


**MODULE 2 - TEAM COMMUNICATION,  
MEDEVAC/ SCHEDEVAC PROCEDURES  
AND WORKPLACE BULLYING**



**CANADIAN HEALTH CARE AGENCY**  
EXPERIENCE THE NORTH

**Team Communication, Medevac/ Schedevac  
Procedures and Reports**

2018 Revision by Valerie Rzepka, NP, BScN, MSc.



Artist: Roy Thomas

---

**Module 3**

© CHCA 2018

1. Location of Nursing Stations
2. Work place introduction
3. MD Consult Procedure (Fax, Phone, In person)
4. Referrals
5. Schedevac/ Medevac Procedures
6. Preparing Patient for Transfer
7. Patient Escort Guidelines
8. Work load tracking
9. Non Urgent/Specialist Appointment
10. Occurrence Reporting
11. Recognizing and managing workplace harassment and bullying

---

**Team Communications and  
Medevac/ Schedevac Procedures**

© CHCA 2018

## MODULE 2 - TEAM COMMUNICATION, MEDEVAC/ SCHEDEVAC PROCEDURES AND WORKPLACE BULLYING



**Arrival:** Patient Driver picks up nurses from air port.

**Keys:** Upon arrival meet with Nurse in Charge (NIC), sign out keys and get apartment assigned. Drop off your bags.

**Phones:** Front Desk Staff answers phones during clinic hours. Most communities have security overnight which answers phones, then transfers calls to Nurse On Call.

Your personal cell phone may or may not work (Tbay Tel/ Bell).

**Internet:** Wi-Fi is avail in most nursing stations, and some hardwired internet in nursing residence.



## Nursing Station 101

© CHCA 2018

**MODULE 2 - TEAM COMMUNICATION,  
MEDEVAC/ SCHEDEVAC PROCEDURES  
AND WORKPLACE BULLYING**

**Practice Setting:** Nurse-led model of care, the only point of entry into the health care system for most communities.

**Work load:** Patients are booked q 45 to 60 mins (Longer for initial prenatal and in depth assessments)

**Charts:** Pulled by reception staff, placed in a central area – generally patients not booked with specific nurses – next available nurse sees next patient.

**On Call:** 2 Shifts a week (Typically one week day shift 18:00-08:00/ one week end shift 08:00-08:00)



## **Nursing Station 101**

© CHCA 2018



**Practice Context:** complex patient population with increased burden of illness, chronic diseases and mental health issues.

**Remote and Isolated:** Transportation and access issues

**Community Expectations:** quality health care, increased use of social media to express dissatisfaction with care received

**Multiple levels of Government:**

- Federal responsible for health care delivery in Nsg. Station
- Province - responsible for emergency medical transportation and in-patients, diagnostics and physician services
- FN Band - responsible for community based programs

## **Nursing Station 101**

© CHCA 2018



**Typical Emergency Room**

© CHCA 2018


- Most Exam rooms have a window, phone, computer and medical supplies.
- Admin day is used to restock rooms, do inventory and ordering, and organize the nursing station
- Other days of the week are scheduled for various clinics, such as Prenatal, well child, chronic or general sick clinic.



**Exam Rooms**

© CHCA 2018






**SCENARIO!**

A 20 year old mother with a 1 year old baby calls you at 01:00, just when you returned to your residence. She tells you that her baby has been crying and has had a fever for the last several hours.

The caller sounds anxious and wants you to see the child right away. When you start asking more probing questions to get a detailed history to complete your telephone triage, she gets more upset and starts swearing at you.



- What would you do?
- What CNO standards or guidelines will guide your decision?

---


## Scenario

© CHCA 2018

[Video: Words Matter – YouTube](#)

- Ensure the client and community are at the centre of your actions
- Be a strong advocate and voice for the community.
- There is a fine line between cultural practice and professional practice. You need to adapt to the culture of the community.
- Power imbalance as a “gatekeeper”: use your power to help, but maintain professional boundaries. (Social Media)
- <https://youtu.be/SyluAMzao6M>

PRACTICE STANDARD



**Therapeutic Nurse-Client Relationship,  
Revised 2006**

Table of Contents

Introduction	3
Components of the nurse-client relationship	3
Glossary	4
Standard Statements	5
1) Therapeutic communication	5
2) Client-centred care	6
3) Maintaining boundaries	7
Giving and accepting gifts	8
4) Protecting the client from abuse	9
How To Apply this Standard	11
Decision tree	11
Warning signs of crossing a boundary	12
When a colleague's behaviour crosses a boundary	12
Maintaining a Quality Practice Setting	13
References	14
Suggested Reading	15
Appendix A: Abusive Behaviours	16
Appendix B: Nursing a Family Member or Friend	17

## Communication

© CHCA 2018



A structured mode of communication, known as **SBAR** has been shown to improve communication between care providers, ensuring that important information is not missed, the message is clear, it is put into a relevant context and it is presented succinctly.

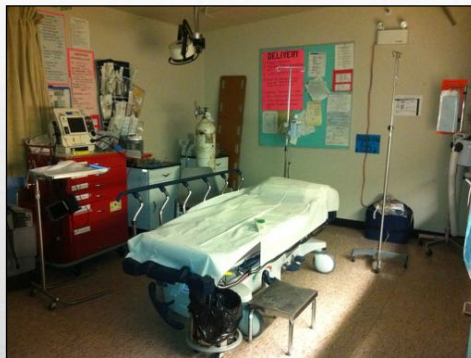
- **Situation** - what is going on (for example, client and care provider names, location, problem (what, when, how severe) briefly in 5-10 seconds)
- **Background** - data to support conclusion (for example, relevant information on past medical history, context, vital signs, assessment data, medications, lab results)
- **Assessment** - conclusion (for example, from your perspective how severe is the problem and what is the diagnosis that is suspected)
- **Recommendation** - the plan (for example, what you think should be done and/or what you want)

## Effective Team Communication - SBAR

© CHCA 2018

### All Consults require:

- 3 Patient Identifiers (Name, DOB, Band or HC#)
- History of presenting illness
- Review of Systems
- Treatment offered to date
- Recent Vital Signs
- Physical Assessment findings
- Working Diagnosis
- Collaborate and agree on plan of care.



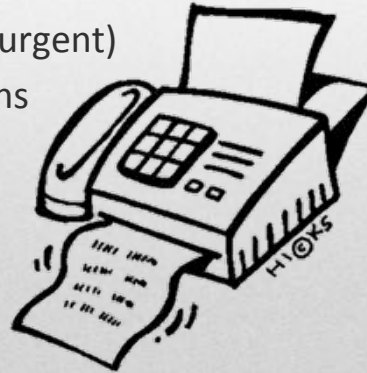
Phone consult – Fax consult – In-person consult

## Criteria for MD Consult

© CHCA 2018

## Fax Consult Examples

- Prescription Refills
- Medication Titrations (non urgent)
- Non-urgent clinical questions
- Some Referrals



**Fax Consult Form (24 hours to reply)**  
**Non Urgent MD Consult**

© CHCA 2018



**Fax Consult Record**

NORTHERN PRACTICE - FAX RECORD (File with MD Notes)					
MD:		Patient Name:		F ( ) M ( )	
Nurse:		D.O.B.:		File #:	
Nursing Station:		Band Name & #:			
Temp:	HR:	BP:	RR:	O2 Sat:	Weight:
HPI:		PMHx:		Meds:	
PE:				Allergies:	
Nursing Question:					
Date (DD/MM/YY):				Signature:	
MD Response:					
Date (DD/MM/YY):				Signature:	
Follow-up:					
Date(DD/MM/YY):				Signature:	

© CHCA 2018

### MD Contact Info

- Check daytime attending schedule – leave msg with medical secretary (CTAS score)
- Check after-hours on-call schedule

Be prepared with chart open (See Mock Chart)

- Use Patient's DOB and Band/HC number
- Review all consult criteria and agree on a plan of care.
- MD should fax their consult note to include in chart.

## **Urgent MD Consults: Telephone**

© CHCA 2018



SCENARIO!

*"Hi, Dr Frank, Mr. Cheechoo is here with abdo pain. I have just assessed Mr. Cheechoo and I think his abdominal pain is secondary to muscle strain playing hockey a couple days ago.*

*Can I get an order of Toradol for him?"*

**Why is this request a problem for the patient, the RN and the MD?**

## **Scenario**

© CHCA 2018





SCENARIO!

*"Hi, Dr Frank, Mr. Cheechoo is here with abdo pain. I have just assessed Mr. Cheechoo and I think his abdominal pain is secondary to muscle strain playing hockey a couple days ago.*

*Can I get an order of Toradol for him?"*

**Why is this request a problem for the patient, the RN and the MD?**

**On further investigation: Mr. Cheechoo has not been ambulatory for the past 24 hours. The onset of his pain preceded the hockey game by 2 months, and he disclosed drinking at least a mickey (375ml) of vodka or whiskey daily for over 2 years.**

## Scenario

© CHCA 2018

Helps to increase access to specialists via KO

- Dermatology
- Psychiatry
- EENT
- Orthopedics
- Wound Care



## Consulting Specialists via Telemedicine

© CHCA 2018



**MODULE 2 - TEAM COMMUNICATION,  
MEDEVAC/ SCHEDEVAC PROCEDURES  
AND WORKPLACE BULLYING**

For specialist appointment ( $\geq 24$  hours away):

- Onsite: KO Telemedicine Referral
- Off Site: Specialist Referral Form and submit to NIHB

## Specialist Referrals

© CHCA 2018

		<b>KO TELEMEDICINE REFERRAL FORM</b> Fax to 1-807-735-1089			
Date of Request:		Chr#		CST	
KO Telemedicine use: <input type="checkbox"/> Patient studio: <input type="checkbox"/>		Appointment Date:		Appointment Time:	
		DD / MM / YY			
Specialty Requested:		Specialist name:			
Referring Physician:		Tel:		FAX:	
Referring Physician (OHIP Billing #):		City:		Postal Code:	
Patient Name:		Date of Birth:		Sex:	
Health Card No:		Version:		Preferred Language:	
Address:		Postal Code:		Band No:	
Tel (H):		Tel (W):			
Please complete if patient is less than 18 years of age:					
Mother's Name:		Tel (H):		Tel (W):	
FIRST, LAST					
Father's Name:		Tel (H):		Tel (W):	
Guardian's Name:		Tel (H):		Tel (W):	
Purpose of Consult:		<input type="checkbox"/> Initial Consult		<input type="checkbox"/> Follow-up	
		<input type="checkbox"/> W308		Chain No.:	
If not sent by Telemedicine, would this referral require the patient to travel?					
<input type="checkbox"/> Yes		<input type="checkbox"/> Yes, possibly (please explain):		<input type="checkbox"/> No (please explain):	
Reason for referral (please attach relevant reports/documents):					
Site _____ System _____					
Physician Signature: <small>whenever initiated consult use sign here</small>					
<small>Serving First Nations Communities in the Great Lakes Area</small>					
<small>May 9, 2018</small>					

## KO Telemedicine Referral

© CHCA 2018

- **Non-Urgent**
  - Does not require prompt attention
- **Urgent**
  - Requires prompt attention, but non life-threatening
- **Emergent** (must meet at least one of the following criteria):
  - Abnormal or deteriorating neurological status
  - Life-threatening emergencies
  - Significant or life-threatening traumatic injuries
  - Threat to maternal or fetal life
  - Airway compromise or severe respiratory distress
  - Acute paediatric illness requiring specialized care

## Patient Priority for Transfer

© CHCA 2018



### MEDEVAC = Emergent

- Specialized care by qualified health care personnel in a mobile environment
- To ensure the safe transfer from one treatment facility to another. Medevac costs start around \$35K+
- In Sioux Lookout and Moose Factory Zones, it may be by fixed wing aircraft or helicopter

### SCHDEVAC = non-emergent, but may be semi-urgent

- Unaccompanied transfer of patient by commercial flight to nearest center for a higher level of care.
- Schedevac costs significantly less – paid by NIHB.

## Patient Transfers

© CHCA 2018

[illegible]

**PTAC: Provincial Transfer Authorization Centre.**



**MT#: Medical Transfer #**



© CHCA 2018



## Medevacs in a nutshell

1.
  - Stabilize patient, determine need for medevac (consult MD, establish an accepting MD/ Facility)
  - Complete and send PTAC form to obtain MT number
2.
  - Receive MT number from PTAC
  - Call Ornge, quoting MT number
  - Provide detailed case history to planner including recent vitals
3.
  - Await Ornge planner's return call with ETA of the flight.
  - Inform medical driver and escort of ETA of the flight.
  - Update Ornge planner by phone if patients status changes.

**IMPORTANT: Wait until the plane takes off and is out of view before leaving the airport.**

© CHCA 2018

### Provincial Transfer Authorization Centre

- Information about the transfer (i.e.. Reason, etc.)
- Information about the sending and receiving facilities
- Information about the patient (Vital Signs within last 30 mins)

#### **Obtain MT Number**

- **Provincial Transfer Authorization Centre** maintains a database of patient transfers within the province of Ontario and interprovincial transfers.

**MT#s are mandatory for all inter-facility transfers**

### **Step 1: Fill Out PTAC Form (Online/Fax)**

© CHCA 2018

**MODULE 2 - TEAM COMMUNICATION,  
MEDEVAC/ SCHEDEVAC PROCEDURES  
AND WORKPLACE BULLYING**

- It can be done by online or fax. Check with NIC.
    - Nursing stations must pre-register for online service
    - Online service not always reliable in northern communities
    - Fax most commonly used.
  - Complete all parts of the 'Patient Transfer Authorization Form – Non-outbreak' and fax to number on form (1-866-301-5262)
  - They will fax you back your MT# quickly
  - If fax not returned within 15-20 min, re-fax and CALL THEM
- MT# is valid for only 24 hours**

**\*\*TRANSITIONING TO ONLINE ONLY AS OF NOVEMBER 2018\*\***

## How Do I get a MT number from PTAC?

© CHCA 2018

To obtain MT #:  
Fax form to  
1-866-301-5262

Ensure correct  
Nursing Station fax  
number is written  
here



## PTAC Fax Form

ORUNGE 1/14/2010 4:12:55A PM PAGE 2/002 FAX SERVER

**PTAC** Provincial Transfer Authorization Centre  
Version 2.1  
You are still required to contact your transport provider.  
Enquiries 1-866-869-7822

Please Fax to 1-866-301-5262

Priority: Request Transfer Date\* Today ☐ Tomorrow ☐ Date\*  
Transfer Priority\* Emergency ☐ Urgent ☐ Non-Urgent ☐

Transport Service Provider\*  
Onsite (Air Ambulance and Critical Care Land) ☐  
Local Emergency Land Ambulance ☐  
Private Transfer Service ☐ Provider Name  
Family Member ☐  
Other ☐ Specify

Patient Information  
Patient Surname\* First Name\*  
Date of Birth\* Dr. Age\*  
Health Card Number Year ☐ Month ☐ Day ☐  
Gender\* Male ☐ Female ☐ Version

Sending Healthcare Facility  
Sending Facility\*  
Unit/Room  
Unit Telephone\* Extension  
Unit Fax\*  
Nurse/Clerk  
Sending Physician Name

Receiving Healthcare Facility  
Receiving Facility\*  
Unit/Room  
Unit Telephone Extension  
Receiving Physician Name

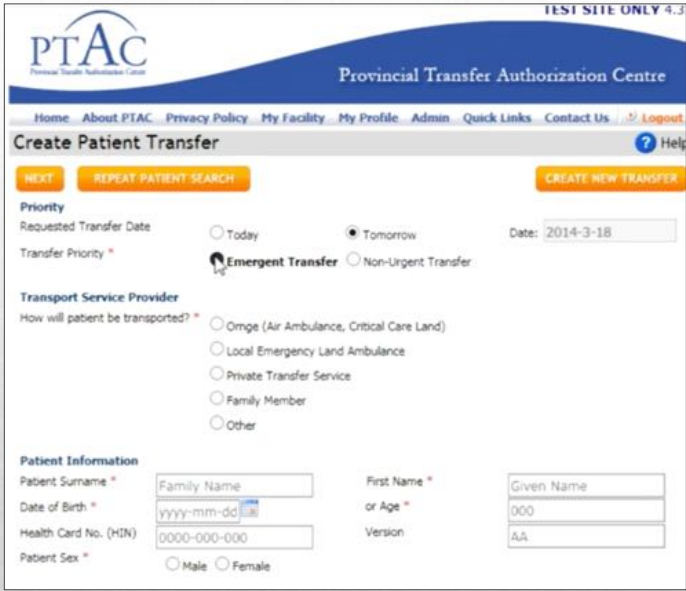
Infectious Concerns

	Yes	No
1 Does your patient have new / worse cough or shortness of breath?		
2 Is the patient feeling feverish, has the patient had shivers or chills, or had a documented fever ( $>38.3^{\circ}\text{C}$ ) in the last 24 hours?		
3 Is the patient admitted to a health care facility (acute, long-term, or other), or being transferred for admission?		
4 Does the patient work for a health care agency or organization?		
5 Has the patient lived in or visited the Arabian Peninsula and neighboring Middle East countries of concern for MERS-CoV in the past 14 days (Saudi Arabia, Qatar, Jordan, United Arab Emirates, Bahrain, Iraq, Iraq, Israel, Kuwait, Lebanon, Oman, Palestinian Territories, Yemen, Syria)?		
6 Has the patient lived in or visited China, a country of concern for Avian Flu (H7N9) or has the patient had contact with a sick person who has travelled China in the past 14 days?		
7 Has the patient lived in or visited West Africa (e.g. Guinea, Liberia and Sierra Leone) where there has been known cases of Ebola in the past 21 days or has the patient had contact with a sick person who has travelled to these same areas in the past 21 days?		

Diagnosis\*

© CHCA 2018

**MODULE 2 - TEAM COMMUNICATION,  
MEDEVAC/ SCHEDEVAC PROCEDURES  
AND WORKPLACE BULLYING**



The screenshot shows the PTAC (Provincial Transfer Authorization Centre) online portal. The page title is 'Create Patient Transfer'. It includes a navigation bar with links: Home, About PTAC, Privacy Policy, My Facility, My Profile, Admin, Quick Links, Contact Us, and Logout. The form contains several sections: 'Priority' with radio buttons for 'Today' and 'Tomorrow' (selected), and a date field 'Date: 2014-3-18'; 'Transfer Priority' with radio buttons for 'Emergent Transfer' (selected) and 'Non-Urgent Transfer'; 'Transport Service Provider' with radio buttons for 'Ornge (Air Ambulance, Critical Care Land)', 'Local Emergency Land Ambulance', 'Private Transfer Service', 'Family Member', and 'Other'; and 'Patient Information' with fields for 'Patient Surname', 'First Name', 'Date of Birth', 'Health Card No. (HIN)', 'Patient Sex', 'Family Name', 'Given Name', 'or Age', and 'Version'. A URL <https://youtu.be/TAzDxaPssBU> is visible on the right side of the form.

**PTAC Online Portal**

© CHCA 2018

What patient information will I need when talking to Ornge?

1. MT Number from previous step (so they can pull up the case)
2. Patient demographics
3. Incident history
4. Pertinent physical assessment findings
5. Recent vital signs (within 30 mins) including approx. weight.
6. Past medical history
7. Medications
8. Allergies
9. Treatment to date, and response to treatments
10. Equipment being sent
11. Ongoing infusions and therapies
12. ECG and recent lab values (if pertinent)
13. Resuscitation Status (DNR or advanced directives)
14. Escort name and weight (if applicable)



**Step #2: Call in a Report to planner at  
Ornge Communications Centre (OCC)**

© CHCA 2018

## MODULE 2 - TEAM COMMUNICATION, MEDEVAC/ SCHEDEVAC PROCEDURES AND WORKPLACE BULLYING

Patient preparation (As needed):

- IV access
- Foley
- Airway supported (GCS  $\leq 8$ )
- Spinal immobilization
- Extremity fractures splinted
- Pregnant patient in active labour – recent pelvic exam if appropriate
- Medications (prn or regular) administered prior to transport
- Proper clothing/wrap for cold weather
- **Photocopy all chart notes pertaining to presenting issue, prepare Patient Transfer Note to include with chart being sent with patient.**
- **Manage any changes in patient status and update OCC**

### Step # 3: Patient Preparation

© CHCA 2018

**Sioux Lookout Zone, Health Canada - First Nations Inuit Health**

**PATIENT TRANSFER NOTE**

DATE: \_\_\_\_\_  
 Nursing Station: \_\_\_\_\_  
 Physician Consulted: \_\_\_\_\_ Time: \_\_\_\_\_  
 Receiving Physician: \_\_\_\_\_  
 Receiving Facility: \_\_\_\_\_  
 Elective: \_\_\_\_\_ Emergency: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

Addressograph

**PROVISIONAL DIAGNOSIS:** \_\_\_\_\_  
 Special Needs: Interpreter: \_\_\_\_\_ Escort: \_\_\_\_\_ Other: \_\_\_\_\_  
Immunization: Up-to-date \_\_\_\_\_ Requires (Specify) \_\_\_\_\_ Date Last Tetanus \_\_\_\_\_  
 TB Skin Test: \_\_\_\_\_ Result: \_\_\_\_\_ CXR: \_\_\_\_\_

Emergency/ Stat Drugs administered at Nursing Station

Drug, dose, frequency, route	Date last adm.	Time last adm.	Comments	CHN sign.

Date/Time \_\_\_\_\_ Treatment (IV, O2, Fluid In/Out) \_\_\_\_\_  


Past Medical History


Transferred with patient:  
 \*Photocopy of Nurses Notes\* ☐ Chronic Med Profile ☐ X-ray ☐ Lab work ☐ ECG ☐  
 Special Equipment ☐ \_\_\_\_\_

Signature of Nurse \_\_\_\_\_  
 Please send consult/discharge summary to the Referring Facility/Nursing Station  
 Nursing Station Fax # \_\_\_\_\_

Date & Time \_\_\_\_\_

© CHCA 2018



**MODULE 2 - TEAM COMMUNICATION,  
MEDEVAC/ SCHEDEVAC PROCEDURES  
AND WORKPLACE BULLYING**

To finish it all off...

- On arrival, Medevac crew may:
  - Get history
  - Do a brief physical assessment
  - Prepare the patient for transport (continuous monitoring, establishing/securing lines, performing interventions, calling transport medicine physician for direction, transferring and securing stretcher, etc.)
- Once the patient departs, fax the ' [Medical Evacuation Information Form](#) ' to NIHB



## Step #4: Emergency Transfers

© CHCA 2018

## Medevac/ Schedevac Information Form for NIHB

☐ Sioux Lookout Zone Office, Health Canada - First Nations Inuit Health

☐ ORNGE Resp  
☐ NIHB Resp

**MEDICAL EVACUATION INFORMATION FORM**

Transfer Date:	Appointment Date:
First Name:	Last Name:
Origin of Patient:	Referring Physician:
Destination of Patient:	Receiving Physician or Facility:
Diagnosis:	
Birthdate:	10 digit Band Number:
Escort's Medically Required: YES 9 NO 9	
Name of Escort:	
What is Flight ID Number?	
What is the Patient's ID Number/Numbers?	
Time MD Called:	Time delay comments:
Time MD Authorized Medevac:	
Time MATC Called:	
Time MATC Confirmed Transfer:	
ETA of Aircraft to your location:	

Notes:

**FAX to SLZ NIHB at 807-737-8857**  
**AND**  
**AFTER HOURS FAX to appropriate receiving center:**  
SLKT 807-737-1173  
Thunder Bay 807-623-8155  
Winnipeg 204-778-4187

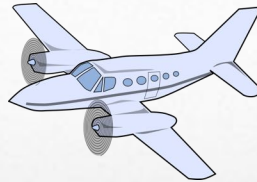
Revised: April 2, 2013

Ornge Resp =  
Emergent/ Urgent

NIHB = Non Urgent

Must Fax to  
destination,  
otherwise escort  
accommodations will  
not be booked

© CHCA 2018



- Arranged for patients who need to seek additional care, beyond what is available in the community. (Eg. X-Ray, Ultrasound, MD consults)
- Needs to be authorized by a physician after RN consultation
- Complete and fax 'Medical Evacuation Information form' to Non-insured Health Benefits and checkmark "NIHB Resp).
- Some communities may alternatively scan and email this form to the NIHB office.
- Call NIHB to confirm receipt. NIHB has weekend on-call hours.
- Client either picks up Schedevac warrant from Reception during clinic hours, or is otherwise informed of the consult.

### Non-Urgent Transfer – “Schedevac”

© CHCA 2018

1. EMERGENT/ URGENT ONLY: Patient Transfer Authorization Centre (PTAC) (obtain MT#)
2. Patient Transfer Note, including in package with Pt:
  - i. Copy of nursing notes pertaining to presenting complaint
  - ii. Chronic med profile
  - iii. X-ray
  - iv. Lab results (if applicable)
  - v. ECG
3. Medical Evacuation Information Form (faxed to NIHB)

### In Review:

### Forms Required for Medevac/ Schedevac

© CHCA 2018

There are occasions when resources must be redirected due to a higher transport priority. Final triage or redirect decisions are made by Ornge Transport Medicine Physicians.

There are a number of factors that are taken into consideration when triage or redirect decisions are made. Some of these factors include:

- Condition of your patient, and triage levels of patients in other communities
- Weather conditions
- Other resources that are responding
- Location
- Availability of Medevac resources



If redirected, every effort is made to advise the sending facility of the change and the estimated time of arrival.

---

## **Medevac Delays**

© CHCA 2018

### **Family/Non-Medical Escort Preparation**

- Inform the family of pending transfer – they should choose an appropriate escort
- Encourage escort to get a small bag ready for themselves and patient with necessary supplies
- Keep them updated on the status of the transfer
- Arrange for transfer to airport, or await Medevac crew arrival at NS

### **Non-Medical Escort is responsible for:**

1. Being on time and attend all appointments with patient;
2. Providing a safe environment;
3. Providing support and help in sessions that are appropriate to attend.
4. Refraining from drinking alcohol.

If an escort does not fulfill the duties their return ticket is cancelled and they will not be eligible for subsequent escort duties.

---

## **Non-Medical Escorts**

© CHCA 2018

## MODULE 2 - TEAM COMMUNICATION, MEDEVAC/ SCHEDEVAC PROCEDURES AND WORKPLACE BULLYING

The screenshot shows the Service Administration Log (SAL) form. It includes fields for Regular Hours/After Hours, Care Provider Name, Care Provider Role, Client ID, Status, Urgent, and Check all that apply (Lives in the Community, Lives Off or Other Reserve, Lives out of Province/Country, Has Chronic Education, Patient Has Diabetes, Patient Has Hypertension, Patient Has Asthma, Patient Has COPD, Patient is a smoker). There are also sections for Reason for Encounter, Clinical Practice Guideline Chapters and Other, Screen/Case Finding, Pharmacological Interventions, Diagnostic Interventions, Community Programs/Services, and Discharged To. The form is titled '20151212.Q' and has buttons for Administration Log, Save This Entry, Review Entries, Report, Clear Form, and Close.

**Service Administration Log**

© CHCA 2018

- Red areas need to be completed, or the entry won't be saved.
- Client ID: First 3 digits of community where client is being served, followed by 10-digit band # or HC#

The screenshot shows the Service Administration Log (SAL) form with red boxes highlighting mandatory sections. These include the 'Reason for Encounter' section, the 'Screen/Case Finding' section, the 'Pharmacological Interventions' section, the 'Diagnostic Interventions' section, the 'Community Programs/Services' section, and the 'Discharged To' section. The form is titled '20151212.Q' and has buttons for Administration Log, Save This Entry, Review Entries, Report, Clear Form, and Close.

**SAL – Mandatory Sections**

© CHCA 2018



**MODULE 2 - TEAM COMMUNICATION,  
MEDEVAC/ SCHEDEVAC PROCEDURES  
AND WORKPLACE BULLYING**

- To record administrative work – click “Administration Log”

## **SAL – Administration Log**

© CHCA 2018

- Administration Log – used to record admin work
- eg. Program planning, MD clinic, Chart reviews, etc.

## **SAL – Administration Log**

© CHCA 2018

## MODULE 2 - TEAM COMMUNICATION, MEDEVAC/ SCHEDEVAC PROCEDURES AND WORKPLACE BULLYING

- Security Violations
- Self Harm
- Community
- Process Issues
- Substance Related Issues

**CONFIDENTIAL**  
**FIRST NATIONS AND INUIT HEALTH BRANCH OCCURRENCE REPORT**  
**APPENDIX B**

Identification: Date of Occurrence: \_\_\_\_\_ Time: \_\_\_\_\_ Tel: \_\_\_\_\_  
Zone/Health Authority: \_\_\_\_\_ Report Sent: \_\_\_\_\_ Fax: \_\_\_\_\_ Province/Region: \_\_\_\_\_

HCP involved check (T) all that apply: ☐ CHN ☐ CHN ☐ HCC ☐ Doctor ☐ Dental ☐ NADAAP ☐ Mental Health ☐ Other \_\_\_\_\_

Name of HCP involved: \_\_\_\_\_  
P (Client contact, Dept): \_\_\_\_\_

**A**

4-Security Violation	Description of Occurrence check (T) all that apply	4-Process Issues	4-Substance Use Related
<input type="checkbox"/> Verbal/Physical Threats to Nurse <input type="checkbox"/> Threats to Other HCP in Community <input type="checkbox"/> Security Guard Issues <input type="checkbox"/> Relating Issues <input type="checkbox"/> Theft <input type="checkbox"/> Damage to Property <input type="checkbox"/> Other _____	<input type="checkbox"/> Sexual Assault <input type="checkbox"/> Recurrent <input type="checkbox"/> Attempted Suicide <input type="checkbox"/> No of Attempts <input type="checkbox"/> Completed Suicide <input type="checkbox"/> Self Destructive Behaviours <input type="checkbox"/> Other _____	<input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Death <input type="checkbox"/> Environmental <input type="checkbox"/> CDC Outbreak <input type="checkbox"/> Political Issues <input type="checkbox"/> Violence to client <input type="checkbox"/> Other _____	<input type="checkbox"/> Medical Evacuation <input type="checkbox"/> On-Call receiving <input type="checkbox"/> Narcotics and controlled substance <input type="checkbox"/> Workforce <input type="checkbox"/> Other _____ <b>4-Nursing Practice</b> <input type="checkbox"/> Policy <input type="checkbox"/> Scope of Practice <input type="checkbox"/> Medication <input type="checkbox"/> Good Catch/Near Miss <input type="checkbox"/> Other _____

Brief description of occurrence: \_\_\_\_\_

How the occurrence affects the ability to deliver health services: \_\_\_\_\_

Actions taken by Nurse (CHN) or other health care personnel check (T) all that apply

Consultation	Intervention	Notification
<input type="checkbox"/> Physician <input type="checkbox"/> CHN / NHC <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Child Care Services <input type="checkbox"/> Police <input type="checkbox"/> Community Program Staff <input type="checkbox"/> Other _____	<input type="checkbox"/> Medical Evacuation by: _____ <input type="checkbox"/> Land _____ <input type="checkbox"/> Air _____ <input type="checkbox"/> Observation _____ hrs <input type="checkbox"/> Discharged to: _____ <input type="checkbox"/> Accompanied by: _____ <input type="checkbox"/> Other _____ Date: _____ Time: _____	<input type="checkbox"/> ZNO / manager <input type="checkbox"/> Facilities / Maintenance <input type="checkbox"/> Regional Security <input type="checkbox"/> Other _____ <input type="checkbox"/> Health Director <input type="checkbox"/> Chief / Counsellor <input type="checkbox"/> Police <input type="checkbox"/> Other _____

Follow-up required at community level: \_\_\_\_\_


**B** Prepared by (Print name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Zone/Area Health Authority: \_\_\_\_\_ Actions taken by Management: \_\_\_\_\_ Date Received: \_\_\_\_\_

**C** Forwarded: Regional Director ☐ CHN ☐ Facilities ☐ Regional Security ☐ Health Director ☐ Chief / Counselor ☐ Police ☐ Other \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Region: RNO/Manager/Director \_\_\_\_\_ Date Received: \_\_\_\_\_

**D** Forwarded: Regional Director ☐ Facilities ☐ Regional or Corporate Security ☐ Health Director ☐ Chief ☐ CHN ☐ Counselor ☐ Police ☐ EMO ☐ DNS ☐ Other \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Completed Report Forwarded to Source of Occurrence \_\_\_\_\_  
Signature: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

## Occurrence Report

© CHCA 2018

  
**CANADIAN HEALTH CARE AGENCY LTD**  
*EXPERIENCE THE NORTH*

Canadian Health Care Agency: Cambridge	Prepared by: S. Umana Revised by: K. Himmelman Approved by: CHCA	Date Prepared: May 2008 Date Revised: March 2015
---	--	---

Policy: Workplace Harassment

**POLICY STATEMENT**  
Canadian Health Care Agency (CHCA) is committed to:

- The guiding principles of respecting others, relationships and caring for people;
- Providing a workplace that is free from all forms of sexual and personal harassment in accordance with the applicable human rights legislation; and
- Promoting good management practices that are directed at creating a welcoming work environment.

**POLICY OBJECTIVES**  
Policy objectives include the:

- Prevention of any conduct in the workplace that violates the fundamental rights, personal dignity and integrity of any person subjected to such conduct;
- Provision of information regarding harassment; and
- Provision of direction for handling complaints of harassment.

## Workplace Harassment and Bullying

© CHCA 2018



### Workplace Harassment:

- engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome.

Bill 168 provision of the Ontario Occupational Health and Safety Act

## Workplace Harassment and Bullying

© CHCA 2018

Examples include:

- Spreading malicious rumours, gossip, or innuendo that is not true.
- Excluding or isolating someone socially.
- Intimidating a person.
- Undermining or deliberately impeding a person's work.
- Physically abusing or threatening abuse.
- Removing areas of responsibilities without cause.
- Constantly changing work guidelines.
- Assigning different levels of accountability to others in the same position.
- Establishing impossible deadlines that will set up the individual to fail.
- Withholding necessary information or purposefully giving the wrong information.
- Making jokes that are 'obviously offensive' by spoken word or e-mail.
- Intruding on a person's privacy by pestering, spying or stalking.
- Assigning unreasonable duties or workload which are unfavourable to one person (in a way that creates unnecessary pressure).
- Underwork - creating a feeling of uselessness.
- Yelling or using profanity.
- Criticizing a person persistently or constantly.
- Belittling a person's opinions.
- Unwarranted (or undeserved) punishment.
- Blocking applications for training, leave or promotion.
- Tampering with a person's personal belongings or work equipment.



## Workplace Harassment and Bullying

© CHCA 2018

**Personal Harassment:**

- not based on any of the prohibited grounds under the human rights legislation.
- It is a form of behaviour that for a variety of reasons demeans or embarrasses a person.
- Personal harassment can occur between individuals and groups of employees.

Examples include:

- ostracizing
- shunning
- uncivil conduct
- gossip and lies

---

**Workplace Harassment and Bullying**

© CHCA 2018

**Harassment Complaint Procedure:**

- A harassment complaint may only be initiated by someone who has experienced harassment, or witnessed harassment.
- The CEO may initiate a harassment complaint as a witness.
- Every effort should be made to ensure that the procedures are complainant-driven. (i.e., The complainant should agree to if and when s/he wishes to engage in a formal vs. informal procedure.)
- However, once a formal procedure is initiated, it must be continued according to the process outlined below.

---

**Workplace Harassment and Bullying**

© CHCA 2018



### Informal Procedure

#### Informal Complaint: Documentation

- Whether or not the complainant wishes to file a formal complaint, it is crucial that all allegations of harassment be documented.
  - ***What happened? When did it happen? Where did it happen? Who was present?***
- The documentation can be held by the complainant. However, it is strongly advised that the complainant present this information, verbally or in writing (according to the complainant's preference), to the manager (unless the manager is the respondent) for documentation purposes only.
- The manager will take her/his own notes regarding the incident. The information will be held in confidence, and no further action will be taken without the direct consent of the complainant. This step helps to prevent retaliation against complainants and/or to provide evidence for it when retaliation does occur.

---

## Workplace Harassment and Bullying

© CHCA 2018

### Formal Procedure

- Where appropriate, the complainant may choose to file a formal complaint.
- The employer is committed to responding to all complaints, however, it is in the CEO's discretion whether or not to investigate a complaint if it is not filed within a year of the alleged circumstance leading to the complaint unless:
  - a. there is a strong factual and legal case,
  - b. there is evidence of substantial loss or damage to the complainant and a clearly identifiable remedy,
  - c. there are justifiable reasons beyond the complainant's control for not filing the complaint within the one year limit, and
  - d. the respondent will not be unduly prejudiced by the extension.
- A formal complaint must be written and signed.
- It should give an accurate account of the incident or incidents of harassment including times, places and parties involved.
- When completed, the complaint is submitted to the manager, or CEO.

---

## Workplace Harassment and Bullying

© CHCA 2018

**MODULE 2 - TEAM COMMUNICATION,  
MEDEVAC/ SCHEDEVAC PROCEDURES  
AND WORKPLACE BULLYING**



- Please make sure to read the Northern Tips handout
- Packing food and airline baggage restrictions
- Clothing and essential items
- Warnings and cautions for staying safe!

© CHCA 2018