
 Rainy River District Social Services Administration Board	<b>SECTION:</b> Land Ambulance
	<b>POLICY TITLE:</b> Mandatory and Remedial Training
<b>ORIGINAL DATE:</b> July, 2006	<b>POLICY AREA:</b> Administration
<b>REVISION DATE:</b> August, 2016	<b>POLICY NO:</b> LA – 1.9
<b>NEXT REVIEW DATE:</b> September, 2019	<b>APPROVED BY:</b> 

## Purpose

To provide Paramedic Services staff and Supervisory staff with guidelines for attendance, evaluation and documentation requirements for mandatory and remedial training.

## Policy

The Rainy River District Social Services Administration Board (RRDSSAB) ensures that all new and existing employees receive proper orientation and training with respect to all communications, patient care and specialized Paramedic Services (PS) equipment necessary in the performance of their job. All training is implemented in accordance with the:

- a) *Ambulance Act, R.S.O. 1990, c. A. 19, as amended;*
- b) *Ontario Regulation 257/00, General, as amended;*
- c) *Patient Care and Transportation Standards, as amended;*
- d) *Ambulance Service Communicable Disease Standards, as amended;*
- e) *Basic Life Support Standards (BLS), as amended;*
- f) *Advanced Life Support Standards (ALS), as amended; and*
- g) *Northwest Region Base Hospital Policies & Procedures, as amended.*

The RRDSSAB ensures that remedial training is available for employees, as identified and/or required, or in the event that an employee is absent for more than a ninety (90) day period.

## Procedure

The RRDSSAB Chief of PS or designate ensures that employees receive in-service training for any core/optional programs, new equipment and/or processes established for the provision of Land Ambulance Services.

## **Mandatory Ministry of Health & Long Term Care (MoHLTC) Training**

All mandatory training is completed within MoHLTC guidelines, as delegated by the Regional Training Coordinator (RTC).

The Deputy Chief, in consultation with the RTC, schedule staff to attend mandatory training. If a staff member is not able to attend the scheduled mandatory training, it is his/her responsibility to re-arrange for the training, within the designated time frame or criteria.

Staff who do not complete mandatory training within the MoHLTC training time-frames are administratively suspended from duty, until such training is completed.

Copies of all *Training Rosters* for all employees are placed on the *Master Training File* with a depersonalized copy of the *Training Roster* or a Human Resources (HR) memo, placed in each employees *Qualifications & Training* file.

A signed letter from the RTC may be utilized to summarize employee qualifications and certifications, provided it clearly indicates that courses have been satisfactorily completed.

Training is recorded on the *Human Resources Inventory (HRI)* by the Chief of PS or designate.

## **Absences Equal to or More Than 90 Days**

Each employee participates in a training and orientation program, including a patient care equipment evaluation, upon his/her return to work. The Deputy Chief ensures that all programs are current and that the Basic Life Support (BLS) care is provided to the *BLS Standards*.

Documentation of evaluation, training and orientation is placed in the employee's *Qualifications & Training* file.

## **Remedial Training:**

Remedial Training is provided to any employee identified as being deficient by a Base Hospital Medical Director, the Chief of PS, the Deputy Chief or designate. The Medical Director notifies the RRDSSAB Chief of PS or designate of any employee who is deactivated and/or decertified.

The Chief of PS and Deputy Chief(s) utilize any one, or a combination, of the following to identify patient care or operational deficiencies:

*Prospective:*

- primary education of field provider;
- continuing medical education;
- periodic skill evaluation; and
- preceptorship.

*Concurrent:*

- on-line Base Hospital control;
- on-line CACC monitoring;
- Physician ride-outs;
- Clinical Co-ordinator ride-outs; and
- supervisory ride-outs.

*Retrospective:*

- debriefings;
- critiques;
- chart reviews; and
- formal chart reviews.

Remedial Training Programs are developed on a case by case basis, addressing the immediate concerns noted by the Deputy Chief(s), in consultation with the Chief of PS.

Remedial training may consist of one or more of the following:

- practical examination;
- written examination;
- review of Policy or Procedures;
- review of Basic Life Support Standards (BLS);
- review of Advanced Life Support Standards (ALS); and
- review of Ambulance Call Report (ACR) Completion Standards & Documentation Standards.

Documentation of remedial training is placed in the employee's *Qualification & Training* file.