Canadian Memorial Chiropractic College

Division of Clinical Education

CMCC Interns' Manual – Class of 2018

May 19, 2017

Canadian Memorial Chiropractic College
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GENERAL INFORMATION

Purpose of the Manual

This manual is intended to inform interns about their role within the Division of Clinical Education and is meant as a reference for Interns in their day-to-day operations. The content will be updated on an as needed basis as new information comes forth, and as Policies and Procedures are revised.

The Intern Manual is a companion document to other references at CMCC. Interns should also make themselves aware of the CMCC Academic policies, available on the following link: https://www.cmcc.ca/policy, as well as course syllabi as posted on KIRO.

Divisional Structure

The Clinic Management Team (CMT)

The Division of Clinical Education is managed by the Clinic Management Team (CMT). The CMT is responsible for the clinical education curriculum (including CE courses in Years I, II and III), staffing and quality assurance of all aspects of patient care and clinical education, and the operation and administration of CMCC clinics. The CMT includes:

Dr. Anthony Tibbles, *Dean, Clinics*
atibbles@cmcc.ca, Ext 138

Dr. Tibbles leads the division as head of the CMT and is responsible for all aspects of patient care and clinical education. He guides the continuing development of the Year IV curriculum and promotes integration of clinical education in Years I to III. He also monitors learning outcomes for the Year IV program, including clinical competency assessment to assure adherence to accreditation standards.

Dr. Phil Decina *pdecina@cmcc.ca , Ext 251 and* **Dr. Craig Jacobs** *cjacobs@cmcc.ca , Ext 145*
Directors, Clinical Education and Patient Care

Drs. Jacobs and Decina share responsibility for directing the delivery and monitoring of quality patient care through oversight of faculty and curriculum for the Year IV program. They each manage between 10 to 15 clinicians. Typically Dr. Decina is responsible for clinicians who work at CMCC clinics Mondays, Wednesdays and Fridays, and Dr. Jacobs manages clinicians who work on Tuesdays, Thursdays and Saturdays.

Ms. Susan Rutherford, Director, Clinic Operations and Initiatives srutherford@cmcc.ca Ext 109

Ms. Rutherford manages the administrative operations of the Division of Clinical Education including financial and statistical review. The Division's support staff report to her. She typically provides the first point of contact for student enquiry, and tracks all quantitative and qualitative program requirements for Year IV students.

Anthony Ridding, Data Analyst aridding@cmcc.ca Ext 108

Mr. Ridding makes use of data collected through clinic operations and projects. His work provides insightful reporting of clinic operations and informs future planning. With a degree in kinesiology and epidemiology, and plans to complete a degree in Health Informatics, Mr. Ridding is well positioned to provide meaningful data to underpin all decision making processes.

TBA, Senior Administrative Assistant to the CMT, Ext 224

This position provides administrative support to the CMT, clinical faculty and interns. This admin is responsible for all administrative aspects of the radiology service, coordinates the community outreach program and for coordinating and organizing information related to a student's divisional administrative file, including the pre-clinical observership program. The role also ensures that all clinics are stocked with the appropriate supplies and forms.

Please note that each member of the CMT has an open-door policy and is always available for consultation or discussion. There is always a member of the CMT available between the core hours of 9 a.m. and 3 p.m., and usually someone is available between the hours of 7 a.m. and 5 p.m.

Clinical Faculty

The clinical faculty at CMCC are leaders in chiropractic practice within their communities and areas of specialty. They have been selected for their contribution to the profession, demonstrated excellence in teaching and learning, and patient care management. CMCC has two types of clinical faculty, "primary" clinical faculty and "resource" clinical faculty.

Primary clinical faculty provide leadership to a Patient Management Team (PMT); this includes responsibility for patient care and intern education. Patient care involves the supervision of interns as they evaluate, diagnose, and manage patient care. They facilitate the development of interns as reflective practitioners and provide instruction on patient assessment, treatment and ethical practice building. As part of their mentorship responsibilities, clinical faculty are also expected to help build their "CMCC practice" by assisting interns in developing useful marketing strategies (that students can then take with them into private practice after successful completion of the CMCC program) which will generate a regular flow of new patients. Furthermore, instruction on, and provision of excellent, patient-centred, evidence-based care to existing patients will also help to ensure high patient satisfaction, and

the eventual returning patient, (when necessary), as well as a patient who will be inclined to refer their friends and family to receive the same high quality care that they themselves received.

Clinical faculty are also responsible for assigning relevant and case dependent learning objectives, preferably in the form of an answerable clinical question, and delivering periodic rounds presentations. When applicable (as with any formal teaching presentation), an appropriate lesson plan should be an integral part of the preparation for the rounds presentation. This will help to ensure that all intended learning outcomes for the presentation and topic at hand are achieved. Primary clinical faculty regularly evaluate interns on clinical competencies and educational requirements, counsel interns with respect to clinical practice when needed, and ensure interns comply with clinical policies and procedures.
Resource clinical faculty have all of the responsibilities associated with full time clinical faculty positions. They are assigned, by the CMT, to work with PMTs at any CMCC clinic to cover for primary clinical faculty who are away due to illness, vacation, or other leave. Resource clinicians also assist primary clinicians in the administration of patient care and teaching responsibilities.

Patient Management Teams (PMT)

CMCC clinics are organized into Patient Management Teams, each led by a primary clinical faculty member. Each PMT includes 6-9 interns. A PMT operates in much the same manner as an associate group practice; each intern is a member of a team that shares the care of a group of patients. The Year IV experience has been designed to mimic a realistic field practitioner situation, including developing a practice through effective and ethical marketing practices.

Patient care is the responsibility of the primary clinical faculty member with whom the patients enter into a therapeutic relationship. Although many patients are referred directly to interns, the clinical faculty is responsible for overseeing all aspects of their care including evaluation, diagnosis and management. At all times interns deliver chiropractic care under the licensure of the responsible clinician; this is a tremendous privilege, and one that must be treated with the utmost respect.

As members of a team, interns will also have many opportunities to participate in shared learning, both from their team-mates and their clinician. Case presentation and discussion of learning objectives take place in a group format during administration time. These opportunities will assist in providing exposure to cases that the interns might not otherwise experience solely from their own practice.

Interns are subject to the same laws, regulations and conduct expected of registered practitioners. They must also adhere to the academic and institutional policies established by CMCC as described on MyCMCC (under the Resources tab and the Intern Manual. Interns may only act under the “direction and/or supervision” of clinical faculty members. *Clinic*

Administration Staff

The clinic administrative staff are responsible for the management of patient flow through the clinics, the billing and collection of patient accounts, and the security of patient documentation. At the Campus Clinic and at the Sherbourne Clinic, the receptionist is

the PMT's front desk assistant, helping with many of the important business components of practice. They work shoulder to shoulder with the PMTs to make them operate like an associate practice.

As with all chiropractic clinics, support staff within CMCC clinics play an important role in ensuring the clinics are efficient and effective. Interns must show them respect, including learning their names and treating them as equals. They will be a solid proponent the role of the intern at CMCC, and when in practice support staff will help develop and maintain the chiropractor`s livelihood.

Mr. Nick Gregor
Campus Clinic Receptionist (part-time) ngregor@cmcc.ca, ext 114

Ms. Khadija Jafar
Campus Clinic Receptionist, kjafar@cmcc.ca, ext 115

Ms. Fatema Khan,
Campus Clinic Receptionist, fkhan@cmcc.ca, ext 113

Ms. Lisa Truong
Campus Clinic Receptionist, ltruong@cmcc.ca, ext 113

Ms. Hiwot Lissanu
Clinic Receptionist, Sherbourne, hlissanu@cmcc.ca 416-324-4166

Ms. Laken Clements
Clinic Receptionist, Sherbourne, lclements@cmcc.ca 416-324-4166

Intern Committee

The Interns Committee is comprised of the Year IV Class Representatives as well as individuals elected by the class. Its primary function is to act as a communication liaison between the CMT and the class. It is responsible for meeting with the CMT on a regular basis to:

1. bring to the CMT issues or concerns raised by interns;
2. inform interns of any events or developments that may be of interest. This is accomplished through postings to the class website, bulletins posted in the PMT/pod offices, individual voice mail messages and/or e-mail messages;
3. assist the CMT with the lottery for each rotation.

Please note that concerns specifically regarding clinical faculty should be directed to Dr. Tibbles rather than being channelled through the Intern Committee.

Duty Intern Responsibilities

Each PMT will assign a duty intern for the day, or part of the day. The role of a duty intern is to learn various administrative or support tasks related to chiropractic practice. As a health professional who will hire staff, learning these roles will support understanding as an employer in the future.

The tasks of a duty intern in any PMT are at the discretion of the primary clinician. Typically, a duty intern should:

- Answer the telephone
- Report on any damaged equipment including modalities and tables.
- Keep PMT area neat and tidy and stocked with necessary supplies.
- Clean treatment tables
- Treat any unscheduled patients
- Scan documents into EMR as required for the PMT
- Ordering of supplies on line (KIRO and pick up)

Further, the duty intern at the Campus Clinic may be contacted to perform other duties as requested by the CMT.

Food in Clinic

For purposes of hygiene and patient comfort, the clinic floor is restricted from all food. Drinks are permitted in the administration meeting rooms. At the Campus clinic, all other food must be consumed either in the Bistro or in the cafeteria. At all other clinics, food must be consumed in areas away from treatment rooms and patient care.

Attire

All CMCC interns should dress in a manner which reflects professionalism, be clean, provide for mechanical safety of intern and patients, allow for full performance of all duties and provide easy identification of the intern.

Allowable intern attire varies across the CMCC clinics. The following descriptions provide a guide for interns:

Bronte: Business - Dress shirt and tie or CMCC golf shirt and dress pants

Campus Clinic: Business - Dress shirt and tie or CMCC golf shirt and dress pants

Sherbourne: Business Casual – Dress shirt or CMCC golf shirt and dress pants
St. John's: Business Casual – Dress shirt or CMCC golf shirt and dress pants
South Riverdale: Business Casual – Dress shirt or CMCC golf shirt and dress pants
St. Michael's Business Casual – Dress shirt or CMCC golf shirt and dress pants
Anishnawbe: Casual – Jeans or Khaki style pants and t-shirt; sweatshirt

(External clinic interns when visiting campus please note campus dress code will be in effect)

- A CMCC photo identification badge is to be worn at all times.
- All interns are to wear dress pants, or a skirt at a below-knee length. **Capris and walking shorts are not permitted.**
- Male interns are to wear either a collared shirt and tie, or the approved CMCC golf shirt. Female interns are to wear either a shirt or blouse with sleeves, or the approved CMCC golf shirt. Denim is only allowed at CMCC's Clinic at Anishnawbe.
- Shoes must have closed toes and not have high heels or built-up soles such that either the intern or patient might be endangered.
- T-shirts, tank tops and sweatshirts are not permitted.
- All shirts need to be long enough and high enough to provide complete coverage of the abdomen, back and chest.
- Long hair should be tied back during patient treatment. Jewelry must be discreet. Visible piercings must be of a conservative nature.
- Do not wear scents as these can be an issue for patients and some of our clinics are situated in host facilities that are designated as scent-free environments.
- Any decision regarding questionable attire will be left to Clinical Faculty and Administration.

Note: This dress code policy applies to any of the areas considered to be under the jurisdiction of the Division of Clinical Education including, but not limited to, the Radiology department, Blood Lab and the Interns Writing Room. Interns will not be permitted to work on files unless they are in clinic attire.

YEAR IV CLINICAL EDUCATION PROGRAM

The Year IV education program provides interns with the opportunity to apply the knowledge, skills and attitudes developed in the pre-clinical years in a safe and supportive environment. In Year IV, students are required to complete the following courses:

CE 4405 Chiropractic Clinical Practice: Internship
CE 4407 Clinic Laboratory Clerkship
CE 4408 Radiology Laboratory Clerkship
CE 4409 X-Ray Report Writing
CE 4410 Entrepreneurship
PA 4407 Public Health
DI 4401 Advanced Imaging

Details for each of the preceding courses can be found on the KIRO website, accessed at http://courses.cmcc.ca/portal

Divisional Quantitative Requirements for Graduation

NUMBER OF NEW PATIENTS **MAXIMUM NUMBER OF STUDENT NEW PATIENTS** **Complex Cases** **Interdisciplinary Collaboration**	**MINUMUM 38** **7 (BASED ON MINIMUM REQUIREMENTS)** **Minimum 35** **Minimum 5**
NUMBER OF TREATMENTS **MAXIMUM NUMBER OF STUDENT TREATMENTS**	**MINIMUM 380** **76 (BASED ON MINIMUM REQUIREMENTS)**
NUMBER OF CLINIC HOURS	**MINIMUM 1,000**
NUMBER OF SMT VISITS **MAXIMUM NUMBER OF STUDENT SMT TREATMENTS**	**MINIMUM 250** **50 (BASED ON MINIMUM REQUIREMENTS)**
WSIB CASE	**1 INITIAL REPORT (FORM 8)**

NUTRITION CASE PRESENTATION	**1 CASE**
AUXILIARY THERAPY	**96 TREATMENTS**
PROBLEM CASE #1, 1ST ROTATION	**1 CASE**
PROBLEM CASE #2, 2ND ROTATION	**1 CASE**
CE 4407 CLINIC LABORATORY CLERKSHIP	**25 URINALYSIS** **20 HEMATOLOGY PROCEDURES** **10 CHEMISTRY PROCEDURES**
CE 4408 X-RAY LABORATORY CLERKSHIP	**30 CASES**
CE 4409 CLINICAL X-RAY INTERPRETATION AND REPORT WRITING	**35 CASES**
OUTREACH PARTICIPATION	**1 INFORMATIONAL OUTREACH** **1 TREATMENT OUTREACH**

Community Based Clinical Education Program (CBCEP)

The Community Based Clinical Education Program (CBCEP) has been developed for Year IV interns who have met their quantitative requirements (with the exception of clinic hours which may accrue during the CBCEP). Interns must also have seen 10 new patients and delivered 100 subsequent treatments in the second rotation of their clinical internship in order to qualify for the CBCEP, regardless of whether they have already met their minimum quantitative requirements. Interns are placed with field practitioners for a portion of their internships in order to receive hands-on experience in a private practice environment. These field practitioners are given the title of Associate Clinical Faculty in recognition of their contribution to the educational process, and must meet specific

selection criteria, including being a member of CMCC. Currently, students are able to participate in the CBCEP in the following provinces: British Columbia, Alberta, Saskatchewan, Ontario, New Brunswick and Nova Scotia.

Full information and policies regarding the CBCEP are posted on the CE4405 KIRO website under Resources (http://courses.cmcc.ca/portal), and interns interested in participating in the program should speak with the Manager, Clinic Administration for further details.

Intern At Risk Program

The Year IV program includes qualitative and quantitative educational requirements as described in the course outlines. Progress through these requirements is monitored by primary clinicians, the CMT and the interns themselves. There is shared accountability for increasing and maintaining patient volumes. The interns have responsibilities within their sphere that are of primary importance to the development of a practice. Interns need to self-reflect to identify issues that might be a hindrance to attracting and retaining patients. Self-reflection may result in the identification of issues that would require available assistance, for example, on the part of the Technique Department, counselling from Student Services or participation in the Toastmasters Club.

The clinical faculty have the primary responsibility for PMT patient volumes. The clinical faculty link to community organizations is an important component in the development and maintenance of their patient practice. The CMT has been working with clinical faculty and the Division of Communications to have them recognize and work to establish and maintain these relationships. The clinical faculty are also charged with teaching components of ethical marketing and practice building to their PMT. Clinical faculty have the responsibility of ensuring that letters to family physicians are professionally written and sent in a timely manner, as these clinical notes have demonstrable success in increasing patient referrals. The new process for benchmarking will help to identify students at risk of not completing their clinical requirements and will bring into play a plan for Students at Risk.

The CMT has developed a system for benchmarking clinical numeric requirements, which is derived by taking the annual quantitative requirements and trending them on a quarterly basis. At each quarter, the intern's Primary Clinical Faculty member will identify those interns falling behind in the benchmark figure to CMT. The clinician and their Directors will discuss the intern and identify any obvious reasons for them falling behind. Examples include extended time away due to extra-curricular issues (work, family issues or vacation), health reasons, skill issues, etc. If truly behind the established benchmark, the student will be identified as "At Risk" at a meeting attended by the intern, their primary clinical faculty member and the appropriate Director of Clinical Education and Patient Care. The intern will have a Student at Risk form completed which contains a specific plan for that intern. The plan will have goals developed between the clinician and the intern with written objectives and action items, along with a timeline. The plan will be forwarded to Student Services with a copy retained in the intern's file in the CMT office area.

Intern Remediation

Remediation for interns may be appropriate at various times, when they demonstrate an inadequacy in clinical knowledge or patient management. This may be noted at the time of assessment or during patient management.

Remediation is often required when an intern has done poorly on one or more of the clinic`s formal examinations. Three times per year the interns write an examination and perform an OSCE. These occur prior to clinic entrance, at the midway mark of the year and near the completion of the program. The written examination consists of questions concerning aspects of clinical practice and case-based clinical questions. These cases are reviewed by the Directors of Clinical Education with a student who has either failed or demonstrated weaknesses in any area of the examination. Students may be re-examined to allow them to demonstrate improvement in areas considered failed or weak.

When necessary, intern remediation is also conducted if interns are performing poorly on their Clinical Competency Evaluations, patient care or if they have performed poorly on their midterm examination. An individualized remediation plan is constructed by the Director of Clinical Education and Patient Care with input from the primary clinician. This may include remediation within the Simulation lab, technique, peer tutoring, and any other department (as necessary). The formal written remediation plan is signed by the intern at risk, and a copy is provided to Student Services.

CMCC CLINICS

CMCC operates seven primary teaching clinics as well as two one day per week clinics at Aptus Treatment Centres. Each clinic is unique and differs in the type of facility and the populations treated.

All CMCC clinics have state-of-the-art chiropractic equipment including tables, modalities such as laser, IFC, ultrasound, microcurrent, and TENS. Several clinics also have Shockwave units.

In addition, all clinics are supplied with the equipment required to perform basic rehabilitative exercises with patients, such as resistance bands, wobble boards and weights. All interns have access to the Phases software program so that individual active exercise plans can be developed for each patient. This software allows specific exercises to be combined into programs with printouts of the program including pictures.

Campus Clinic

Address: 6100 Leslie Street, Toronto
Phone: 416 482-2546
Treatment days: Monday through Saturday

The Campus Clinic is CMCC's largest patient care facility. The clinic is divided into three sections, or pods, with one PMT assigned to a pod at any given time. Each pod has an administration office and five treatment rooms. Multiple computers are housed in each pod area allowing access to EBSCO databases for clinical searches and word processing. Every pod area has its own set of modalities which can be wheeled into treatment rooms as required. Treatment rooms have height adjustable chiropractic tables and anatomical charts. Each treatment room is also equipped with a computer to access OSCAR, CMCC's Electronic Health Record (EHR). Traction and flexion-distraction tables are also available in some treatment rooms.

Other features of this clinic include:

- Diagnostic imaging suites
- A rehabilitation centre
- Shockwave equipment
- Interns' writing room
- The Complementary and Alternative Medicine (CAM) clinic, an area reserved for other health professionals, such as acupuncture and massage therapy, who practice at CMCC.

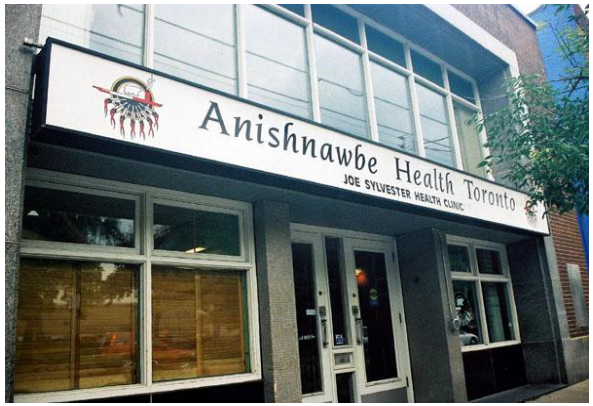
External clinics

CMCC has a variety of external clinics at which care is provided to diverse patient populations. External clinics offer interns choice in their clinical experiences, treating patients from diverse populations, often with complex health issues. There are currently six external primary placement clinics and 2 locations within the Aptus Treatment Centres.

Learning to deal with all aspects of the patient encounter is important for interns and helps them understand other features of their careers in chiropractic. Therefore, many interns at the external clinics experience administrative roles including patient scheduling, collecting payment, and answering the telephone.

Providing interns a choice of several practice locations with different patient populations allows them to explore different areas of interest. These opportunities create deeper engagement for the interns and enhance patient care.

CMCC's Clinic at Anishnawbe Health Toronto (AHT)



Address: 225 Queen Street East, Toronto
Phone: 416 360 0486
Treatment Days: Monday, Wednesday and Friday

Anishnawbe Health Toronto (AHT) addresses the health concerns of the aboriginal population in downtown Toronto. The centre's model of health care is based on traditional practices and approaches. This aboriginal health care model (AHCM) is based on a fundamental philosophic principle: that a person's life is composed of four critical dimensions—physical, mental, emotional, and spiritual. Patients can access chiropractic care directly, or be referred by allopathic practitioners, and traditional elders and healers. For example, a patient who is stressed at work and has headaches can see the chiropractor for the mechanical headaches, a counsellor for the stress at work, and an elder to address the patient's past cultural experiences and help to reinforce history, tradition, and roots.

The types of patient problems seen include those typical of general chiropractic practice such as neck and low back pain, headaches, joint strain/sprain type injuries, and other postural or mechanical musculoskeletal injuries. The aboriginal population has

high rates of cardiovascular disease and diabetes. Because of this, there is acute awareness of the need and benefit of an integrated approach for patients. The CMCC clinic is a member of the integrated diabetes program offered at AHT. Other social and societal issues such as poverty, mental health, and substance abuse also present with a frequency higher than that of typical private practices.

This health facility is limited to indigenous patients, although patients seen at AHT come from all walks of life and may be university students, professionals, mothers and children, or unemployed and impoverished individuals.

Bronte Harbour Chiropractic Clinic

Address: 2290 Lakeshore Ave. East, Oakville
Phone: 905 825 2011
Treatment days: Monday through Saturday

The CMCC Bronte Harbour Chiropractic Clinic is the first clinic to operate outside of Toronto. The clinic is located in the community of Bronte in southwest Oakville. The patients seen at the clinic have ranged from two months old to ninety-two years old. As the clinic is in close proximity to many seniors' residences, the convenience to walk over to receive treatment is very much appreciated by senior patients. Many senior patients are avid bowlers and golfers, some of whom credit this level of activity to receiving the benefits of chiropractic care. Treatment for many is provided with the goal of increasing participation in activities of daily living. Bronte Harbour Chiropractic Clinic has good working relationships with local physicians due in part to the practice of communicating with them regarding the care provided to their patients.

CMCC's Clinic at St. John's Rehab at Sunnybrook Health Sciences Centre

Address: 285 Cummer Ave., Toronto
Phone: 416 224 6942
Treatment days: Monday, Wednesday, and Friday

The CMCC clinic at St. John's Rehab at Sunnybrook Hospital provides treatment to patients and staff of the hospital as well as members of the surrounding community. St. John's Rehab is a specialized rehabilitation centre for complex orthopaedic, amputee, burn, and organ transplant/joint replacement patients, among others. It is the first fully accredited hospital to offer chiropractic services in North Toronto and York Region.

CMCC's Clinic at St. Michael's Hospital

Address: 80 Bond St., Toronto
Phone: 416 864 3004
Treatment days: Monday through Saturday

The Department of Family and Community Medicine at St. Michael's Hospital is a large academic family practice set across 5 clinical locations in the inner city of Toronto. The DFCM provides primary health care services to people living in the inner city (including vulnerable populations) as well as those working close by the hospital in the Bay Street corporate area. The model of health care is that of team-based collaborative patient- and family-centered care which is evidence-based. The 80 Bond Clinic, is home to health providers from 9 different health professions: medicine, nursing, nurse practitioner, chiropractic, social work, psychology, occupational therapy, dentistry and dietetics. This health team works interactively on an ongoing basis to provide optimal patient care. No patient will be refused care based on their ability to pay. Interns at this clinic see many complex cases and have the opportunity to attend interprofessional events.

CMCC's Clinic at Sherbourne Health Centre (SHC)

Address: 333 Sherbourne St. Toronto
Phone: 416 324 4166
Treatment days: Monday through Saturday

One of CMCC's external clinics is located within the Sherbourne Health Centre (SHC), an innovative institution that is working toward an integrative model of health care. Many who attend this downtown centre live in poverty, are vulnerable, homeless or under-housed. Other groups which may also have access barriers to basic health care include mental health patients, new immigrants, and a large section of the HIV/AIDS community. Complicating common patient presentations are peripheral neuropathies, viral myalgias, Kaposi's sarcoma, lipodystrophy, diabetic neuropathies, HIV/AIDS medication-related side effects (osteopenia), and significant mental health issues. Collaboration with SHC's other health providers is vital and ensures that patients receive optimal care.

CMCC's Clinic at South Riverdale Community Health Centre

Address: 955 Queen St. East, Toronto
Phone: 416 778 6883
Treatment days: Monday through Saturday

South Riverdale Community Health Centre (SRCHC) offers primary health and health promotion services to a diverse community in east Toronto. The centre is a member of the Toronto Central Local Health Initiative Network. The target populations for the centre include those individuals within its defined service area who are experiencing difficulties accessing conventional medical, social and community services. Barriers may include low literacy, housing, family or drug issues, gender, race, culture or mental health issues. Many patients are new immigrants, particularly from the Chinese community.

CMCC's Clinic at Aptus Treatment Centres (formerly Muki Baum)

Address: 111 Anthony Road, Toronto (Children's Centre)
40 Samor Road, Toronto (Adult's Centre)
Treatment days: Tuesdays (Adult Centre)
Tuesdays (Children's Centre)

The Aptus Centres are dedicated to providing people who have developmental and emotional disabilities with an opportunity to lead a life filled with dignity and integrity. There are two treatment centres, one focused on children and the other on adults. The programs offer in-depth individualized humanistic treatment modalities, which focus on the person as a whole. The centres utilize the skills of providers in psychology, social work, occupational therapy, chiropractic, expressive art therapy and music therapy. The adult centre offers a multifocal approach for achieving personal independence including vocational training, employment, and day programs.

CMCC's Clinic at Aptus Treatment Centres has a patient base restricted to individuals registered in one of their two programs. Interns participating at Aptus do so in addition to their primary clinical placement.

PROFESSIONAL BEHAVIOURS

As interns, professionals and representatives of CMCC, certain behaviours are expected. These same behaviours are expected of all health professionals. It is important that interns learn them well during their internships because after graduation and upon setting up their own practices, these behaviours will help enhance their reputations in the community and facilitate their paths to successful practices. These behaviours will also assist interns in complying with various regulations set by the regulatory board in the provinces or countries in which they choose to practice.

In Ontario, interns must be familiar with and observe all policies, procedures, guidelines, and recommendations as published below:

- Regulated Health Professions Act, Chiropractic Act (http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm)
- Ontario Regulations Pertaining to Chiropractic, College of Chiropractors of Ontario (http://www.cco.on.ca/english/Members-of-CCO/Regulations-and-StandardsofPractice/)CCPA
- By-Laws and Regulations, Canadian Chiropractic Protective Association (http://www.chiropracticcanada.ca/en-us/AboutUs/ClinicalPracticeGuidelines.aspx)
- Clinical Guidelines for Chiropractic Practice in Canada, Canadian Chiropractic Association (http://www.chiropracticcanada.ca/en-us/AboutUs/ClinicalPracticeGuidelines/GlenerinGuidelinesApril1993.aspx)
- Personal Health Information Protection Act (PHIPA), 2004 http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm

- Accessibility for Ontarians with Disabilities Act (AODA) - Customer Service Standards (http://www.e-laws.gov.on.ca/html/source/regs/english/2011/elaws_src_regs_r11191_e.htm)

There are many other issues that govern the conduct of a chiropractor as a regulated health care practitioner in the Province of Ontario. An intern is placed in an enviable position of being able to provide care while relying on the supervision, direction, advice and support of a licensed clinician. This is not a scenario that is afforded a practitioner who is carrying on practice within their own office. A clinical experience should not be looked upon as a method of controlling the efforts of an intern but more of the environment in which to hone the skills of the future practitioner.

No question or concern should be of such minimal importance as to not be raised by an intern with a clinical faculty member. If difficulties in clinical practice were to occur, they might arise in the following scenarios, namely:

1. an intern providing care without permission of a clinical faculty member

2. an intern providing a form of treatment not provided for by the CMCC clinic, at the request of the patient

3. an intern participating at a private clinic in a capacity which suggests to the public that he or she is a licensed practitioner.

4. failing to maintain proper record keeping including a failure to obtain a clinical faculty member's written authority to provide patient care

5. Communicating with a patient in an inappropriate manner. This may occur as a result of inappropriate language; inappropriate touching; or comments concerning matters outside of the scope of chiropractic care; providing confidential information to a third party without express written consent.

6. failing to fill in patient record forms in a proper manner.

Again, whether the actions were intentional or inadvertent is of little importance when dealing with a failure to maintain the standards required by the Clinic and the College of Chiropractors of Ontario.

It should also be noted and kept in mind that students in the Clinic are covered by the Canadian Chiropractic Protective Association. This protection relates only to services provided by the intern under the direction or supervision of a clinical faculty member. Any failure to abide by that principle may well deny the student any coverage for incidents involving patient care. This is a serious matter which not only affects the intern but also impacts on the patient, the clinical faculty member, CMCC and the profession.

Finally, caution should be taken to keep in mind that the actions of an intern reflect upon CMCC as an educational institution and the reputation and licence of a CMCC Clinical faculty member. There is a very "big picture" that involves the practice of chiropractic relating to legislative requirements, standards, policies, rules and regulations as it does for all health care professionals. Until an intern has become licensed and has directly assumed the responsibilities which are incumbent upon a practitioner their privileges are granted by CMCC and are to be used in accordance with its requirements and policies. It is not left to the intern to decide which of the rules and regulations are appropriate or should be discarded for any reason whatsoever.

While the information set out above may seem overwhelming, it should be remembered that when receiving a license a health care practitioner is considered to be fully informed of all of the rules, regulations, policies, standards and legislation that govern his or her professional practice. The practitioner is deemed to be fully informed of the "big picture" and is expected to abide by same.

Being an intern provides the individual with the resources to hone his or her skills and to rely on the clinical faculty member for the benefits of their knowledge, skill and experience.

Students who have questions or concerns regarding professional behaviour policies should initially speak with their primary clinician. Should there still be questions; the student should speak with the Dean, Clinics, or the Registrar for clarification.

Patients' Rights and Responsibilities

The basic rights of human beings for personal dignity and respect are of great importance. It is the responsibility of each intern and clinician to ensure that these rights are protected for patients. In addition, CMCC has the right to expect reasonable and responsible behaviour from patients,

The following information is displayed on a plaque in each of the CMCC clinics, and is In compliance with the College of Chiropractors of Ontario's (CCO) regulations, standards of practice, policies and guidelines (www.cco.on.ca) specifically, Partnership of Care (Patient's Charter of Rights and Responsibilities):

> *Canadian Memorial Chiropractic College's (CMCC) Division of Clinical Education is committed to excellence in patient care. When attending a CMCC clinic, you enter into a therapeutic relationship with a clinical faculty member who is responsible for overseeing all aspects of your care and mentoring your attending intern. You, your chiropractic faculty member and intern have shared responsibility in the pursuit of your optimum health and well-being.*
>
> **You have the right to expect the following from your clinical faculty member and intern:**
>
> - *Ethical conduct in practice*
> - *Respectful, honest and clear communication regarding all aspects of your care*
> - *Privacy and confidentiality*
> - *An opportunity to provide informed consent to treatment*
> - *Relevant, safe and supportive patient-centred care*
> - *Accurate and comprehensive patient records*
> - *An awareness of current health and well-being issues*
> - *Information about the benefits of chiropractic*
> - *Clear and timely communication and/or referral to other health professionals to ensure continuity of care*
> - *Timely transfer of records, when appropriate*
> - *Disclosure of real or perceived conflicts of interest*
> - *A process for declining treatment and withdrawal of consent at any time*
> - *Full disclosure of policies, procedures and fees**

- *Clarity regarding the touching required for manual treatment, and respectful behaviour recognizing dignified professional boundaries*

Your responsibilities to your clinical faculty member and intern are to provide:

- *Honest, accurate and complete disclosure of all pertinent health information*
- *Constructive feedback (positive/negative) regarding all aspects of your care*
- *A commitment to follow your treatment plan to the best of your ability*
- *Respect and cooperation for the role of teaching in the clinic*
- *Compliance with office policies, procedures and fees*
- *Courtesy and respect for the office environment, staff and other patients*
- *Up-to-date contact information*

** In compliance with the College of Chiropractors of Ontario's (CCO) regulations, standards of practice, policies and guidelines (www.cco.on.ca) specifically, Partnership of Care (Patient's Charter of Rights and Responsibilities).*

Privacy

CMCC is strongly committed to protecting the privacy of its patients and their health records.

A privacy code is distributed to each new patient as part of the new patient paperwork package, and delineates how CMCC collects and uses patient information. Patients are requested to sign the form to indicate that they have understood how the clinics will use personal information.

Privacy Code
Canadian Memorial Chiropractic College – Teaching Clinics

Privacy of personal information is important to the Canadian Memorial Chiropractic College. We are committed to the collection, use and disclosure of this information in a responsible way. We will also try to be as open and transparent as to how we handle personal information.

Personal Information

Personal information is information about an identifiable individual. Generally, the information we collect is limited to your name, home contact information, gender and age. As part of your patient file we retain your health history; health measurements and examination results; health conditions, assessment results and diagnoses; the health services provided to you or received by you; your prognosis and other opinions formed; compliance with treatment; and the reasons for your discharge and discharge recommendations. We also maintain records for payment and billing purposes. Only necessary information is collected about you. We only share your information with your consent; the use, retention and destruction of your personal information complies with existing legislation and privacy protection protocols. Privacy protocols comply with privacy legislation, standards of our regulatory body, the College of Chiropractors of Ontario and the law.

Staff Members

Staff members who come into contact with your personal information are aware of the sensitive nature of the information you have disclosed to us. They are all trained in the appropriate uses and protection of your information. These individuals include the clinic records personnel that control access to your patient file, the clinical faculty members and interns that provide you with chiropractic services, the clinic administration and, when necessary, authorized individuals who may inspect our records as part of the regulatory activities in the public interest.

Disclosure of Personal Information

Our clinics understand the importance of protecting your personal information. To help you understand how we are doing that, we outline below how our clinics use and disclose this information:

- To deliver safe and effective patient care
- To enable us to contact you
- To communicate with other health care providers
- For teaching and demonstrating on an anonymous basis
- To complete and submit claims on your behalf to third party payers
- To comply with legal and regulatory requirements under the Chiropractic Act and the Regulated Health Professions Act
- To process payments and collect unpaid accounts
- For research purposes

By signing the consent section of this form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

There has always been consideration given to the privacy accorded patient information which is provided to a health care

practitioner. However, over the past decades the rules have changed.

Decades ago, the general principle adopted by health care professionals was that the patient records belonged to the practitioner and the patient did not have access to the actual records. This principle no longer exists. A patient is entitled to receive an actual copy of each and every document in the patient files with few exceptions (potential harm to the patient or a malpractice claim).

In addition, there have been Statutes enacted both federally and provincially across Canada dealing with the matter of privacy of information. Having regard to the statutory requirements and the policies of CMCC, Interns are cautioned as to what information and under what circumstances information can be disseminated.

The best of intentions can cause serious problems for a health care practitioner. Information received from a patient belongs to the patient unless there is consent in writing or a legal requirement to provide that information to a third party. Under no circumstances should an intern provide patient information to a third party without the express written permission of a clinical faculty member. This rule applies when dealing with spouses, insurance companies and legal representatives. A failure to comply with privacy requirements may lead to a complaint to the federal and/or provincial privacy officer, to the CCO, and may constitute student misconduct. In some cases, information may be required to be disseminated to third parties without the consent of the individual as in the case of reporting abuse of a child.

Confidential Health Information Procedures

Patient confidentiality must be protected at all times. Patient confidentiality is compromised if information allowing identification of the patient is removed from the clinic. This information may be removed from the clinic environment only to assist with writing up cases or developing professional correspondence.

Printing patient documentation from the OSCAR record may be made to facilitate case write-ups using the following procedure:

- Interns may print any patient documentation contained in the health record.
- All patient identifying data must be masked on the printed copy, i.e. name, file number, address, phone number, etc.
- The page(s) will be presented to the patient management team's clinician (or designated clinician) for review. This clinician will affix his/her signature and date on **each** page if it meets the criteria above.
- The clinician will annotate the electronic file to identify the date, his/her initials, and the number of documents that have been copied (e.g. July 14/15, 4 copies).
- The intern will present the pages to the clinician at case presentation. The clinician will indicate on the electronic file that the copies were returned by crossing out the annotation and initialling, dating and indicating the number of copies returned. The clinician will destroy the printed documents.

Right to Treatment

No professional is obligated by law, other than the ethical and/or moral considerations which should govern all professionals, to

provide treatment to any individual. However, once the care of an individual is undertaken by a chiropractor, the patient may not be abandoned, and the care of the patient must be maintained in a manner considered to be acceptable by the profession.

Management of a Difficult Patient

During the clinical year, an intern may be faced with difficult patient situations such as patients who are consistently late for their appointments or who demonstrate inappropriate/violent behaviours. In cases of repeated missed or late appointments, the intern should inform and consult with a clinician so that together appropriate management strategies may be developed. However, if faced with a violent situation, it is imperative that steps are taken so that the situation does not escalate further.

It is important that the intern remain calm in order to diffuse the situation. The intern should also attempt to determine an "exit" route in case the situation does escalate, leave the treatment room and obtain assistance from a clinician.

Negligence

Negligence has been defined as conduct falling below the standard accepted by the community resulting in the unreasonable risk of foreseeable injury. All individuals who undertake to provide professional care must act in accordance with the conduct exhibited by the reasonable chiropractor. The practitioner is not expected to be the best practitioner but merely the reasonable practitioner acting in accordance with generally accepted professional practices.

The intern and clinician must employ the accepted tools of diagnosis and make such diagnosis, treatment and care that would be exercised by a "reasonable chiropractor". An error in judgment is not negligence. However, what amounts to an error in judgment is a matter of fact and depends on what the reasonable chiropractor would or should do under similar circumstances. The custom of the profession may not always be a defence to a claim for negligence.

An Intern must never employ diagnostic skills or techniques which are not taught within CMCC and in any event without express authorization by a clinician. In addition, if any treatment is given, or is to be given, which may involve greater risk than could be ordinarily expected from such care, then greater effort must be made to ensure that such care is acceptable under the particular circumstances.

Again, it is of no concern and no defence to a claim of inappropriate behaviour for an intern and a patient to agree that certain treatment will be given by the intern to the patient without the permission of the clinical faculty member. Motivation is of no relevance when dealing with clinical authority which must be obtained from a clinical faculty member.

Record Keeping

Record keeping is governed by the Chiropractic Act. It is imperative that proper records be maintained for each patient who attends a clinic. It is necessary to maintain proper documentation even for patients who do not receive treatment. Defense to litigation may only be proven by the patient record as created at the time of examination and treatment.

Patient records are maintained for several purposes: as a record of the patient's history, diagnosis, treatment and progress; to provide reports to other practitioners and professionals; and to provide proof of the conduct of the parties as recorded. In addition, there are statutory requirements involving patient records established by certain groups, namely: the rules established by the College of Chiropractors of Ontario (http://www.cco.on.ca) and WSIB.

Any deviation from the prescribed record keeping may lead to an allegation of negligence, professional misconduct and/or student misconduct.

Discharging a Patient

At the conclusion of care due to resolution of complaint, the patient may be discharged. This often involves leaving the patient with a self-directed plan of management including exercises and lifestyle changes. When a patient is discharged, appropriate notes are to be made in the health record including a SOAP note and updated brown boxes indicating discharge.

At other times patients may decide to discontinue care before the end of a course of treatment. In this case, the electronic file should also be updated with information regarding any communication the intern has had regarding the discontinuation of care.

Abandonment

On occasion it will be necessary to discharge a patient from care because there are irresolvable issues with patient conduct (such as perpetual cancellation of appointments or inappropriate conduct with clinic staff). Should it be necessary to discharge a patient, it is important to ensure that an alternate method for receiving care is provided. This often takes the form of a referral to another chiropractor within the same physical community, or provision of a listing of chiropractors as found on the Ontario Chiropractic Association website (http://www.chiropractic.on.ca/locator.aspx). Again, these actions must be documented in the patient's file.

It is critical that this discharge is not seen as abandonment.

Abandonment, as described by the College of Chiropractors of Ontario, is:

Discontinuing needed professional services unless the patient requests the discontinuation, alternative services are arranged, or the patient is given a reasonable opportunity to arrange alternate services (www.cco.on.ca/regulation_r-008.htm).

Written file documentation is often the only defense to a charge of abandonment. It is important to document in the patient's file when an appointment has been missed or cancelled and when the patient has been contacted.

A claim of abandonment is serious in nature. A failure to communicate in a proper manner with a patient can lead to disastrous results. It is imperative that a practitioner return phone calls, etc. to ensure that the actions of the practitioner are not looked upon as being inappropriate, or worse, constitute abandonment.

Health Record Retention
All patient records and radiographs will be retained for a period of not less than 7 years from the final date of service, or 7 years from the date a minor reaches the age of 18. This is in accordance with the policy set out by the College of Chiropractors of Ontario (http://www.cco.on.ca/standard_of_practice_s-002.htm).

Prohibition Against a Sexual Relationship with a Patient
As per the Ontario Regulated Health Professions Act (1991) and CCO Standard of Practice S-014:

Sexualizing a professional relationship is against the law. In Ontario, the Regulated Health Professions Act (RHPA) prohibits sexual involvement of health care professionals with patients. The RHPA defines sexual abuse as sexual intercourse or other forms of physical sexual relations, touching of a sexual nature, or behaviour or remarks of a sexual nature, between a member and a patient.

Because of the broad definition of sexual abuse outlined in the RHPA, it is unacceptable for a member to have a sexual relationship with a current patient. Even the most casual dating relationship may lead to forms of affectionate behaviour that would fall under this definition and could leave the member open to a possible complaint to CCO.

The CCO strictly enforces this standard. For example, in 2010, a chiropractor was disciplined because he had sexual relations with an individual with whom he also had a "spousal" relationship. A court of appeal has upheld the decision. Thus, regardless of the relationship (husband, wife, common-law, boyfriend, girlfriend) with an individual, an intern cannot and must not treat ANYONE with whom they are having a sexual relationship.

Prohibition Against the Treatment of an Immediate Family Member
As one of the Standards for Accreditation of a Doctor of Chiropractic Program (section F-1), the Canadian Federation of Chiropractic Regulatory and Educational and Accrediting Boards (CFCREAB) has created a standard against the treatment of immediate family members. In this situation, "immediate" is defined as spouse or partner, children, siblings or parents.

In addition to prohibiting the treatment of family members, CFCREAB has a restriction upon the number of student or family treatments an intern can use as credit for fulfilling quantitative requirements (20% of minimum quantitative requirements, i.e. a maximum of 7 new student/family visits, 76 student/family subsequent treatments and 50 SMT visit. It is important to note that CFCREAB has included an additional category of patient visit within the 20% restriction:

No more than twenty (20) percent of the minimum required adjustments and/or manipulations and other appropriate services may be administered to, or performed on, students in the programme, the interns immediate family, ***and/or other students' families****.*

PATIENT CARE PROTOCOLS

Note in Advance of Patient Care Protocols:
As new protocols are developed, they will be sent out to the clinical faculty and the Year IV Class for inclusion in this manual. The following protocols relate to systems currently in place.

New Patient Procedures

New Patients – Booking
Clinicians must instruct their interns that patients booking their initial appointments should contact the clinic. New patients will be entered into the clinic schedule. At the Campus, Sherbourne and St. Michael's Hospital clinics, the clinic receptionist on duty will book an initial appointment with the appropriate PMT and intern.

All appointments must appear on the PMT's daily appointment schedule to ensure that a treatment room is reserved.

Initial Presentation
At all CMCC clinics, new patients are provided with a series of forms to complete which include:

1. The New Patient Form which collects demographic and billing information.
2. A Health Status Survey which provides the clinical intern and clinical faculty with an overview of the patient's general health (both physical and psychosocial).
3. Appropriate baseline outcome measurement forms such as the pain diagram, Oswestry Low Back Pain questionnaire, or the Neck Disability Index. Outcome measures are available for other areas, including the QuickDash for upper extremity complaints and the Lower Extremity Functional Scale (LEFS) for lower extremity complaints.
4. Privacy Code document that informs the patient of the manner in which their information will be used.

At the Campus Clinic, St. Michael's Hospital and Sherbourne Health Centre clinics, this paperwork is given to the receptionist for input into the EMR. S/he also accepts receipt of payment. At other external clinics, the patient's intake forms are provided directly to the clinical faculty and intern. They are reviewed and verified by the clinical faculty member and intern.
The clinician should inform their interns that it is their responsibility to greet the new patient and escort the patient to the pre-booked consultation room. The clinician will open the case by explaining to the patient the nature of our educational clinic, level of supervision, fee schedule, and team approach. The clinical faculty will then begin the interview and continue until satisfied that the intern can take over. At this time, the clinician may also provide the intern with specific instructions pertaining to the history taking process or ensuing clinical evaluation.

Under no circumstance should the history be started prior to the primary clinician discussing the intake forms and the case with the assigned intern.

The Division of Clinical Education defines an expectation of history taking and physical examination that reflects CMCC's model of care*: Chiropractic is a primary contact health care profession emphasizing differential diagnosis, patient centred care and research, with expert knowledge in spinal and musculoskeletal health.* (CMCC's Model of Care, 2009)

CMCCs' expectations of history taking are consistent with the Standards of CFCREAB and in compliance with legislative requirements in the Province of Ontario. A patient's comprehensive case history will include all elements relevant to the patient's presenting complaint. The items to be considered include patient demographic data, history of the present condition, family history, past health history, current health status, psychosocial history, and a review of systems as they relate to the chief complaint. The purpose of the history taking exercise is to identify any cautions (red and yellow flags) and to determine the differential diagnoses in order to direct a history focused physical examination.

After the history is taken, the intern must consult with the clinical faculty. A discussion of differential diagnoses and the planning of an appropriate, history focused, physical examination takes place prior to the intern beginning the physical examination.

A patient's comprehensive physical examination includes all elements relevant to the patient's presenting complaint. The examination is focused on ruling out differential diagnoses identified from the history, arriving at a clinical diagnosis. The physical examination employs selected procedures, instruments and equipment in order to perform a history-focused physical examination resulting in a refined list of differential diagnoses and the inclusion/exclusion of potential cautions. This process should also determine the need for imaging, additional testing and/or referral. Each physical examination will consist of the following items as a minimum:

- collection of vital signs
- observation and posture
- range of motion
- palpation (soft tissue, joint)
- orthopaedic evaluation
- neurologic evaluation
- determination for specialized testing or imaging (if appropriate)

Upon completion of the physical examination, the intern will again return to the clinical faculty for discussion of a working diagnosis. A discussion of appropriate treatment will also take place at this point.

If radiographs are required, the intern will complete the forms and have them signed by their clinical faculty. The intern will make an appointment for the patient with the radiology department. If other examinations or consultations are required, the intern will

compose a referral letter that must be approved by the clinical faculty. The clinician's role through this entire process is to facilitate rational critical thinking, and to assist the intern to use evidence-based principles in determining a most likely diagnosis and evidence-based plan of management.

Report of Findings

The Report of Findings to the patient allows for treatment to be clearly described. The Report of Findings format is an appropriate vehicle to review aspects of chiropractic care with the patient. Interns are required to complete the Report of Findings Form, and the clinician must review and sign the report of findings prior to obtaining informed consent from patients. This demonstrates to the patient that the supervising clinician has approved/verified any information that has been discussed with them by the intern. Patients must be given the opportunity to ask any questions they may have. Once consent has been obtained, the patient and a witness (usually the intern) both sign the consent form on the back of the Report of Findings form. It is imperative that the supervising clinician review the report of findings with the patient to confirm that the patient understands the plan of management, including the interventions, risks, expected benefits, and alternative interventions that may be available to them, as well as to answer any of the patients' questions or concerns. Treatment cannot begin until this form has been completed and signed.

A complete and effective Report of Findings incorporates all of the following:

- Use the patient's name, preferably not their first name unless given permission.
- Review the condition, symptoms and provocative exam findings.
- Review X-rays and/or laboratory results and/or any additional studies required.
- Explain the pathomechanics in understandable language.
- Briefly describe chiropractic and spinal manipulative therapy and correlate with findings.
- Discuss the plan of management and the expected goals and benefits.
- Discuss the risks (both major and minor) involved with the plan of management and other therapy options.
- Discuss prognosis (including positive and negative prognostic factors).
- Outline and demonstrate what the patient can do for himself or herself (compliance and any active care recommendations, and how these may affect the goals and outcomes).

No treatment may commence until the report of findings has been delivered to the patient, there has been opportunity for the patient to ask questions and a written informed consent has been signed.

CMCC utilizes the method of completing a Report of Findings on the reverse side of the Informed Consent form to allow the patients of CMCC`s clinics to know and understand all aspects of their care including the diagnosis, plan of management, goals of treatment, risks and benefits of care, alternatives to our care and prognosis. Each of these aspects of care enable a patient to make an informed decision regarding treatment, and their signature acknowledges that they have been informed.

Consent to Treatment and Informed Consent

Patients have the right to consent in an informed manner to any treatment. The patient should have an understanding of the benefits, risks, and alternatives to any therapy being discussed or proposed. It is dangerous, unwarranted and improper for an intern, clinician, or any professional to assume that an individual who attends at the Clinic has consented to being treated by the practitioner and/or intern. It is of the utmost importance to ensure that proper informed consent of the patient has been obtained.
Informed Consent deals with permission related to the actual treatment of the patient. Obtaining consent to touch and examination does not negate the necessity of a practitioner obtaining informed written consent to treatment.

An individual who has consented to a specific act may not later argue that the providing of such care was assault or battery. To obtain proper CMCC informed consent the following conditions must apply:

1. The individual must be of legal age to give consent. In the province of Ontario that is 18 years of age.
2. The individual must be capable of giving consent - not under the influence of drugs or alcohol, nor mentally or physically incapable of understanding the nature of the consent.
3. The individual must be informed of the nature of the consent (i.e. what is the patient consenting to - treatment, examination) and the likely results or inherent risks together with alternative treatments which may be appropriate. It is unwise to have a patient execute a consent form prior to obtaining the relevant information required to create and deliver a proper informed consent.
4. The informed consent must not be obtained by duress, fraud, misrepresentation, deceit, or trickery.
5. The informed consent should relate to all activities undertaken by the intern or clinical faculty member. Providing a physical examination does not entitle a practitioner to undertake treatment. A patient may be attending the clinic to obtain a professional opinion without seeking out or obtaining treatment.
6. Any change in treatment, diagnosis or Change in Material Risk requires/necessitates a new informed consent.

The standards of practice adopted by the College of Chiropractors of Ontario (CCO) deal specifically with the obligations of a practitioner as they relate to the matter of informed consent. Obtaining of written consent from a patient is a mandatory requirement for each and every intern and their supervising clinician. Each and every new plan of management undertaken for the patient requires a new informed consent. This matter, in addition to being a standard of practice established by the CCO, is also governed by CMCC procedures and the Canadian Chiropractic Protective Association.

Informed consent is not a defense against negligence but may be a defense against assault or battery.

Case Presentations

All new patient files must be reviewed with the appropriate clinician in order to reach agreement on patient care, obtain permission to treat, and to discuss educational goals. These issues are performed as case presentations during administration time for shared learning.

At the time of case presentation to his/her primary clinician, the intern must have completed a new patient write-up in the form of a narrative letter. As a narrative letter, it should not be broken down into sections with headings. Through the intern's presentation of the case to the clinical faculty member, clinical learning objectives are formed for each case through intern reflection and discussion with the clinician.

The items on this list should be included in the case write-up, and correlate well with our quality assurance process:

- intern's and clinical faculty member's name recorded in the electronic record
- comprehensive case history
- relevant examinations
- adequate differential diagnoses
- working diagnosis supported by findings
- evidence based plan of management
- outcome measures
- prognosis that is defined, including relevant positive and negative prognostic factors, and expected course of recovery
- intern's signature
- clinical faculty member's conditional signature when learning objectives are assigned
- clinical faculty member's case sign-off signature after learning objectives have been satisfactorily presented.

Case Complexity

Graduate chiropractors must be able to perform clinical reasoning and integration of clinical data in a competent manner for all patients, no matter how challenging. The educational Standards of CCE(C) mandate that learners evaluate and manage complex cases to stimulate the learner to a higher order of clinical thinking. In fact, CFCREAB Standard F:1 states: "The candidate must evaluate and manage a minimum of 35 cases which, due to their complexity, require a high order of clinical thinking and integration of data. This would include cases which demand the application of imaging, lab procedures or other ancillary studies in determining a course of care, or cases in which multiple conditions, risk factors, or psychosocial factors have to be considered."

CMCC utilizes a tool for use in the program which assists in defining and standardizing the evaluation of case complexity: the Case Complexity Determination Matrix. This document is found on the KIRO site for CE4405: https://courses.cmcc.ca/portal/site/145217bb-2d7d-49c9-9337-8d0ccfd92118/page/896740c9-73c0-42f9-831a-111aa9b9381c

The matrix allows for a case managed in the clinic to be designated as complex, based on the attributes of the presenting problem, examination, diagnosis, prognosis or management against a span of low complexity to high complexity for each attribute. Cases may reach a high level of complexity initially if the history or examination findings contain certain factors such as multiple conditions, psychosocial risk factors, laboratory investigations or diagnostic imaging. In other cases, complexity may initially be low, but increase

over time if response to care causes a reassessment of diagnosis, prognosis, etc. The matrix describes the conditions under which complexity is reached.

The Interns' Workbook contains log pages to keep track of the complex cases. As cases are qualified as complex, the supervising clinician will sign off on the case, using the matrix determination in the Intake form in OSCAR and enter the code into the complexity column in the Workbook. For example, if a case has multiple conditions and was evaluated for them all, and then did not respond significantly at re-eval, it could be coded A3B3C3D4. If the case was a simple ankle sprain but had imaging, it might be A1B1C3D1 if it had a good outcome. Both of these examples would be rated as complex. The complexity matrix can be found on the CE4405 KIRO site, under "Resources".

New Patients Quantitative Requirements

Thirty-eight (38) new patients must be seen for the initial visit and three subsequent visits in order to meet the requirement for counting as a New Patient. The initial intake information must be completed and written up in a narrative format and presented to the Primary Clinician. The cases will have learning objectives derived and presented. Once completed, the case may be signed off in the Intern Workbook. A maximum combined total of 7 new patients who are CMCC students or family may count towards new patient quantitative requirements. Immediate family members of other students in the program are also included under this maximum.

CMCC also requires each intern to see 10 new patients and 100 subsequent visits in the second rotation. This requirement must be met before participating in the CBCEP.

As one of the Standards for Accreditation of a Doctor of Chiropractic Program (section F-*1), the Canadian Federation of Chiropractic Regulatory and Educational and Accrediting Boards (CFCREAB) has created a standard against the treatment of immediate family members. In this situation, "immediate" is defined as spouse or partner, children, siblings or parents.*

In addition to prohibiting the treatment of family members, CFCREAB has a restriction upon the number of student or family treatments an intern can use as credit for fulfilling quantitative requirements (20% of minimum quantitative requirements, i.e. a maximum of 7 new student/family visits, 76 student/family subsequent treatments and 50 SMT visit. It is important to note that CFCREAB has included an additional category of patient visit within the 20% restriction:

No more than twenty (20) percent of the minimum required adjustments and/or manipulations and other appropriate services may be administered to, or performed on, students in the programme, ***and/or other students' families****. Interns may not provide services to the intern's immediate family.*

In order to qualify as a new patient for an intern's quantitative requirements, the intern must perform a full workup including a complete history, physical examination, further specialized examinations if warranted, provide an explanatory diagnosis, prognosis and develop a satisfactory plan of management, signed off by the clinician.

Educational Merit Cases
If the patient is seen for fewer than three visits after the initial assessment, then they may qualify as an educational merit case. A maximum of ten cases of the 38 New Patients can be Educational Merit Cases. The cases must be written up in a narrative and presented to the Primary Clinician. As new patients, cases will have learning objectives derived and presented. Once completed, the case may be signed off in the Intern Workbook.

Existing Patients Qualifying as a New Patient for Quantitative Requirements
Patients who have attended CMCC clinics in the past, but have not previously been assessed by an intern in the current clinical rotation as a new patient, may be considered for new patient status provided:

- The patient has not previously been treated by the current intern.
- The intern performs a complete (history, physical examination, report of findings/informed consent, case write-up, etc.) new patient assessment for the new complaint
- No patient shall count as a new patient for any intern more than once.
- Patients qualifying as indicated above must also meet all other requirements in order to count as new patients (3 additional subsequent visits or educational merit).

Any changes in the status of the patient (e.g. new complaint, further examinations or consultations required, discharge from care, transfer of care, modification of care) must be approved by the primary clinician.

Re-evaluation
A re-evaluation is required on an existing patient when the most recent plan of management has expired in terms of frequency *or* duration. A re-evaluation is not a full assessment, but rather, is a directed history and examination focusing on the ongoing complaint; as such, it updates the original complaint in the OSCAR record. The history should address diagnosis and differential diagnoses. Relevant questions should be asked about differential diagnoses, especially if progress has been less than expected. The physical examination should address the positive findings from the previous examination, including ruling out differential diagnoses. The plan of management described in the re-evaluation should be appropriate for the progress of the treatment. Goals and outcome measures should be described for the treatment period outlined in the re-evaluation.

Treatment after a plan has expired is an infraction.

After a prolonged interruption in care, a re-evaluation and new informed consent must be completed. Remember that disability indices or any other outcome measurement must be completed at the time of evaluation or as directed in the plan of management. The new informed consent and outcome measures are to be scanned into the patient's OSCAR record.

New Complaint
A New Complaint form is completed when an existing patient presents with a complaint that has not previously been assessed and diagnosed. It is presented to the clinician for sign off or to obtain permission to treat (PTT). A history is performed on the new

complaint. The history is not expected to be as wide ranging as in the new patient process, however the line of questioning should address the new complaint as well as any wider health issues that may be of concern (for example, a second area of joint pain may be an indication of a rheumatological condition). The examination should focus on the new complaint, but should be wide enough to include broader differential diagnoses. A new Report of Findings/Informed Consent must be completed and scanned into OSCAR because the nature of the new complaint, the diagnosis and the new treatment plan will have different risks, benefits, goals and prognoses.

Subsequent Treatment Quantitative Requirements

At the present time, each intern is required to provide a minimum of 380 subsequent treatments as part of their quantitative requirements. A maximum total of 76 subsequent treatments for patients who are CMCC students or the family of students may count towards subsequent treatment quantitative requirements.

Subsequent Treatments Process

On subsequent treatments, the intern greets his/her patient in the waiting room and accompanies them to the previously scheduled treatment room. If the case is signed off, then treatment begins with a subjective and objective assessment. If, at this point, there are features of the case that raise a concern, or a change of diagnosis, or a complication, the intern must consult the clinician. Otherwise, treatment is provided.

Permission to treat (PTT)

Permission may be granted to treat a patient before a case is signed off. In these cases, the clinical faculty and intern agree on a diagnosis and plan of management, and the intern has received a conditional sign-off. Permission to treat (PTT) is valid only for the plan of management it is authorizing, and must be recorded in OSCAR.

If the case has not yet been signed off, or if the treatment plan has expired, a permission to treat (PTT) signature is required from the clinician.

Electronic Health Record (EHR)

During each and every intern/patient interaction, the clinician must have contact with the patient and interact in the discussion or treatment. If the intern allows the patient to leave the clinic prior to this interaction with the clinician, this is considered one type of “clinic infraction” and the clinician must complete an “Infraction“ form, discuss this with the intern, and refer the matter to their respective Director of Clinical Education and Patient Care if necessary.

The health record for a subsequent visit is recorded in the SOAP format. The subjective (S) element of this record is the patient’s comments regarding their health status. Objective (O) entries include findings from the physical evaluation performed on the day of record. Assessment (A) refers to the current diagnosis or diagnoses. The plan (P) describes the specific interventions that were provided to the patient on that visit. Details of the treatment must be in sufficient detail that another intern or clinical faculty member could provide the same treatment during a future visit, if necessary. Ensure that each SOAP note has the proper intern’s name

displayed below the SOAP entry. The clinician will verify the SOAP note after conversing with the patient. SOAP notes should also be completed after relevant discussions with the patient, such as phone conversations, or voice messages left by the patient. Missed or cancelled appointments must be recorded in the SOAP record as these may play an important role in the management of the patient's case.

At end of day, the clinician must go through the schedule of appointments and ensure that all treatments are verified including daily visits and intake forms.

Communication about a Patient
Any communication regarding patient care between clinicians, clinicians and interns and between interns, shall be performed within the EHR. In OSCAR, this may be done using a clinical note within the SOAP note or OSCAR messaging. Communication may also be completed by fax. Any regular email communication about a patient must not contain any personal identifiers, including attachments.

Discharging a Patient
At the conclusion of care due to resolution of complaint, the patient may be discharged. This often involves leaving the patient with a self-directed plan of management including exercises and lifestyle changes. When a patient is discharged, appropriate notes are to be made in the health record including a SOAP note and an update recorded in the "ongoing concerns" box on the OSCAR encounter screen indicating discharge.

At other times patients may decide to discontinue care before the end of a course of treatment. In this case, the file should also be updated with information regarding any communication the intern has had regarding the discontinuation of care.

Patients may be discharged from care for other reasons. This may include issues such as noncompliance, or inappropriate behavior. If a patient is discharged for any of the aforementioned reasons, the clinician must provide the patient being discharged with a list of other practitioners within the local area that the patient may see if they so choose. Furthermore, the clinician must document in the patient record, the reasons for the discharge of the patient. Patients who are discharged from care for non-health related reasons should also have a note placed in the "ongoing concerns" regarding the nature of the patient discharge.

Diagnostic Imaging Booking Protocol
The steps below must be taken to book a radiograph for a patient.

The intern must:
- Discuss the case with the primary clinical faculty
- Discuss the radiographic procedures and costs with the patient
- Schedule a time in the radiographic scheduling book, and include the patient's name and the body part to be radiographed (e.g.

cervical spine)

Fill out the required paperwork:

- Consultation Form (X002) – includes detailed history and is signed by the intern and the clinical faculty
- Pregnancy Release Form (X003) – on the back of X002 for females, signed by the patient and the clinical faculty if necessary
- Treatment Slip

- Take the required paperwork to the Radiology Department. If previous films were taken at CMCC, the intern should obtain the previous radiographs (for comparison) before bringing the patient to the department.
- The clinician should review the previous radiographs with the intern.
- Bring the patient to the change room and instruct them to change into a gown, which is found in the radiology change room. All patients must wear a gown, unless they are having an extremity radiographed. If the patient is a male, he must wear a lead jock (for AP lumbar spine films) over his underwear (jocks are located in the darkroom). If the patient is female, she should be reminded to remove her bra and ensure gonadal shielding is used.
- Leave the patient in the change room until the radiology room is prepared. An intern or a radiological technologist will lead the patient to the radiology room.
- Let the technologist know whether to let the patient go after the radiographs are taken, or whether the intern needs to be paged.

Orthotics

Orthotics are a health care intervention. Provision of orthotics requires a detailed evaluation, leading to the decision to recommend orthotics as well as a specific report of findings with consent. This must all be included in the patient record. The need for orthotic devices will be determined by the primary clinical faculty and attending intern in consultation with the patient. The primary clinical faculty may elect to have another clinical faculty member assess the patient specifically for the prescription of orthotics. The patient will be billed for a subsequent treatment for an orthotics consultation. If the consultation occurs during a regular chiropractic visit, no additional fee will be required. During the consultation, the patient must be apprised of the orthotics available through CMCC. CMCC utilizes the services of three different orthotics companies; The Orthotic Group (TOG), Footmaxx (FM) and Foot Levelers (FL). The patient must also be fully informed of the services available and the associated costs of the orthotic devices.

Casting Forms and computerized gait scan analysis for orthotics are available to clinical faculty and interns at the Campus Clinic in the CMT area and Rehabilitation room. Casting forms are also available at the external clinics. Castings are shipped to the manufacturers in the supplied packaging by the clinic receptionists.

Clinicians need to ensure that patients pay a required $100 deposit when ordering orthotics to cover CMCC out-of-pocket expenses. Payment of the $100 deposit must be made at clinic reception before the castings are shipped. The balance is due upon the fitting and dispensing of the orthotics, where further instruction regarding the appropriate wearing of the orthotics will ensue.

The CMCC fees for orthotics range from $175.00 to $300.00. **These fees include any subsequent visits for fitting and dispensing of the orthotics. However, if at the time of the same subsequent visits, the patient also receives any other treatment intervention then, an additional subsequent visit fee will apply and the patient will be charged this additional fee.**

Orthotic prescription on dispensing shall be performed in accordance with the CCO Standard of Practice for Orthotics (http://www.cco.on.ca/site_documents/S-013.pdf)

Technique & Alternative Chiropractic Treatment Protocol

The primary mode of treatment for patient care will be diversified technique, as taught in the pre-clinical program. It is appreciated that from time to time patients either fail to respond to the diversified technique or present with a condition that may benefit from a non-diversified technique. In these situations, the clinical faculty may consider an alternative therapeutic approach.

Following an appropriate examination, the patient may be identified as a candidate for an alternative therapeutic technique. It is necessary to use the following protocol when implementing non-diversified treatments into a patient's plan of management:

- Prior to developing a plan of management, a clinical faculty who has formal training in the alternative chiropractic treatment method must agree to supervise the care of that patient. In the case that the clinical faculty approached is not the intern's primary clinical faculty, the primary clinical faculty must release the file to the clinical faculty who will be providing the alternative chiropractic treatment.

- A re-evaluation with a new plan of management must be formulated by the attending intern that outlines diagnosis, frequency, and duration of treatment, nature of treatment to be provided, prognosis, and outcome measures to be used. This is to be approved by the alternate clinical faculty. Any non-diversified technique to be used in the management of the patient in question must be supervised by the alternate clinical faculty who has the formal training in the non-diversified technique.

Extra charges

Extra charges over and above the subsequent treatment fee may be levied to the patient in certain situations. These include the following but are not limited to:

- The purchase of electrotherapy pads to be used exclusively on the patient purchasing them.

- The purchase of elastic tubing/Theraband to be used is part of a self-directed exercise program for the patient.

- The purchase of athletic trainer's tape, Kinesio/Rock tape, which is intended to be used as part of the patient's treatment intervention.

Selling of products in clinic

If during regular business hours of the CMCC Supply Center and Bookstore, the purchasing of therapeutic products and other assistive devices (e.g. braces, creams, gels, ice packs, elastic tubing/Theraband, pillows, supplements, etc.) should be conducted

through the Supply Center and Bookstore. However, should the need arise to purchase therapeutic products after business hours of the Supply Center and Bookstore, this can be done through the Campus clinic itself. The products available will be restricted to small items which can easily be stocked at clinic reception. Such items would include various creams and gels, ice packs, and elastic tubing/Theraband.

Workplace Safety and Insurance Board (WSIB) - Personal injury - Work-related Cases

The WSIB is the insurer responsible for providing health care compensation for Ontario workers injured in workplace accidents. Similar agencies exist in other Canadian provinces and most other jurisdictions. Chiropractic is one of the health professions recognized by the agency. Chiropractors have a "billing relationship" with this agency; therefore, it is important that clinicians be conversant with WSIB procedures. Full details of the procedures may be found, along with several resources at the WSIB website: http://www.wsib.on.ca. Clinicians should ensure that during their time in clinic, interns take advantage of and utilize the unique opportunity they have to fully understand WSIB claims and payment processes. This will facilitate their submission of claims once they enter practice.

Clinicians are responsible for being familiar with the clinical requirements, program requirements and billing procedures on the WSIB. Clinicians shall be conversant with all WSIB Programs of Care and complete the training for such programs.

Under the supervision of the primary clinician, interns are responsible for completing the appropriate intake forms for one WSIB case during the clinic year in order to reach competency in processing claims for injured workers. The work-up may be on a mock case if the opportunity to process a real claim does not present itself. Such cases shall be presented to clinicians and the clinician will complete the sign-off for this requirement.

WSIB patients are processed in the same way as any other CMCC patient and all CMCC forms are to be completed. If the patient states that an injury is related to his/her work and if the intern believes that the cause of the injury is due to workplace factors, a Health Professional's Report (Form 8) should be initiated. However, Form 8 is completed only if the injured worker's diagnosis is not compatible with any of the WSIB's Programs of Care. The Health Professional's Report is completed once the intern and clinical faculty have decided on a diagnosis and plan of management. Should the working diagnosis be compatible with one of the WSIB's Programs of Care, then the respective Program of Care forms should be completed (and billed for) instead of Form 8.

Form 8 initiates the chiropractor's health care process and an adjudicated claim will result in payment for 12 weeks of treatment. The completed form is presented to a clinical faculty, who upon review and feedback, signs this requirement off in the Clinic Workbook. The form is then processed through the CMCC billing office. WSIB claims should be noted in the electronic health record in the Ongoing Concerns box.

The WSIB website (wsib.on.ca) contains important information about the policies and procedures practicing chiropractors will use when dealing with the WSIB. Forms and outcome measures are also available online at www.wsib.on.ca/wsib/wsibsite.nsf/public/FormsHealth.

WSIB Programs of Care

The WSIB has developed Programs of Care for several common workplace injuries. Programs of Care are evidence-based health care delivery plans that include interventions shown to be effective for workers diagnosed with specific injuries. Chiropractors can utilize these programs for: acute low back injury, upper extremity injury, lower extremity injury, and mild traumatic brain injury. These delivery models are used for either new injuries or reoccurrences. Programs of Care are developed in collaboration with health professionals, worker and employer representatives, and the WSIB. The Programs are available on the WSIB website at www.wsib.on.ca/wsib/wsibsite.nsf/public/HealthProgramsCare

Motor Vehicle Accidents (MVA) / Motor Vehicle Collisions (MVC) - Personal Injury due to Auto Collisions
Unless a patient specifically indicates that they do not want to file a claim with their auto insurer regarding their personal injury, the claim must be processed as a motor vehicle claim.

When a patient has been involved in a motor vehicle collision (MVC) and sustained a personal injury, the patient is processed in the same way as any other CMCC patient and all CMCC forms are to be completed. However, if the patient indicates that their injuries were a result of the motor vehicle collision, and if the patient has not already done so, they should be instructed to contact their auto insurance carrier and report their personal injury. They will subsequently be assigned a claim number and forwarded a package of information which they will be required to complete; some independently, and some with the assistance of the attending chiropractor/clinician and intern.

The package of information which the patient's insurance carrier will forward to them is called the Application for Accident Benefits. This package of information can also be found on the website of the Financial Services Commission of Ontario (FSCO). All clinicians should be familiar with this package of information, and when necessary, should assist the patient in completing their portion of the application.

Within the Application for Accident Benefits, there are several important forms (OCF Forms) which the clinician and attending intern are required to complete and submit on behalf of the patient in order for any patient's treatment expenses to be covered by their auto insurance carrier. These forms include: OCF-3 (Disability Certificate), OCF-23 (Minor Injury Guideline Treatment Protocol), OCF-24 (Minor Injury Guideline Discharge Summary), OCF-18 (Treatment Plan – if the patient's injuries fall outside of the Minor Injury Guideline), OCF-21 (Auto Insurance Standard Invoice-AISI). Again, please refer to the FSCO website for a full description and explanation of these forms, as well as instruction guides and manuals which are provided in order to help complete these forms.

If a patient's injuries fall within the Minor Injury Guideline (MIG), then, the clinician and attending intern are required to complete the OCF-3 and the OCF-23. However, should there be compelling evidence that the patient's injuries fall outside of the MIG, or if it is likely that he patient's injuries will not resolve within the funds allocated to the MIG then, the clinician and the attending intern should complete the 0CF-18, along with an estimation of cost for the treatment to be provided.

MVA/MVC Billing
All billings for patient treatment and completion of forms must be done by completing the OCF-21, the Auto Insurance Standard Invoice (AISI). The clinician and intern, together (for the edification of the intern) complete this form and submit it to the administrative staff at the Campus clinic in charge of billing for auto insurance claims. This billing will then be done electronically via the HCAI system. Although the billing is submitted by the administrative staff at the Campus clinic, clinicians are expected to have a working knowledge of the HCAI system. http://home.hcaiinfo.ca/index.php

Requested detailed narrative reports and related fees
Any requested detailed reports from outside sources, or whether requested by a patient themselves, must be accompanied by a signed "Consent to Release Information Form" from the patient to which the request pertains. The fees for the requested reports will be billed based on an hourly rate, and according to the clinician's credentials and level of expertise as described in the Ontario Chiropractic Association's Recommended Fee Schedule. www.chiropractic.on.ca

Requested copies of files/file information and related fees
Any requests for copies of files or file information from outside sources, or whether requested by a patient themselves, must be accompanied by a signed "Consent to Release Information Form" from the patient to which the request pertains. The fees for the requested copies will be billed according to the Ontario Chiropractic Association's Recommended Fee Schedule. www.chiropractic.on.ca

GENERAL CLINIC POLICIES AND PROCEDURES

Clinic Closures
Outside of Clinic Hours

The closure of the Campus Clinic will be consistent with the closure of CMCC as a whole. Notification of closure may be obtained from the main voice mail message at 416-482-2340, the home page of the CMCC website at www.cmcc.ca, on Twitter at @cmccnotices and/or the following radio/TV media:

Radio AM	Radio FM
1010 CFRB, 680 CFTR, 1050 CHUM	98.1 CHFI, 99.1 CBC, 104.5 CHUM

Television

CITY TV, Pulse 24 and CBC News

- Interns, faculty, and staff will attempt to contact all patients by telephone to cancel and arrange alternate appointments.
- Notices will be placed on clinic entrances.
- No patient care will be permitted without the supervision of clinical faculty.

During Clinic Hours

- Once a closure has been determined by the President, at the campus clinic, a clinic receptionist, or a member of the CMT will announce the closing. If external clinics are also to be closed, a member of the CMT will contact the clinicians at the external clinics and it is expected that the same procedures will be followed at the respective external clinic.
- All patient care must be concluded within 30 minutes of this notification
- A notice indicating the closure will be posted at the clinic entrance
- Interns will attempt to contact all patients scheduled for the remainder of the day to cancel and arrange alternate appointments. This is to commence immediately after the closure announcement is made.
- Telephones will be staffed and a small patient management team will remain on duty for as long as it is determined to be reasonable
- No unsupervised patient care is permitted

Development of an Intern Practice

Developing a practice is an essential skill for a health professional and must be done in an ethical and professional manner. Chiropractic interns are responsible for developing practices within the patient management team in which they are placed. There are two components to this practice; patients who are referred to interns by clinical faculty and already have an established relationship with CMCC, and those who are referred to interns through the interns' network of contacts. Providing excellent patient care to existing patients and communicating with their other health care providers is a good way to attract new patients.

Marketing is used by chiropractors to help build practices. Interns must market themselves in an ethical manner in accordance with the CCO's advertising guidelines (http://www.cco.on.ca/site_documents/Proposed%20Advertising.pdf). CMCC business cards should be provided to patients or perspective patients on an individual basis. These cards are given to patients so that they may contact interns regarding care. Business cards or other advertising materials must not be used to solicit patients in a public forum (e.g.: pinned up on bulletin boards in apartment buildings or places of business). Primary clinical faculty members will counsel interns on effective ways to market their practices.

Communication with Patients

On occasion, it will be necessary to communicate with a patient at times other than during a scheduled patient care appointment. All communication between a patient and intern or clinician should be facilitated by CMCC telephone, and recorded in the electronic file. If leaving a voicemail message, no personal health information should be included in the message.

Patients should not be given interns' private cell phone numbers, email addresses or social media sites, especially for the purpose of booking patient appointments. All patient appointments should be booked by clinic reception in order to minimize the overbooking of available rooms.

There have been occasions when an intern's personal information (cell number and email address) have been used by patients for the purpose of stalking. It is important that the intern remembers that their role is now that of a professional health care provider and as such personal correspondence with patients, even patients who are friends or acquaintances, is inappropriate.

Letters to Physicians

In order to facilitate interprofessional communication, CMCC requires, at the discretion of the clinician, a clinical note be sent to all family physicians, provided that the patient has consented to a release of information.

Each patient will be requested to sign an authorization to release health information to their family physician. For those patients who have signed the authorization, after a plan of management has been established for each new patient, a clinical note will be written, in narrative format, to the patient's family physician. Any new complaint will have a similar clinical note forwarded to the family physician. When appropriate, follow-up correspondence should be forwarded to the physician.

Attendance Requirements

The Year IV Internship is a twelve (12) month program. All interns are required to be present for the entire 12 month period, with the exception of approved time away from Clinic in order to ensure consistency of patient care and to ensure interns are able to achieve the CCE(C) requisite 1,000 hours of clinical practice.

It is recognized that interns will require time away from the program due to illness, vacation or unforeseen events.

- Absences of 1 or 2 day's duration are to be noted in the Intern's Workbook but do not require a formal Leave of Absence request form.
- Absences of greater than 2 clinic day's duration must be requested in advance whenever possible and supported by a Leave of Absence request form (available in the Clinic Administration office).
- The Leave of Absence form is to be authorized by the clinician, and attached to the Intern's Workbook.

Breaches of Policy

A clinic infraction occurs when an intern violates any of the Divisions' policies, and will result in a penalty.

Clinical faculty will forward a clinic infraction report to the Dean, Clinics. Resolution may be facilitated at the level of:

- Clinical faculty or
- Dean, Clinics for consideration of disciplinary action.

If the clinic infraction, as determined by the Dean, Clinics, has implied or explicit risk to anyone, the intern will be notified of his/her immediate suspension from CMCC clinics until further notice. All infractions of a serious nature will be referred to the President for disciplinary action in accordance with the Discipline Process as described in the Academic Policies and Procedures.

Fee Reductions
It is recognized that there are occasions when patients are unable to fulfill the payment requirements established by the clinic. When this occurs, the patients may be entitled to receive chiropractic services at a reduced rate. Fee reductions are provided for a limited time and the duration should be indicated by the primary clinical faculty. The primary clinical faculty members will evaluate fee reduction requests subject to the guidelines and procedures listed below.

Reasons for a fee reduction must be thoroughly reviewed and documented. Considerations should include:

- family status
- employment status
- anticipated length of treatment

If there is a valid need to provide a patient with a fee reduction and the reasons have been appropriately documented, interns should discuss the case with their primary clinician. The clinical faculty member must meet with the patient to discuss the recommendation.

The primary clinical faculty has the authority to sign the standard fee reduction. If a patient is requesting a further fee reduction, a member of the Clinic Management Team will meet with the intern to discuss the case. The intern should be prepared to defend the rationale for a fee reduction – this too is a learning opportunity – one that will be valuable in private practice.

Note: The intern must exercise caution when discussing fees with patients. No intern may promise a fee reduction to any patient. Fee reductions must be time-limited. FEE REDUCTIONS WILL NOT BE RETROACTIVE

Professional Courtesy Visits
All CMCC Clinics will charge a fee for professional courtesy visits provided to students of Regulated Health Programs. This will be a modest fee of a $5.00 for subsequent visits and $15.00 for the initial visits.

Students from other regulated health professions are required to provide valid student identification at reception on the first visit. However, the waiving of fees as a professional courtesy will NOT apply if the student has Extended Health Care benefits either through their educational institution, or privately. Should this be the case, and the students' fees be reimbursed through this method, the waiving of fees as a professional courtesy would not apply.

We will offer complimentary treatment to CMCC graduates for a period of one year. If patients are CMCC members, fees will continue to be waived.

Professional courtesy is extended to students of the following professions:

Audiologists and Speech-Language Pathologists
Chiropodists and Podiatrists
Chiropractors Dental Hygienists
Dental Surgeons
Dental Technologists
Denturists
Dieticians
Medical Radiation Technologists
Medical Laboratory Technologists
Massage Therapists
Midwives
Naturopaths
Nurses
Optometrists
Occupational Therapists
Opticians
Pharmacists
Physicians and Surgeons
Physiotherapists
Psychologists
Respiratory Therapists

Equipment Maintenance

Equipment-specific Instructions:

In order to improve the longevity of the equipment and modalities found in the CMCC clinics, the following procedures should be followed:

Tables

- Table head rests and hand rests are fully cleaned with Virox 5 RTU Wipes after each patient visit
- The entire table is wiped down at the end of the treating day with the Virox Wipes
- The last person using the treatment room is responsible for performing the cleaning

Modalities

- Disinfect all areas of modalities that have come in contact with patient skin with Virox wipes

- Tidy modality and clean surfaces with Virox wipes
- Clean glasses used for laser treatment after each use with Virox wipes
- When using gel electrodes, these may be multiuse- but are dedicated to one patient. Patients are provided with their own electrodes at a reasonable cost. The patient is to be given their electrodes to bring to each visit. If a patient forgets his/her electrodes, they may purchase disposable electrodes at a reasonable fee.
- When using sponges for electrodes, these are to be washed with soap and water, and then microwaved for two minutes after each use. This will kill 99% of infectious agents.
- When using other electrodes, they are to be detached from the unit and wiped with Virox wipes prior to further use. When they are to be used again on another patient, they are removed from the Dettol bath, placed in the soap/water tub and rinsed before applying to another patient.
- All drains at the back of the unit must be emptied on a daily basis

Thumpers/Vibromax

- Surfaces that come in contact with the patient must be wiped after every patient and at the end of each day with Virox wipes

Other clinical equipment

- Stethoscope
- Hand held weights
- Ice packs
- Reflex hammers
- Instrument Assisted Soft Tissue tools

- All other equipment applied to a patient during assessment or treatment should be cleaned with Virox wipes between uses (stethoscope, reflex hammer, Instrument Assisted Soft Tissue implements, hand-held weights, ophthalmoscope, otoscope – disposable applicators should be used in all cases for ear examination).
- Ice packs should be applied wrapped in towel or paper towel and not applied directly to skin. They are to be cleaned with Virox wipes after each use.

Outreaches

Outreaches are an important mechanism by which CMCC clinics integrate into the community. These can be informational or treatment based. Clinical faculty must be present at all treatment based outreaches; however, they may be present at informational outreaches if they so choose. Clinicians may choose to review the informational outreaches that their interns may want to deliver. However, all presentations must be vetted through the CMT. Please send presentations to the Community outreach coordinator (CMT Admin) to start this process.

Mobile Assessment Outreach (MAC/HMO)

This is a treatment outreach that can count as one of the following: either a treatment outreach or it can count for clinic hours and patient numbers. When you sign up for one of these outreaches successfully you will be required to let the community outreach program coordinator (CMT Admin) know which of the two options you are selecting. You will still be required to complete all scanning, case write ups regardless of which you select.

Time frame for completing paperwork for all MAC/HMO and Bike Rally treatment outreaches.

- All Scanning to be completed within one week of the event.
- Case presentations completed and emailed (ensuring de-identified) to supervising clinician from event with 4 weeks maximum of the outreach.
- LO's written and presented to supervising clinician from outreach in person or via email to supervising clinician from outreach within a maximum of 6 weeks.
- The supervising clinician will then complete and email your primary clinician to complete FSO in your workbook.

For the bike rally specifically

This outreach counts for clinic hours, patient numbers and both of your outreach requirements. The hours earned will be calculated at the event of all events.

OSCAR –Electronic Health Record

The main EHR used by CMCC is OSCAR (Open Source Clinical Application Resource). This program has specific protocols and directions found in the Standard Operating Procedures (SOP) document located in the Resources section of the KIRO site for CE4405: https://courses.cmcc.ca/portal/site/145217bb-2d7d-49c9-9337-8d0ccfd92118/page/896740c9-73c0-42f9-831a-111aa9b9381c

This procedural manual provides details on the use of OSCAR. Accurate health record keeping protocols must be followed to ensure adherence to Standards of Practice. Appropriate placement of data is described in the SOP. Scanning and uploading of relevant documents is also an important step in health records retention. Embedded in the SOP are detailed instructions on the scanning process and allocation of documents to the appropriate patient file.

File/Health Information Transfer

The CMCC clinic system incorporates records that use three different EHRs. CMCC`s clinics at St. Michael's Hospital clinic and the Anishnawbe clinic use non-OSCAR software. If any EHR information needs to be transferred from one of these two CMCC clinic's to

another, must be preceded by a signed patient release form, a printout of the information in question must be made and the transfer of documents must be sent either by CMCC approved couriers, or is to be transported by a clinician in a secure manner.

Other health information which requires transportation or transfer from one CMCC clinic to another includes the transfer of any diagnostic imaging CD's or films, and other health information which does not originate directly from the EHR. This information must be transferred in the same manner as described above.

RADIOLOGY AND CLINIC LABORATORY SAFETY PROTOCOLS

Clinic Laboratory Safety

The Clinic laboratory contains a wide range of hazardous materials, many capable of producing serious injury or life threatening disease. To work safely in this environment, interns must be aware of the hazards, the basic safety precautions associated with these hazards, and learn to apply the basic rules of common sense required for everyday safety. No food or beverages are permitted in the laboratory.

Hand contact represents the number one method of infection transmission. Interns obtaining blood and urine samples must observe the proper precautions since such contact can provide an unlimited vehicle for the transmission of infection. It is essential to wear gloves when dealing with specimens in the Clinic laboratory and to wash hands before and after working with specimens.

Personal protective equipment such as laboratory coats and gloves are provided to interns for their personal safety, and minimize the risk of communicable disease. This equipment never leaves the laboratory.

When following venipuncture procedures, special precautions must be taken. Tourniquets, gauze, alcohol pads, needles, and bandages must be deposited in the waste containers labelled for this use. Specimens and laboratory counters are to be cleaned of any blood contamination, and soiled material must be placed into plastic bags for autoclaving.

The primary biologic hazard associated with phlebotomy is exposure to blood-borne pathogens transmitted by blood-to-blood contact. Transmission may occur by accidentally puncturing oneself with a contaminated needle or lancet or by passive contact through open skin lesions or mucous membranes of the eyes, nose or mouth.

It is impossible to always know whether or not a patient's blood contains a blood-borne pathogen; therefore, universal precautions should prevail. All patients should be assumed to be infectious.

Radiology Laboratory Safety

CMCC is compliant with the Healing Arts Radiation Protection Act (HARP). For detailed information please go to

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h02_e.htm#Top

Interns are acting as an agent of a CMCC employee when they are involved in taking patient radiographs, therefore the CMCC employee institutional policy regarding x-ray safety is applicable to the intern under this situation.

When taking radiographs of women who might be pregnant, Safety Code 20A. Section 9.2 Guidelines for radiography of pregnant women must be applied:

http://www.hc-sc.gc.ca/ewh-semt/pubs/radiation/safety-code_20-securite/index-eng.php#a9.2

Policy:

In accordance with the Occupational Health and Safety Act (OH&S Act), CMCC shall ensure the safety of all employees working with X-ray equipment.

1) **Safety Precautions**:
   a) All X-ray equipment shall have proper labels and warning signs posted/installed in conspicuous locations.

   b) Access to X-ray areas that exceed allowable exposures shall be controlled.

   c) Installation of appropriate structural and/or shielding devices shall be provided to limit the dimension of the X-ray beam.

2) **Personal Protective Equipment:**

   a) Each employee who works with the X-ray equipment shall be provided with a suitable personal dosimeter that will provide an accurate measure of the *dose equivalent* received by the X-ray employee.

   b) The employee is required to use the personal dosimeter as instructed by their supervisor.

   c) The employee's supervisor shall ensure that the personal dosimeter provided to an X-ray employee is read accurately to measure the *dose equivalent* received by the employee and shall furnish to the employee a record of their radiation exposure.

   d) The employee's supervisor shall verify that the *dose equivalent* is reasonable and appropriate in the circumstances, and shall notify an inspector of any *dose equivalent* that does not appear reasonable and appropriate.

   e) The Department of Imaging and the Division of Clinical Education shall retain an X-ray employee's personal dosimeter records for a period of at least three years.

Accidental Overexposure:

a) At the time that an overexposure has been determined, the employee shall be removed from the area of risk to another area or responsibility where the employee shall no longer be at risk of further exposure. When the employee's exposure has returned to within the acceptable annual limits, they may return to their former area of responsibility.

b) Where, within a period of three months, an employee receives a dose in excess of the **annual** limits, the supervisor shall investigate the cause of the exposure and shall provide a written report of the findings of the investigation and of the corrective action taken to the Joint Health and Safety Committee or Health and Safety representative and will send a copy to Ministry of Labour as outlined in the OH&S Act.

c) Where an accident, failure of any equipment, or other incident occurs that may have resulted in an employee receiving a dose in excess of the annual limits, the supervisor shall notify immediately (i.e., telephone, fax, email) the Joint Health and Safety Committee or Health and Safety representative, and the Ministry of Labour as outlined in the OH&S Act.

d) All incidents of this nature must also be reported internally within twenty-four hours through a General Incident Report.

e) CMCC shall, within forty-eight hours of the accident or failure, send to the Ministry of Labour (Director) a written report of the circumstances of the accident or failure.

Procedures:

1) All new employees working in the X-ray room and or with the Faxitron shall be informed in writing that they will be working with X-ray equipment.
2) New employees will be required to complete an orientation of the X-ray equipment which includes the following:
   - work procedures in using the X-ray equipment.
   - limits of the *dose equivalent* that may be received by the employee.
   - if the employee is female, limits of the *dose equivalent* for pregnant X-ray employees
3) A current list of all employees working with X-ray equipment is to be maintained by Human Resources.

Release of Patient Health Information Policy

CMCC carefully regulates the patient health information and records requested and released to the patient, lawyers, other healthcare practitioners and third party payers. Subject to statutory requirements, a patient must sign the consent form before records, reports, file reviews, diagnoses, plans of management, prognoses etc. are released. Any and all information regarding a patient obligates the acquisition of the patient's (or patient's guardian) consent before the information can be released. Instances may occur where

information, interpretation or opinion regarding a case (not necessarily a CMCC patient) has been sought. Regardless of whether or not the request is formal or informal, proper protocol must be followed by all faculty, clinical or otherwise.

Protocol

There are two different routes by which this protocol may be followed: CMCC clinic patients and non-clinic patients.

Requests from CMCC Clinic Patients

A request for information regarding a patient health record or the interpretation of this information must be accompanied by the signature of the patient (or guardian) authorizing the release of this information. The request for the information, the signed consent form and a copy of the information provided must be appended to the patient file.

Requests from other Parties

Any request for information from sources such as law firms or insurance companies regarding a patient, review of records, interpretation of findings or diagnostic imaging, etc. must be formalized. In every case, the request must be submitted in writing and accompanied by a duly signed consent form. All information released must be in written form and a copy retained. In no instance may information be provided through a student since in doing so, the student may be communicating a diagnosis (a controlled act). Interactions of this nature, between CMCC faculty and a patient, either directly or indirectly will be considered to be CMCC business for which an appropriate fee may be charged.

The treatment of all patients and the release of any patient information require the permission of the Dean, Clinics. This responsibility is delegated to clinical faculty for CMCC patients.

PATIENT COMPLAINT RESOLUTION POLICY

Patient satisfaction is of primary concern and is monitored at all CMCC Clinics.

From time to time a patient may have a complaint regarding the service or care that he or she is receiving, a matter of privacy, or administrative matters such as fees or billing. The Patient Complaint Resolution Policy provides patients with a process to raise an issue or complaint and to ensure that there is an approach to addressing patient complaints.

In all cases of patient interaction, should an issue arise which affects patient care and professional responsibility, interns and clinicians are to be cautious in dealing with such issues to ensure compliance with statutory, professional, institutional and protective association requirements. If direction is required, enquiries are to be made at the earliest opportunity to the Dean, Clinics; the Dean, Undergraduate Education; or the President.

POLICY STATEMENT:

CMCC will provide all patients with a complaint process and will respond to all patient complaints and concerns in a timely, consistent, and professional manner. Patient complaints and all subsequent actions will be documented and monitored.

POLICY SCOPE:
This policy applies to all CMCC Clinic interns, faculty and staff.

INFORMATION AND COMPLIANCE PLANS:

The adopted policy and procedures will be explained to interns during Clinic Orientation, to Clinical Faculty during Faculty Development, and to staff on an individual basis by the Director of Clinic Operations. This policy and these procedures will also be included in the Clinic Policies, Procedures and Guidelines Manual (Intern's Manual); the Clinicians' Manual, and added to the Patient's Rights and Responsibilities pamphlet. The policy and procedures will also be posted on the CMCC public web site.

During the initial visit, the Intern will provide the new patient with a pamphlet and a verbal explanation of the CMCC Patient Complaint and Resolution Policy and Procedure.

All complaints will be documented and the action recorded. A Patients Complaints file will be held in the office of the Dean, Clinics and reviewed by the Clinic Management Team on a semi-annual basis. Issues identified as requiring further action will be dealt with accordingly.

DEFINITIONS:

Patient Complaint: Is defined as expressing, in either written or verbal form, an issue regarding the service or care that he or she is receiving, a matter of privacy, or administrative matters such as fees or billing.

Patient Complain Resolution Procedure:
Patient concerns may be handled in two ways:

Informal (Verbal) Complaint:

1. The first line of resolution for any patient complaint is with the clinician.
2. If the complaint is clinical in nature, the clinician, in consultation with the intern, is to make all attempts to resolve the issue. This may include further explanation to the patient, a change in the plan of management or a change in the treating intern.
3. For situations that are administrative in nature, such as concerns over fees or billing, the Manager, Clinic Administration is to be contacted if the clinician/intern combination cannot resolve the issue.

4. In the event that the verbal complaints cannot be resolved, a formal written complaint is required. For those patients requiring assistance in completing the Complaint Form, appropriate help will be provided.

Formal (Written) Complaint:

1. Patients may submit written complaints concerning any aspect of their care at any time by completing the prescribed Patient Complaint Reporting Form. A Patient Feedback Form Box is located in the Patient Reception Area of all CMCC Teaching Clinics. When the patient's issue is not resolved through discussions with the clinician or the Manager, Clinic Administration, any further action requires the submission of a Patient Complaint Reporting Form.
2. Patient Complaint Forms must be collected daily by the designated Clinic Administrator and forwarded immediately to the Dean, Clinics.
3. The Dean, Clinics will contact the patient within twenty-four hours of receiving the Patient Complaint Reporting Form, and if the patient is unavailable, such contact is to take place at the first opportunity. At this initial contact the Dean, Clinics will clarify issues regarding the complaint and seek to resolve the situation to the patient's satisfaction.
4. If the patient is still not satisfied, the Dean, Clinics will provide the Patient Complaint Reporting Form to the Dean, Undergraduate Education who will contact the patient within two working days to resolve the concern.
5. If the patient is still not satisfied, the Dean will provide the Patient Complaint Reporting Form to the President who will contact the patient within ten working days to resolve the concern.
6. All patient complaints will be filed in the office of the Dean, Clinics. All complaints and their status will be reported to the Dean, Undergraduate Education on a monthly basis.

Canadian Memorial Chiropractic College

Patient Complaint Reporting Form

Patient Name:	
Address:	
City:	Province:
Postal Code:	
Telephone # day:	Telephone # evening:

Intern:
Clinician:

What is the Nature of Your Complaint?

Please provide the details of the nature of your complaint including what your intern or clinician did or failed to do leading to your complaint.

How Can We Help?

What do you hope will happen as a result of your complaint?

Signature of Complainant	Date Signed

Community Outreach

Policy:

- Each intern is required to participate in a minimum of one Informational and one Clinical outreach event during the clinical year.

- Each outreach must be approved by the outreach co-ordinator.

- All faculty and interns participating in a Clinical outreach will adhere to the policies and procedures described herein as well as those outlined in the Interns' Manual. Students must conduct themselves in a manner consistent with that expected in the CMCC's clinics.

- A CMCC chiropractic faculty member must be present at all clinical treatment outreaches and supervise any clinically related activity. It is the responsibility of the Clinic Marketing Co-ordinator to allocate the appropriate number of faculty at all clinical outreach programs.

- Patient interactions must be recorded and appropriate history, physical and plan of management be carried out including a written consent when offering any form of intervention. If an assessment takes place and not a treatment, files must still be maintained. Follow-up should be recommended and reflected in the consent form

- Clinical outreaches may provide a physical assessment and offer stretching, mobilization, soft tissue therapy, first aid or advice and in cases where deemed appropriate, the controlled act of manipulation. Joint manipulation can only be administered after adherence to treatment protocols are met (see below) and conducted within a professional treatment environment conducive to and consistent with CMCC clinic practices.

- A dress code for both students and supervising faculty must be adhered to, consisting of a collared shirt (short or long sleeve, including golf shirts) and business casual pants of a material similar to that which is required in the CMCC clinic system.

- Photo identification from CMCC must be worn throughout the event.

Purpose: The purpose of CMCC's Community Outreach Program is to allow interns to become involved and interact with the community by participating in events including presentations and health talks to various interest groups, answer questions at health and student recruitment fairs and gain more "hands on" experience at on-site clinics utilized at various sporting events.

Procedures:

1) Community organizations or students with their own individual proposals should present their request for participation in writing to the administrative assistant to the CMT at least one month prior to the event taking place. The administrative assistant will confirm CMCC's participation to the community organization, once it is determined the event is suitable as an outreach opportunity.

2) If the administrative assistant to the CMT determines an outreach is unsuitable, or it is unlikely the request will be fulfilled, the requesting organization will be contacted by the administrative assistant.

3) After outreach requests are deemed appropriate, the administrative assistant to the CMT notifies the class representatives, the clinicians and the Interns' Committee who announce the event to their class and, if necessary, help recruit students to participate in the event. If necessary, the CMT Admin will send a broadcast directly to each intern.

4) If, after the outreach is promoted, there is insufficient intern and/or faculty participation to meet the needs of the event, the community organization will be contacted by the administrative assistant to the CMT.

5) The content material "checklist" should be adhered to by the administrative assistant before each outreach. CMCC signage, generic hand-outs and display material will be provided by the administrative assistant to the CMT. The content of all materials proposed for an outreach event must be provided at least 48 hours prior to date of the presentation and be approved by the MCC. Under no circumstances can material be displayed or distributed, without receiving prior approval from the CMT.

6) Interns who sign up for an outreach have made a commitment not only to CMCC but also to the event organizers who have requested CMCC's presence and to fellow participating interns. In cases of unavoidable absence, the intern is responsible for finding a suitable replacement and notifying the administrative assistant to the CMT.

7) An Outreach new patient package is utilized by CMCC at all Clinical outreaches. All records must be returned to the supervising clinician, who will ensure they are stored in Health Records.

8) The administrative assistant to the CMT will sign the Intern's Workbook authorizing completion of a Community outreach after receiving a completed Outreach Event Feedback Form.

9) Generic business cards are provided by the administrative assistant to the CMT.

Whenever possible, the COP tent should be utilized, under which the portable dividers from the Mobile Assessment Chiropractic Clinic (MACC) can be used, ensuring privacy and a level of professionalism that is consistent with CMCC clinic practices.

Appendix A

Canadian Memorial Chiropractic College

EMERGENCY PREPAREDNESS

&

RESPONSE PROCEDURES

Last update: April 2014

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CMCC EMERGENCY PREPAREDNESS & RESPONSE PROCEDURES

1.0 PURPOSE

CMCC is committed to ensuring a healthy and safe environment for our staff, students and patients. The purpose of these emergency response procedures is to address the following areas:

Awareness and Education: To ensure all CMCC stakeholders are aware of, trained and educated in taking the appropriate actions in an emergency situation

Emergency Preparedness: Detailed roles and responsibilities for staff responding to an emergency situation

Risk Management: Prevention and reduction of any injury and/or damage to CMCC property

2.1 SCOPE/RESPONSIBILITY

2.2 Scope:

- This plan covers all operations and departments of CMCC.

2.3 Responsibilities

Senior Management:

- Develop, implement, monitor and maintain this plan.

Manager/Director:

- Upon receiving a report of an emergency assess the concern and determine the steps that should be implemented to protect staff, faculty, students and patients, in conjunction with Senior Management.

Fire Wardens:

- When evacuations are required, the Manager/Director will complete a sweep of the building to ensure all individuals have evacuated and the doors and windows are closed.
- Perform a head count and immediately notify the Director, Physical Facilities of any missing person(s). If the Director, Physical Facilities is not available, then the Manager/Director must notify the emergency services (fire, police, and paramedics) of any missing person(s). If first aid is required, immediately provide assistance to the injured worker.

Reception (Campus, including the Clinic):

- Bring the "Visitors' Sign-in Book" to the meeting location. Conduct a head count for the visitors who have signed into the building. Review the results of the head count with the Director, Physical Facilities.

First Aid Provider:

- Provide first aid to individuals who are injured in the workplace.
- Bring a first aid kit to the scene of the accident. (First aid kits are loosely mounted to the wall so that they can be removed easily)

Joint Health and Safety Committee (JHSC):

- Provide the initial review and approval of the document relevant to the Health & Safety Program.
- Internal "testing" of Emergency Response Procedures.

Employees, Students:

- **If an evacuation is necessary**, immediately stop all functions. Leave the building via the nearest exit and meet in the parking lot at the front of the building. Do not leave the meeting area until an 'all clear' sign, or further action is communicated by the Fire Wardens

- In the event of a first aid emergency, the employees are required to immediately notify the Supervisor and/or a person trained in first aid.
- Do not re-enter the building until the Fire Department says it is safe to re-enter the building. The Fire Chief will notify the Director, Physical Facilities, who will notify the Fire Wardens. The Fire Wardens will advise you that it is safe to return.

Managers/Directors/Employees/Students are not permitted to disclose any information to outside parties. The official liaison with any outside parties will be either the President or a designate.

3.1 DEFINITIONS

Planned Drill: A test of the procedure, or a part of the procedure, in order to determine effectiveness and the understanding of employees. All employees will be notified in advance of the type and time of the drill.

Emergency Plan: Documentation of a pre-planned procedure that is to be followed by all employees and students in the event of an emergency.

Emergency Services: Fire Department, Police, Paramedics.

Senior Management: President; Senior Advisor to the President; Vice President, Institutional Advancement; Vice President, Finance; Vice President, Administration and Institutional Planning; Dean, Undergraduate Education; Dean, Graduate Education and Research; Director, Human Resources; Director Student Services and Registrar.

Manager: An employee of the institution who may be responsible for the supervision of other employees, including:

- Conducting performance appraisals
- Authorizing overtime
- Planning, organizing, directing and controlling the activities within a department and/or
- Administering the budget

4.1 TRAINING

The emergency response procedures will be made available to all employees and students through training.

The training will cover:

- Reporting emergencies
- Evacuation routes
- Alarm or warning systems
- Specific assigned actions

Annual drills will be conducted to ensure that all employees know what to do in case of a fire or evacuation. Persons with specific duties will be given additional training and exercise drills.

5.0 EVACUATION

Situations requiring evacuation include: fire, hazardous material release, hostile intruders, bomb threats and earthquakes. The need for evacuation in other situations will be determined by emergency personnel and you will be advised if evacuation is necessary.

6.1 FIRE

6.2 Response to Fire Alarm

At the first sign of fire:

Activate the fire alarm (Fire alarms are located at each stairwell.)

Call 911 and Switchboard (“0”)

Evacuate the Building

- Stay calm
- Do not panic
- Turn off any equipment you are using, provided you are not in any immediate danger
- Advise your Senior Manager, Manager/Director – if they are on your way out of the building
- Where possible, close all office doors
- Be aware of more than one escape route
- Do not attempt to collect your personal belongings
- Leave the building by the nearest exit
- Go to your designated meeting location
- Do not stand near the building – move to the back of the parking lot to allow room for emergency vehicles.

- Do not re-enter the building until the Fire Department says it is safe to re-enter the building. The Fire Chief will notify Physical Facilities, who will notify the Fire Wardens. The Fire Wardens will advise you that it is safe to return.

When you hear the fire alarm:

- When the Fire Alarm sounds, Switchboard will call 911 and report a fire at the Canadian Memorial Chiropractic College, 6100 Leslie Street. The Fire Alarm panel is also monitored by ADT who will also notify the fire department
- Turn off any equipment you are using, provided you are not in any immediate danger
- Assist disabled or injured persons in evacuating the building. Elevators are only for use by the disabled during an evacuation - not a fire.
- Do not use the elevator.
- Fire Wardens will start to evacuate the areas that they are responsible for and have people exit at the closest exit.
- Go to the nearest exit
- Be aware of more than one escape route
- Do not attempt to collect your personal belongings
- Leave the building by the nearest exit
- Go to your designated meeting location
- Do not stand near the building – move to the back of the parking lot to allow room for emergency vehicles.
- Once outside, move away from the building. Keep streets and walkways clear for emergency vehicles and personnel.
- An emergency command post may be set up by Physical Facilities and Emergency Services. Keep clear of the command post unless you have important information to report.
- Do not re-enter the building until the Fire Department says it is safe to re-enter the building. The Fire Chief will notify Physical Facilities, who will notify the fire Wardens. The fire Wardens will advise you that it is safe to return.

If you know someone is still in the building:

- Notify a Manager/Director immediately
- Tell that person whether the person is hurt or not
- Tell that person where you last saw the person
- DO NOT ENDANGER YOUR OWN LIFE
- DO NOT RE-ENTER THE BUILDING

- Let trained personnel take care of the situation

Managers/Directors:

- Perform a headcount of your employees – if you believe that someone is still in the building, notify the onsite emergency personnel.
- Remain on the parking lot until you are given the all clear to return to the building.

Note: If you become trapped in a building during a fire and a window, that opens, is available, place an article of clothing (shirt, coat, etc.) outside the window as a marker for emergency personnel. If there isn't a window you should stay near the floor where the air is more breathable. Shout at regular intervals to alert emergency personnel of your location.

6.3 Fire Drill Procedure

- ADT and Fire Department notified of the upcoming drill ahead of time.
- Physical Facilities will activate the pull stations.
- When the alarm sounds, the switchboard operator will call ext 199 and report the alarm.
- At the sound of the alarm, all Fire Wardens will have the people evacuate the areas and move outside to the designated area.
- When the building is evacuated, Physical Facilities will reset the alarm panel and inform the people that they may enter the building.
- Director, Physical Facilities will meet with Human Resources when the Drill is completed to see how the evacuation went and if there are any recommendations.

7.1 FIRST AID/AED

The Clinicians are our Primary First Aiders and are trained in First Aid, CPR and AED (*Automated External Defibrillator).*

In all cases of an injury, the employee shall:

- Promptly obtain first aid
- Notify your supervisor as soon as possible of your injury
- Complete and promptly return an incident Report Form
- Make every effort to keep Human Resources and your Manager aware of all particulars relating to your injury

- Should your injury require additional medical attention, outside the clinicians' or first aider's ability, you will be transported to the nearest hospital either by taxi or ambulance, depending on the severity of the injury.

In case of transport by ambulance to a hospital, Switchboard or Clinic Reception will call emergency Services. Be certain to include the following:

1. Company name and address: Canadian Memorial Chiropractic College, 6100 Leslie Street, Toronto, ON M2H 3J1 (416) 482-2340
2. Most suitable door of entry (nearest the injured person)
3. First Aid attendant is to accompany the injured person to the hospital
4. Post a person at the door to direct the emergency responders to the injured person

Note: First Aid boxes are located in each department for minor injuries, i.e., paper cuts. Injuries of this type do not require a report.

A list of First Aiders and a list of First Aid Box/AED/Oxygen are posted on the Health and Safety Bulletin Board.

8.1 POWER FAILURE

In the event of a major utility failure occurring during regular working hours (8:00 am – 5:00 pm, Monday – Friday) or after normal hours of operation, immediately call the institution's Emergency Contact Number at extensions 199 or 152. If you cannot reach anyone at those two extensions, please call the Director of Physical Facilities at 416-460-2340 or the Superintendent at 647-225-6693.

- Remain calm
- CMCC has a back-up generator that will provide power to the emergency equipment
- Stay where you are and wait for instructions from a Manager/Director
- Shut off any equipment you are using; when you are requested to do so
- Physical Facilities will provide instructions to Managers and Supervisors

For Patient Safety:

Patient safety is our major concern. Please follow these instructions immediately when a power failure occurs:

- All patient care must cease immediately.
- Open the treatment door so that some hall light may diffuse into the room.
- Interns are to remain with the patient and clinical faculty will report to the main floor reception area to obtain a flashlight to facilitate patient evacuation from the treatment areas.
- The CMT will ascertain the expected duration of the power failure and contact the Dean/Director or Dean for direction.
- If power is restored within one half hour, patient care may resume.
- If power failure extends past one half hour and there is no indication that it will be resumed within one hour, it will be understood that the clinic will be shut down and attempts will be made to contact patients to inform them of the closing.
- The CMT will appoint Clinical Faculty and some interns to remain on duty to manage patient care if power is restored before normal clinic closing.
- Clinical Staff will ensure that an appropriate notice of closure is placed on the entrances to the clinic.
- One clinical staff person will remain on duty as long as visibility will permit.

9.1 ELEVATOR EMERGENCY

If you are trapped in an elevator:

- Remain calm.
- Do **NOT** attempt to open elevator doors or escape through the overhead hatch
- Use the emergency phone in the elevator which dials directly to Montgomery Kone, the elevator service company. They will dispatch someone to CMCC to assist you.
- Press the emergency alarm which will signal for anyone in the building to come to your aid.

If someone is trapped in an elevator:

- If you hear someone trapped in an elevator during working hours, notify Physical Facilities at ext. 199 or ext. 152; or call Switchboard “0”.
- After hours call the Director of Physical Facilities at 416-460-2340 or the Superintendent at 647-225-6693.
- In cases where there may be an emergency medical situation, call Emergency Services “911.”
- Do **NOT** attempt a rescue.

10.1 SEVERE WEATHER

- President or designee will make announcement to take shelter and/or evacuate the building during operating hours of CMCC.
- If CMCC is closed due to bad weather, there will be a message on the phone system, as well as the main page of the website by 6:30 am. An announcement will also be sent to local radio and television stations.

11.1 PANDEMIC

CMCC will closely monitor any developments in the international outbreak of any influenza that could result in a pandemic.

Following notification of a Heightened Surveillance Alert from the Toronto Public Health Department, the following CMCC response will be initiated:

- Notification of Executive Management Team and CMCC Emergency and Pandemic Response Team and convene immediately in the Board Room (Crisis Centre).
- This Committee will make decisions with respect to an institutional lock down and advanced screening phase.
- Individuals will be assigned to staff the Crisis Centre on a rotational basis.
- The Director of Marketing and Communications will make an announcement within the institution to inform all staff and students that CMCC is moving into an institutional screening and lock-down phase (PA Announcement + email announcement + voice mail message). A public bulletin will also be added to CMCC's web site outlining the elevated screening process.

11.2 Screening and Lockdown

Director, Physical Facilities:

- Notify his staff to lock all external doors and post signs indicating that access to 6100 Leslie Street will be restricted to the front (north) entrance.
- Notify external Security Service provider seeking full time staffing during regular hours of operation.

Vice President, Finance:

- Notify external contractors (Food Services, Janitorial and any others known) of CMCC's Institutional Screening Procedures

Vice President, Administration and Institutional Planning

- Provide a contact sheet listing members of the Senior Management Team, the Emergency and Pandemic Response Team, and other significant contacts.

Director, Student Services and Registrar

- Provide a current list of all students to the Crisis Centre.

Director, Human Resources

- Provide a current list of all employees to the Crisis Centre.
- Assist Clinic in the preparation of a rotational schedule of employees

Dean, Clinics

- Initiate a number of full screening stations in the north Atrium and at Clinic Receptions
- Stations to be staffed by a DC, accompanied by a staff member or intern
- Assist HR in the preparation of a rotational schedule of employees to seconded to the above roles

Screening will be done at each and every access to 6100 Leslie Street and the Bronte Harbour Clinic

i) Each employee/student/patient will be required to sign in and out of the facility on the attendance sheets when entering and exiting the building.

ii) Each employee/student/patient will be required to complete a brief health screening questionnaire prior to entering the building.

iii) Each employee/student/patient will be tested for signs of fever and evidence of any other symptoms relevant to the elevated alert.

iv) Access into the facility will be dictated by the results of this screening.

v) The screening tool will provide direction on how to proceed, dependent on the results.

vi) Interactions with the Toronto Department of Public Health, as required, will be facilitated through the Dean, Clinics.

Note: All other CMCC Clinics are to follow the procedures for a Pandemic as set out by the hosting organization.

11.3 Communication

All media inquiries on this matter is to be directed to the Director of Marketing and Communications.

The Director of Marketing and Communications, in conjunction with the Emergency and Pandemic Response Team, will prepare updates to be sent to employees and students.

11.4 Attendance

- Division Directors will submit electronic attendance reports daily to the Director of Human Resources.

- Until and unless CMCC closes its facilities due to the pandemic, employees are expected to report to work and students are expected to attend classes.

- Employees choosing not to report to work may take eligible paid and/or unpaid leaves, per CMCC policy, provided these are reported to their direct supervisors in accordance with said policies.

- In the event of a pandemic and widespread absenteeism CMCC may choose to close its facilities for the duration of the pandemic.

- CMCC employees and students will be notified via email, broadcast voicemail, and a bulletin will be posted on MyCMCC. A public notice will be posted on CMCC's web site announcing the elevated level of screening.

- Clinic Administration will place notices (approved by the Division of Marketing and Communications) on the front doors of the building to notify patients.

- Employees requiring access to the building during such a closure are required to email their request to the Vice President, Administration and Institutional Planning for approval. Examples of such access may be: research scientists to access their research samples; IT staff to access the networks, if not otherwise available remotely; Facilities staff to ensure the safe and secure operations of the facility, etc.

12.1 WORKPLACE VIOLENCE

Workplace violence is any act in which a person is abused, threatened, intimidated or assaulted in his or her employment. Workplace violence includes:

- Threatening behaviour – such as shaking fists, destroying property or throwing objects
- Verbal or written threats – any expression of an intent to inflict harm
- Harassment – any behaviour that demeans, embarrasses, humiliates, annoys, alarms or verbally abuses a person and that is known or would be expected to be unwelcome. This includes words, gestures, intimidation, bullying or other inappropriate activities.
- Verbal abuse – swearing, insults or condescending language
- Physical attacks – hitting, shoving, pushing or kicking
- Other – rumours, swearing, verbal abuse, pranks, arguments, property damage, vandalism, sabotage, pushing, theft, physical assaults, psychological trauma, anger-related incidents

12.2 Reporting Requirements

Imminent Threat – where there is actual violent behaviour.

- Call “911” immediately.
- If you cannot call yourself, if there is someone else present, motion for them to call 911.

Urgent Threats – where it appears that the violent behaviour is likely to take place, such as verbal altercation that appears to be escalating.

- Once you are safe, report the incident to your immediate supervisor, manager or director and the Director of Human Resources or the Director of Student Services.

Emerging or Potential Threats – An emerging or potential threat is one where you believe a situation has the potential for becoming violent over time because it exhibits one or more of the above workplace violence acts.

- Report the incident to your immediate supervisor, manager or director and the Director of Human Resources or the Director of Student Services.

Manager/Supervisor/Director of Someone Who Feels Threatened:

- Report the situation to the Director of Human Resources or the Director of Student Services, as soon as you are aware of it.
- Keep the information the employee/student has provided to you confidential, except for the reporting requirements.
- CMCC will ensure that the individual gets immediate medical attention if required and will encourage the individual to seek additional assistance i.e. EAP or School Psychologist

13.1 BOMB THREAT & SUSPICIOUS PACKAGE

If you observe a suspicious object or potential bomb, **DO NOT HANDLE THE OBJECT! Clear the area immediately and call Switchboard.** Switchboard will immediately call 911 and Physical Facilities. Physical Facilities will initiate evacuation if required.

Most bomb threats are made by phone. Any person receiving a phone call that a bomb or other explosive object has been placed within CMCC is to follow these procedures:

1. Listen to what the caller is saying
2. Be calm and courteous
3. Do not interrupt the caller or hang up
4. Obtain as much information as you can – suggested questions are listed below
5. Do not put the caller on hold
6. If you have call display, record the number.

Questions:

- When is the bomb going to explode? AM -- PM
- Where is the bomb located? classroom, hall, office, stairwell, other
- What kind of bomb is it?
- What does is look like?
- Where are you calling from?
- What is your name?
- Why did you place the bomb?

Keep talking to the caller as long as possible and record the following:

- Date and time of call
- Sex of caller
- Speech pattern/accent – English, French, Asian, Middle Eastern, etc. (describe)
- Diction: deliberate, rushed, clipped, slurred lisp, nasal, other
- Emotional state. – calm, emotional, threatening, vulgar
- Any other identifying information:
- Background noise – traffic, horns, children's voices, television, animals, etc.

When talking with 911 - supply them with the information outlined above. The police will ask the bomb squad to remove the bomb.

- The police will conduct a detailed bomb search. All employees are to make a cursory inspection of their area for suspicious objects and report the location to Physical Facilities. Physical Facilities will report it to the Police. DO NOT TOUCH THE OBJECT!
- Assist disabled or injured persons in evacuating the building. Elevators are only for use by the disabled during an evacuation. In case if fire, no one should use an elevator.
- Once outside, move to a predetermined area, away from the building. Keep streets and walkways clear for emergency vehicles and personnel
- If requested, assist Physical Facilities.
- An emergency command post may be set up near the emergency site. Keep clear of the command post unless you have important information to report.
- DO NOT **RETURN TO AN EVACUATED BULDING** unless directed to do so by Physical Facilities.

14.1 EXPLOSION

In the event of an explosion or similar incident, Physical Facilities will arrange for the notification of Emergency Services such as Police, Fire Department and Ambulance.

- Stay calm.
- Do not panic.
- Turn off any equipment you are using, provided you are not in any immediate danger

- Immediately take cover under tables, desks and other such objects which will give protection against falling glass or debris.
- After the effects of the explosion and/or fire have subsided, leave by the nearest exit.
- Be aware of more than one escape route.
- Do not attempt to collect your personal belongings.
- Go to your meeting area.
- Do not stand near the building – move to the back of the parking lot to allow room for emergency vehicles.
- If you know someone is in the building, notify your Manager/Supervisor/Faculty Member or a member of management immediately.
- Tell them whether the person is hurt or not.
- Tell them where you last saw the person.
- Assist disabled or injured persons in evacuating the building. Elevators are only for use by the disabled during an evacuation. In case of fire, or earthquake, no one should use an elevator.
- Once outside, move away from the building. Keep streets and walkways clear for emergency vehicles and personnel.
- An emergency command post may be set up by Physical Facilities and Emergency Services. Keep clear of the command post unless you have important information to report.
- **DO NOT RETURN TO AN EVACUATED BUILDING** unless directed to do so by Physical Facilities, or Fire Wardens.

15.1 GAS LEAK

- Remain calm.
- **DO NOT SHUT OFF EQUIPMENT!**
- **DO NOT SWITCH ON LIGHTS OR ANY ELECTRICAL EQUIPMENT!**
- Notify Physical Facilities (x 199).
- Leave the immediate area of the leak.
- Pull the fire alarm in an area of the building separate from the leak.
- Evacuate the building as you would, had there been a fire.
- Proceed to meeting location for attendance.
- Stay in meeting area until instructions are provided by the fire department or Fire Wardens.

16.1 PLUMBING FAILURE/FLOODING

- Cease all use of electrical equipment.
- Ex. Walk away from your computer; do not touch it.

- Notify Physical Facilities (x199).
- If necessary, evacuate the area.

17.1 VENTILATION PROBLEM

- If smoke or odors come from the ventilation system, immediately notify Physical Facilities (x199).
- If necessary, cease all operations and vacate the area.

18.1 EARTHQUAKE/TORNADO

In case of an earthquake or tornado do the following:

During the earthquake or tornado

- Stay calm, do not panic.
- Remain indoors -- do not go outside.
- If outdoors, move quickly away from the building, utility poles, and other structures. Caution: Always avoid power or utility lines as they may be energized.
- Do not go into the underground garage.
- Go to a hallway and crouch down against an inside wall.
- Take cover under a heavy table, desk or any solid furniture and hold on.
- Avoid doorways as doors may slam shut and cause injuries.
- Stay away from windows, glass partitions, and light fixtures.
- If in an automobile, stop in the safest place available, preferably an open area away from power lines and trees. Stop as quickly as safety permits, but stay in the vehicle for the shelter it affords.
- After the initial shock, evaluate the situation and if emergency help is necessary, call Physical Facilities (x 199). Protect yourself at all times and be prepared for after-shocks.
- Damaged facilities should be reported to Physical Facilities (x 199)

***Note*:** Gas leaks and power failure create special hazards. Please refer to the section on Power Failure and Gas Leaks.

After the earthquake or tornado:

- Stay calm.
- Take a headcount to ensure all employees, students and visitors/patients are accounted for.
- Check if anyone is injured and administer first aid where necessary.
- Use the phone to report serious injuries requiring immediate medical attention.
- Do not enter damaged areas of the building.
- Do not light matches or turn on light switches until the building has been checked and deemed safe.
- When you are told to leave, walk quickly to the nearest marked exit and alter others to do the same.
- Assist disabled or injured persons in evacuating the building. Elevators are only for use by the disabled during an evacuation. In case of fire, no one should use an elevator.

- Once outside, move away from the building. Keep streets and walkways clear for emergency vehicles and personnel.
- An emergency command post may be set up by Physical Facilities and Emergency Services. Keep clear of the command post unless you have important information to report.
- **DO NOT RETURN TO AN EVACUATED BUILDING** unless directed to do so by Physical Facilities or Fire Wardens.

When there is a threat of tornado, a tornado watch will be set up. A radio will be made available, which is to be set to the weather station, for monitoring the weather.

Where there is a possibility of tornado/earthquake, the Switchboard Operator will be required to maintain a watch by listening to the radio for updates. The Switchboard Operator will notify the President and the Director Physical Facilities if there is a possibility of endangerment

19.1 CHEMICAL/HAZARDOUS SPILL

NOTE: A spill as defined by the Environmental Protection Act (Part IX) means a discharge of pollutant.

- Any spill of a chemical is to be reported immediately to the Director, Physical Facilities (x 199).
- When reporting a spill, be specific about the nature of the involved material and the location and give your name to the person you are reporting to.
- Physical Facilities will assess the spill and contact necessary specialist authorities and medical personnel if required.
- All staff and students should vacate the affected area at once.
- Anyone who may be contaminated by the spill is to avoid contact with others as much as possible, remain in the vicinity and give their names to Director, Physical Facilities. Any required first aid and clean-up should be started at once.
- If necessary or directed to do so by Director, Physical Facilities Specialist, inform other staff of the spill.
- When told to leave by the Director, Physical Facilities, walk quickly to the nearest exit and alert others to do the same.
- Assist disabled or injured persons in evacuating the building. Elevators are only for use by the disabled during an evacuation. In case of fire or earthquake, no one should use an elevator.
- Once outside, move away from the building. Keep streets and walkways clear for emergency vehicles and personnel.
- An emergency command post may be set up by Physical Facilities and Emergency Services. Keep clear of the command post unless you have important information to report.
- **DO NOT RETURN TO AN EVACUATED BUILDING** unless directed to do so by Physical Facilities or Fire Wardens.

Note: Spills, which cause adverse effects (as above), are reportable to the Ministry of Environment (MOE). For all reportable spills, Physical Facilities or the Human Resources shall be available to take part in any investigation by the MOE.

20.1 HOSTILE INTRUDER

Definition: One or more persons participate in a random or systematic action demonstrating their intent to harm others. This may include the use of weapons.

If a hostile intruder enters the building,

- Do not pull the fire alarm.
- Calmly exit the building.
- Tell anyone you see to evacuate.
- Call 911 and Switchboard "0."
- Notify the closest Management personnel.
- If you are an instructor or in charge of a class, ensure all members of the class exit the building.

If for any reason, you cannot immediately exit the building:

- Enter the nearest room or office.
- Close and lock the door if possible.
- Cover the window if possible.
- Take shelter behind a sturdy piece of furniture.
- Keep quiet and turn off all lights, audio equipment etc. to give the impression no one is in the room.
- Do not answer the door to anyone.

21.0 COMMUNICATION WITH MEDIA

The President, or Designee, will communicate/address all situations with the Media. This may be direct contact themselves, or by someone they have contacted to handle situations involving the media.

No other persons are to communicate with the media at any time.

22.0 DEBRIEFING

Senior Management will hold a debriefing meeting to discuss the outcome of all emergency evacuations.