information, please do not hesitate to contact the Occupational Health and Safety Department.

In the Event of an Emergency Evacuation/Fire Alarm

- a. **DO NOT PANIC**
- b. **Follow the instructions given by the designated fire warden and/or alternate.** These people have been trained in evacuation procedures and have the authority to direct this. They can be clearly identified by their vests. Please assist them in any way possible. If there is no wardens present (after hours or evening) you should supervise the orderly evacuation of people. Use the nearest exit to leave the building and take them to the upper parking lot behind science. People must NOT stay close to the building or cross the road (College Drive).
- c. **Everyone must evacuate the building.** If you are evacuating people, tell them to leave and if they will not, note their names. Do not argue with them but do report them to the Occupational Health and Safety Office or the Fire Department. It is a very serious offence not to leave when the fire alarms sounds.
- d. Elevators must not be used.
- e. Take injured or handicapped persons to the fire safe stairwells. Do not attempt to evacuate them yourself (unless on the ground level). If possible, get someone to stay with them. Inform the Fire Department of the exact whereabouts of the person.
- f. Close all doors (and windows if applicable) as you exit.

- g. Shut off **master** gas and **valve**.
- h. Leave lights **ON**. This will assist people exiting (a fire can produce a lot of smoke and greatly reduce visibility).
- i. **DO NOT** allow anyone to re-enter the building **under any circumstances**.
- j. Wait for the all clear sign either the Occupational Health and Safety Department or the Kamloops Fire Department. **DO NOT** re-enter the building until you are told it is safe to do so.

If you discover a fire:

- a. IMMEDIATELY sound the fire alarm.
 - b. Dial 1111 24 hours a day and:
 - state your name
 - give EXACT location of the fire
 - give information about the fire (how big, people trapped, etc.)
 - c. Only attempt to control the fire if it is small AND you know how to use the extinguisher.
 - d. Evacuate your classroom and report to assigned fire warden or alternate.
6. **TRU Respectful Workplace and Harassment Policy (TRU POLICY BRD 17-0)**

Thompson Rivers University promotes teaching, scholarship and research, and the free and critical discussion of ideas. The University is committed to providing a working and learning environment that allows for the full and free participation of all members of the University community. Discrimination undermines these objectives, violates the fundamental rights, personal dignity and integrity of individuals or groups of individuals and may require remedial action by the University.

Harassment is a form of discrimination that is prohibited under this policy and may result in the imposition of disciplinary sanctions including, where appropriate, dismissal or permanent suspension.

This policy responds to the University's responsibility under the Human Rights Code of British Columbia (the Human Rights Code) to prevent discrimination, to provide procedures to handle complaints, to resolve problems, and to remedy

situations when a violation of this policy occurs. The University will offer educational and training programs designed to support the administration of this policy and to ensure that all members of the University community are aware of their responsibilities under the Human Rights Code and this policy. http://www.tru.ca/_shared/assets/brd17-016383.pdf

Please read this policy.

If you believe you are being harassed, contact the TRU Harassment Advisor @ 371-5800.

E. GENERAL POLICIES/GUIDELINES

1. DRESS CODE IN HCA PRACTICE

Students are required to maintain a professional appearance in all agency, community, and client home settings. Students are required to follow the appropriate dress according to the agency policy. The nurse should present a well-groomed appearance. If students, in the opinion of the instructor, have an unprofessional appearance or violate agency dress code they will be asked to leave the practice setting.

Students will wear the TRU navy blue scrub uniform and shoes meeting W.C.B. Standards (closed heel and toe).

Grooming Criteria

Admittance to HEAL 1150 (the lab) and clinical components of 1100, **1250 and 1300** courses will be denied by the instructor when uniform and grooming regulations are not followed.

The regulations are:

- | | |
|------------------|--|
| hair | <ul style="list-style-type: none"> - clean and tidy - pulled away from eyes, ears and face - long hair tied back, braided or in bun - beards and moustaches clean and neatly trimmed |
| nails | <ul style="list-style-type: none"> - short, clean and smooth - no nail polish or gel nails |
| jewellery | <ul style="list-style-type: none"> - no rings - earrings - small studs only. NO hoops or dangling earrings - a lapel watch is preferable - facial piercings including ears are to be small stud only, with no bars, rings etc. |
| tattoos | <ul style="list-style-type: none"> - Some practice agencies may request that you cover a visible |
| personal hygiene | <ul style="list-style-type: none"> - bathe daily, clothing clean and fresh, no unpleasant odours including the smell of smoke or bad breath - deodorant as necessary |

-
- | | | |
|-----------------------|---|---|
| make-up and fragrance | - | scent free environment |
| | - | make-up to compliment professional appearance |
| | - | “no scent makes good sense” |
| TRU Student ID | - | Practice ID card with first names only (see Library) |
| Uniform (scrubs) | - | clean and pressed navy blue scrubs, Pant legs are to be properly hemmed. Dragging or rolled pant legs are considered to be a safety hazard. |
| | - | no jeans on any facility day |
| | - | If community agencies prefer no scrubs, students will not wear jeans, low cut tops, halter tops, or backless dresses |
| shoes | - | chosen for protection, safety and comfort |
| | - | non-slip sole, closed toe and heel |
| | - | no mesh or cloth |
| physical fitness | - | must be in good health and physically fit and able to perform/practise all skills |

Student identification and uniform must be worn for all practice experience i.e. during practice experiences, during home visits, obtaining practice assignments, visiting community agencies.

2. Student Identification during Practice Experience

All HCA students will be required to have School of Nursing sanctioned identification (ID) (e.g., TRU School of Nursing Student Card) while attending any practice experience (Examples: home support agencies, assisted living homes, residential care facilities, community agencies etc). These ID cards will serve as security identification during School authorized practice activities (client research prior to practica, home visits, agency practice, etc...). Students will be required to produce their identification as requested by agency security, nursing staff, relevant agency employees or faculty. Agency security or relevant employees (e.g., nursing personnel) have the right to refuse TRU HCA students, access to agency or client confidential documents without School of Nursing sanctioned identification.

3. Transportation and Liability

Students may need to provide their own transportation to the agencies, facilities and client homes involved in HCA practice courses. This transportation could be in the form of a personal vehicle (owned, borrowed or rented), or a bonded taxi. Travel is a necessary component of the HCA program, particularly in community practicum placements. Each student must take individual responsibility for decisions regarding his/her own safety when required to travel in inclement weather. Some home support agencies have policies that students may not ride with Home Support Agency workers. **CHECK WITH YOUR CLINICAL INSTRUCTORS FOR THIS PROTOCOL.**

Thompson Rivers University carries liability insurance which covers students engaged in required HCA practice under the supervision of a faculty member. This coverage does **not** include vehicles. If students use a car during practicum, any accidents must be handled under the student's insurance policy. Students **may not** transport clients in their cars. . If a student were involved in an accident causing injury to a passenger who was a client, the driver might be held liable, not withstanding any insurance coverage which TRU might have.

TRU Student Accident Insurance covers accidental death and dismemberment (AD&D) and some other expenses for the student only; it does not replace medical insurance or vehicle insurance. Coverage is in effect while the student is on TRU property or participating in a TRU approved activity such as a practicum, or while travelling from TRU or a practicum office to another TRU/practicum site. Daily commuting between the student's home and TRU campus or practicum site is NOT covered.

4. Confidentiality of Student Information

In a program of studies such as the HCA program, student performance in academic and/or practice courses may be discussed among particular faculty members under certain conditions. These conditions include situations when:

- Student performance is a concern in relation to maintaining the standards of the HCA program and the HCA profession (e.g., a safety to practice issue).
- Faculty are monitoring student performance to promote success in achieving the program goals (e.g., discussing strategies to facilitate student learning).

- Discussions of confidential information will relate to the specific context of their performance and learning needs in the program.

6. Electronic Mail and Cell Phones, Blackberries etc.

Please use your myTRU emails to communicate with faculty and TRU staff. An alternate email is important to share with your peers and faculty for emergency purposes.

The personal use of cell phones, blackberries etc in the classroom, lab and practice areas will be at the discretion of your instructor and class etiquette protocols. Use of cell phones in clinical is also at the instructor's discretion.

Confidentiality / privacy breaches with electronic devices are taken very seriously and can result in the withdrawal from the program, termination of a clinical placement and consequences to the placing agency (TRU SON) and legal action.

7. Requesting Information from Community Agencies

Many student papers and projects can benefit from the information and expertise available at community agencies. Most people are willing to provide learners with information; however, these agencies have busy schedules and need to carry on their business while at the same time assisting students in an organized fashion.

8. Library/Resources of Practice Agencies

Due to the large number of students in a variety of health care programs and the limited resources in agencies, students are reminded to consider the impact of their request for information.

Students are not at liberty to borrow books from agency libraries or use agency photocopiers without the expressed permission of the agency.

9. Information about the Process of Faculty Evaluations:

Each faculty member goes through both 'formative' and 'summative' evaluations as per the Faculty Association Contract. Formative evaluations are done annually and are concerned primarily with the professional development of the faculty member. Faculty members choose methods for formative evaluation.

Summative evaluations are completed every five years and involve an extensive review of the faculty by students and administrators. The categories of performance evaluated include, but are not limited to: teaching, student advising, course content, administration, professional development activities, and curriculum development.

10. Student Records

It is the student's responsibility to keep the both the Student Records Department (Admissions, Williams Lake) and School of Nursing informed of their current address, phone number and email.

11. Family Members Attending Class

During class time, it is not appropriate to bring your child (children) or other family members to join you, except in extreme circumstances. Consult your instructors. No family is to be in the lab or clinical setting due to Worksafe coverage/liability issues.

12. Gift Giving / Receiving Guidelines

The faculty-student relationship is “based on trust, respect, and it requires the appropriate use of power” (CRNBC Practice Standard Nurse-Client Relationships [Pub #432], 2006, p. 1). Professional boundary issues and the inappropriate use of power may arise when gifts are exchanged; therefore faculty and students are discouraged from accepting or giving gifts in the student/faculty relationship.

13. Authorization to Disclose Personal Information (Reference)

Students who request references from faculty for employment purposes are required to complete the Authorization to Disclose Personal Information (Reference) consent form. Students are not obligated in any way to provide consent and may withdraw their authorization to disclose personal information at any time. The consent form will be kept for one year.

THOMPSON RIVERS UNIVERSITY

Health Care Assistant Program School of Nursing

NB: The intent of this consent form is to facilitate timely responses to requests for references. You are not obligated in any way to provide your consent and may withdraw your authorization to disclose personal information at any time.

Authorization to Disclose Personal Information (Reference)

I, _____ voluntarily consent to the School of Nursing at Thompson Rivers University disclosing personal information regarding my academic and practice performance, my attendance record, and my Grades in the Health Care Assistant program for the period of one year, to prospective employers and/or education institutions in the following format:

- a. in a verbal reference or on a written reference form, from faculty members who have agreed to provide a reference on my behalf.

This consent remains in effect for one year or until revoked by me in writing.

Student Name (print): _____

TRU Student Number: _____

Signature: _____

Date: _____