



NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES
ACCREDITATION PROGRAM

Accreditation Standards

Human Resources

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INTRODUCTION

The management of human resources encompasses the policies, procedures and systems that influence the behavior and performance of staff. Since the quality of care and services provided by the facility are greatly affected by the quality of the staff, non-hospital facilities must have an effective strategy to ensure that qualified and competent staff are recruited and retained, and that their staff are motivated and engaged in the work that they perform. This ensures that the needs and requirements of the medical, surgical, dental and anesthesia services provided, and the patient population served are effectively met.

HR1.0 HUMAN RESOURCES

HR1.1	There is a planning process to determine the level of staff and skill mix required to meet the needs of the medical, surgical, dental and/or anesthesia services carried out in the facility.
HR1.1.1	B The human resources plan identifies staffing numbers and required competencies to meet the current and future needs of the facility. <i>Guidance: The human resources planning process should involve key personnel who are knowledgeable about advances in medical, surgical, dental and anesthesia service delivery and technology and who are able to determine the required competencies of personnel.</i>
HR1.1.2	B The human resources plan includes protecting the health and safety of staff as a key priority. <i>Guidance: Protecting the health and safety of staff includes protection from occupational hazards, workload monitoring, stress management and health promotion.</i>
HR1.1.3	B The human resources plan is monitored and revised as necessary.
HR1.1.4	M The facility selects and recruits staff based on qualifications and experience (e.g. certification, academic preparation, knowledge, skills and reference checks). <i>Guidance: The facility job descriptions are congruent with the qualifications and competency requirements for physicians, anesthesiologists, dentists and oral maxillofacial surgeons, podiatric surgeons, perioperative nurses, post-anesthesia care nurses, medical device reprocessing staff, diagnostic imaging technicians and all other staff as outlined in the NHMSFAP Human Resources standard.</i>

HR1.1.5	M	<p>There is a job description for the medical director that reflects their required qualifications and experience, responsibilities, authorities and tasks.</p> <p><i>Guidance: Medical directors must reside in British Columbia, be licensed and in good standing with the College of Physicians and Surgeons of BC, possess medical leadership experience and have formal education in health administration (e.g. MHA) and/or leadership or the equivalent in experience (e.g. previous leadership roles, chief of staff). The medical director is responsible for the facility's overall safety and performance and this is a key accountability in the medical director's job description.</i></p>
HR1.1.6	M	<p>There is a job description for physicians that reflects their required qualifications and experience, responsibilities, authorities and tasks.</p> <p><i>Guidance: The job descriptions of medical staff (i.e. physicians, dentists, oral maxillofacial surgeons and podiatric surgeons) should clarify the role and responsibilities of the medical staff member (i.e. pre-admission evaluation, continuity of care, department head). For physicians, the job description also refers to the BCMQI provincial privileging dictionary for required credentials.</i></p>
HR1.1.7	M	<p>There is a job description for anesthesiologists that reflects their required qualifications and experience, responsibilities, authorities and tasks.</p> <p><i>Guidance: The job descriptions of medical staff (i.e. physicians, dentists, oral maxillofacial surgeons and podiatric surgeons) should clarify the role and responsibilities of the medical staff member (i.e. pre-admission anesthesia consultation, continuity of care, department head). For physicians, the job description also refers to the BCMQI provincial privileging dictionary for required credentials.</i></p>
HR1.1.8	M	<p>There is a job description for dentists and oral maxillofacial surgeons that reflects their required qualifications and experience, responsibilities, authorities and tasks.</p> <p><i>Guidance: The job descriptions of medical staff (i.e. physicians, dentists, oral maxillofacial surgeons and podiatric surgeons) should clarify the role and responsibilities of the medical staff member (i.e. pre-admission evaluation, continuity of care, department head).</i></p>
HR1.1.9	M	<p>There is a job description for podiatric surgeons that reflects their required qualifications and experience, responsibilities, authorities and tasks.</p> <p><i>Guidance: The job descriptions of medical staff (i.e. physicians, dentists, oral maxillofacial surgeons and podiatric surgeons) should clarify the role and responsibilities of the medical staff member (i.e. pre-admission evaluation, continuity of care, department head).</i></p>
HR1.1.10	M	<p>There is a job description for pre-admission and admission care nurses that reflects their required qualifications and experience, responsibilities, authorities and tasks.</p> <p><i>Guidance: The job descriptions are congruent with the activities they are educated and authorized to perform as established through the legislated definition of their practice (i.e. employer policies may not broaden their scope of practice). The medical director is responsible for ensuring all staff are appropriately trained, qualified and competent to carry out their specific roles and responsibilities.</i></p>

HR1.1.11	M	There is a job description for operating room nurses that reflects their required qualifications and experience, responsibilities, authorities and tasks. <i>Guidance: The job descriptions are congruent with the activities they are educated and authorized to perform as established through the legislated definition of their practice (i.e. employer policies may not broaden their scope of practice). The medical director is responsible for ensuring all staff are appropriately trained, qualified and competent to carry out their specific roles and responsibilities.</i>
HR1.1.12	M	There is a job description for procedure room nurses that reflects their required qualifications and experience, responsibilities, authorities and tasks. <i>Guidance: The job descriptions are congruent with the activities they are educated and authorized to perform as established through the legislated definition of their practice (i.e. employer policies may not broaden their scope of practice). The medical director is responsible for ensuring all staff are appropriately trained, qualified and competent to carry out their specific roles and responsibilities.</i>
HR1.1.13	M	There is a job description for post anesthesia care nurses that reflects their required qualifications and experience, responsibilities, authorities and tasks. <i>Guidance: The job descriptions are congruent with the activities they are educated and authorized to perform as established through the legislated definition of their practice (i.e. employer policies may not broaden their scope of practice). The medical director is responsible for ensuring all staff are appropriately trained, qualified and competent to carry out their specific roles and responsibilities.</i>
HR1.1.14	M	There is a job description for medical device reprocessing technicians that reflects their required qualifications and experience, responsibilities, authorities and tasks. <i>Guidance: The job descriptions are congruent with the activities they are educated and authorized to perform. The medical director is responsible for ensuring all staff are appropriately trained, qualified and competent to carry out their specific roles and responsibilities.</i>
HR1.1.15	M	There is a job description for all leadership and management positions that reflects their required qualifications and experience, responsibilities, authorities and tasks. <i>Guidance: Job descriptions are in place for leadership and management positions (i.e. nurse manager, department head (i.e. anesthesia), medical device reprocessing supervisor).</i>
HR1.1.16	M	There is a job description for all administrative and support services positions that reflects their required qualifications and experience, responsibilities, authorities and tasks. <i>Guidance: Job descriptions are in place for administrative and all other staff. Administrative and support services positions may include booking clerks, administrative assistants, laser assistants, diagnostic imaging technicians, supply management, housekeeping.</i>
HR1.1.17	M	Job descriptions are reviewed annually and updated as appropriate. <i>Guidance: The medical director reviews the job descriptions annually and ensures they are updated as appropriate to reflect current standards and practice and/or changing performance requirements, duties or qualifications.</i>

HR1.2	Non-hospital facility services are provided by qualified and competent physicians. <i>Guidance: All physicians granted privileges by the medical director must meet the qualifications and competency requirements outlined in this standard.</i>
HR1.2.1	M Each physician with privileges at the facility holds current licensure with the College of Physicians and Surgeons of British Columbia. <i>Guidance: Physician licensure is confirmed annually through the College of Physicians and Surgeons of British Columbia website and/or by contacting the College directly for relevant licence information. Confirmation of the physician's annual licensure is obtained and maintained in the individual's human resource file.</i>
HR1.2.2	M Each physician is in good standing with the College of Physicians and Surgeons of British Columbia. <i>Guidance: The Certificate of Professional Conduct from the College of Physicians and Surgeons of BC at time of initial appointment is maintained in the individual's human resource file.</i>
HR1.2.3	M An initial application for privileges is on file for each physician. <i>Guidance: A physician may apply to the medical director for a medical staff appointment to the non-hospital facility for a period of up to one year. The application states the procedures they wish to perform, their qualifications and evidence of current experience in practice relevant to the procedure(s) being requested and such applications are made on a form approved by the registrar (i.e. NHMSFAP form: Application for Medical Staff Appointment). The individual's human resources file should also include a copy of the NHMSFAP's letter verifying that there are no limits or conditions on the physician's licence that would preclude the granting of the privileges requested.</i>
HR1.2.4	M Each physician providing medical or surgical services at the facility has the requisite credentials for privileges as outlined in the Provincial Privileging Dictionaries. <i>Guidance: The procedures that the physician requests privileges to perform are considered core and non-core depending on the specialty service (e.g. orthopedics, plastic surgery). Non-core privileges may require further training, experience and demonstrated skill. Refer to http://bcmqi.ca/credentialing-privileging/dictionaries/view-dictionaries. The physician may only perform those procedures which are permitted within the facility and for which the physician is privileged to perform at the non-hospital facility in accordance with the standards, rules, policies, guidelines respecting qualifications necessary for the appointment of a physician as established by the NHMSFAP Committee.</i>
HR1.2.5	M Each physician holds current basic life support certification. <i>Guidance: Every non-anesthesiologist physician, with the exception of surgical assists, holds current basic life support certification for health-care professionals (health-care provider or equivalent level (i.e. BLS – Provider). The medical director is responsible for ensuring medical staff are current for emergency training prior to working in a non-hospital facility. BLS courses must include an in-person/hands-on component and be renewed every two years. Medical directors must ensure that providers of emergency training courses meet acceptable theory and in-person/hands-on components. When there is a nationally or internationally recognized body, e.g. Heart and Stroke Foundation of Canada (HSFC) that publishes guidelines the medical director must ensure third party course providers instruct in accordance to those guidelines. Copies of BLS certification for all medical staff are maintained in the individual's human resource file.</i>

HR1.2.6	B	Each surgical assist holds current basic life support certification. <i>Guidance: Physicians performing surgical assist only are not required to hold current BLS, although it is recommended they do.</i>
HR1.2.7	M	The currency and professional performance of each physician is evaluated annually through performance review and renewal of appointment processes. <i>Guidance: An "Annual Re-Application for Privileges" form is on file for each physician. Renewal credentialing and privileging procedures include comparing the clinical privileges requested with the competency and currency requirements as outlined in the provincial privileging dictionaries (http://bcmqi.ca/credentialing-privileging/dictionaries/view-dictionaries). Currency of emergency training (i.e. BLS, ACLS) is also reviewed during renewal of appointment processes to plan for and complete re-certification before expiration of the current certificate. Performance review is a process that should include a self-assessment to performance based upon professional standards and guidelines, seeking feedback (i.e. colleagues, staff, patients), reflecting on the self-assessment and feedback then planning and documenting professional development goals (i.e. a professional development plan) and tracking progress in achieving these goals. For solo physician non-hospital facilities, annual performance review from a health authority facility would be an appropriate substitute for an annual review. This must be documented and kept on file at the facility and along with the documents for renewal of appointment which will be reviewed at time of accreditation. For multi-physician non-hospital facilities, the medical director ensures that all physicians working in the non-hospital facility participate in annual performance review and renewal of appointment processes.</i>
HR1.3		Non-hospital facility services are provided by qualified and competent anesthesiologists. <i>Guidance: All anesthesiologists granted privileges by the medical director must be FRCPC anesthesiologists and meet the qualifications and competency requirements outlined in this standard.</i>
HR1.3.1	M	Each anesthesiologist with privileges at the facility holds current licensure with the College of Physicians and Surgeons of British Columbia. <i>Guidance: Physician licensure is confirmed annually through the College of Physicians and Surgeons of British Columbia website and/or by contacting the College directly for relevant licence information. Confirmation of the physician's annual licensure is obtained and filed in the individual's human resource file.</i>
HR1.3.2	M	Each anesthesiologist is in good standing with the College of Physicians and Surgeons of British Columbia. <i>Guidance: The Certificate of Professional Conduct from the College of Physicians and Surgeons of BC at time of initial appointment is maintained in the individual's human resource file.</i>
HR1.3.3	M	An initial application for privileges is on file for each anesthesiologist. <i>Guidance: An anesthesiologist may apply to the medical director for a medical staff appointment to the non-hospital facility for a period of up to one year. The application states the anesthesia procedures they wish to perform, their qualifications and evidence of current experience in practice relevant to the anesthesia procedure(s)/service(s) being requested and such applications are made on a form approved by the registrar (i.e. NHMSFAP form: Application for Medical Staff Appointment). The individual's human resources file should also include a copy of the NHMSFAP's letter verifying that there are no limits or conditions on the anesthesiologist's licence that would preclude the granting of the privileges requested.</i>

HR1.3.4	<p>M Anesthesiologists providing anesthesia services at the facility have the requisite credentials for privileges as outlined in the Provincial Privileging Dictionaries.</p> <p><i>Guidance: The anesthesiology services that the anesthesiologist requests privileges to perform may be core and non-core in accordance with the Provincial Privileging Dictionary. Non-core privileges may require further training, experience and demonstrated skill. Refer to http://bcmqj.ca/credentialing-privileging/dictionaries/view-dictionaries. The anesthesiologist may only perform those anesthesia procedures/services which are permitted within the facility and for which the anesthesiologist is privileged to perform at the non-hospital facility in accordance with the standards, rules, policies, guidelines respecting qualifications necessary for the appointment of an anesthesiologist as established by the NHMSFAP Committee.</i></p>
HR1.3.5	<p>M Anesthesiologists that have not practiced anesthesia in the hospital setting within the previous three years hold current ACLS training.</p> <p><i>Guidance: Anesthesiologists that hold hospital privileges in the practice of anesthesia or that held hospital privileges in the practice of anesthesia within the last three years are not required to hold current advanced cardiac life support (ACLS) training. The medical director is responsible for ensuring medical staff are current for emergency training prior to working in a non-hospital facility. ACLS courses must include an in person/hand-on component and be renewed every two years. Medical directors must ensure that providers of emergency training courses meet acceptable theory and in-person/hands-on components. When there is a nationally or internationally recognized body, e.g. Heart and Stroke Foundation of Canada (HSFC) that publishes guidelines the medical director must ensure third party course providers instruct in accordance to those guidelines. Copies of ACLS certification are maintained in the individual's human resource file.</i></p>
HR1.3.6	<p>M Anesthesiologists that have not practiced anesthesia in the hospital setting within the previous three years have completed a difficult airway management course.</p> <p><i>Guidance: Anesthesiologists that hold hospital privileges in the practice of anesthesia or that held hospital privileges in the practice of anesthesia within the last three years are not required to have completed a difficult airway management course. The medical director is responsible for ensuring medical staff are current for emergency training prior to working in a non-hospital facility. The course content must include both theory and in-person/hands-on components which meet necessary skills and competencies for the non-hospital setting and is renewed every three years. Medical directors must ensure that providers of emergency training courses meet acceptable theory and in-person/hands-on components. When there is a nationally or internationally recognized body, e.g. Heart and Stroke Foundation of Canada (HSFC) that publishes guidelines the medical director must ensure third party course providers instruct in accordance to those guidelines. Copies of difficult airway management course completion are maintained in the individual's human resource file.</i></p>

HR1.3.7	<p>M The currency and professional performance of each anesthesiologist is evaluated annually through performance review and renewal of appointment processes.</p> <p><i>Guidance: An 'Annual Re-Application for Privileges' form is on file for each anesthesiologist. Renewal credentialing and privileging procedures include comparing the clinical privileges requested with the competency and currency requirements as outlined in the provincial privileging dictionaries (http://bcmqi.ca/credentialing-privileging/dictionaries/view-dictionaries). Currency of emergency training courses (i.e. BLS Provider, ACLS) is also reviewed during renewal of appointment processes to plan for and complete re-certification before expiration of the current certificate. Performance review is a process that should include a self-assessment to performance based upon professional standards and guidelines, seeking feedback (i.e. colleagues, staff, patients), reflecting on the self-assessment and feedback then planning and documenting professional development goals (i.e. a professional development plan) and tracking progress in achieving these goals. For solo physician non-hospital facilities, annual performance review from a health authority facility would be an appropriate substitute for an annual review. This must be documented and kept on file at the facility and along with the documents for renewal of appointment which will be reviewed at time of accreditation. For multi-physician non-hospital facilities, the medical director ensures that all physicians working in the non-hospital facility participate in annual performance review and renewal of appointment processes.</i></p>
HR1.4	<p>Non-hospital facility services are provided by qualified and competent dentists and oral maxillofacial surgeons.</p> <p><i>Guidance: All dentists and oral maxillofacial surgeons granted privileges by the medical director must meet the qualifications and competency requirements outlined in this standard.</i></p>
HR1.4.1	<p>M Each dentist and oral maxillofacial surgeon with privileges at the facility holds current licensure from the College of Dental Surgeons of British Columbia.</p> <p><i>Guidance: Dentist and oral maxillofacial surgeon licensure is confirmed annually through the College of Dental Surgeons of British Columbia website and/or by contacting the College directly for relevant licence information. Confirmation of the dentist's or oral maxillofacial surgeon's annual licensure is obtained and filed in the individual's human resource file.</i></p>
HR1.4.2	<p>M Each dentist and oral maxillofacial surgeon are in good standing with the College of Dental Surgeons of British Columbia.</p> <p><i>Guidance: Only a dentist or oral maxillofacial surgeon in good standing may be appointed to the medical staff of a non-hospital facility. The certificate/letter of standing at time of initial appointment is maintained in the individual's human resource file along with their initial application for privileges.</i></p>
HR1.4.3	<p>M An initial application for privileges is on file for each dentist and oral maxillofacial surgeon.</p> <p><i>Guidance: A dentist or oral maxillofacial surgeon may apply to the medical director for a medical staff appointment to the non-hospital facility for a period of up to one year. The application states the procedures they wish to perform, their qualifications and evidence of current experience in practice relevant to the procedure(s) being requested and such applications are made on a form approved by the registrar (i.e. NHMSFAP form: Application for Medical Staff Appointment). The individual's human resources file should also include a copy of the NHMSFAP Committee's letter verifying the dentist or oral maxillofacial surgeon is current for practice for the privileges requested.</i></p>

HR1.4.4	M	Dentists and oral maxillofacial surgeons providing medical/surgical services at the facility have the requisite credentials for privileges. <i>Guidance: The procedures that the dentist or oral maxillofacial surgeon requests privileges to perform are reviewed by the medical director to ensure that the applicant possesses the necessary training, experience, currency and demonstrated skill. The dentist or oral maxillofacial surgeon may only perform those procedures which are permitted within the facility and for which the dentist or oral maxillofacial surgeon is privileged to perform at the non-hospital facility in accordance with the standards, rules, policies, guidelines respecting qualifications necessary for the appointment of a dentist or oral maxillofacial surgeon as established by the NHMSFAP Committee.</i>
HR1.4.5	M	Dentists and oral maxillofacial surgeons hold current basic life support certification. <i>Guidance: Every dentist and oral maxillofacial surgeon holds current basic life support certification for health-care professionals (health-care provider or equivalent level (i.e. BLS – Provider)). The medical director is responsible for ensuring medical staff are current for emergency training prior to working in a non-hospital facility. BLS courses must include an in-person/hands-on component and be renewed every two years. Medical directors must ensure that providers of emergency training courses meet acceptable theory and in-person/hands-on components. When there is a nationally- or internationally-recognized body (e.g. Heart and Stroke Foundation of Canada) that publishes guidelines, the medical director must ensure third-party course providers instruct in accordance to those guidelines. Copies of BLS certification for all medical staff are maintained in the individual’s human resource file.</i>
HR1.4.7	M	The currency and professional performance of each dentist and oral maxillofacial surgeon is evaluated annually through performance review and renewal of appointment processes. <i>Guidance: An “Annual Re-Application for Privileges” form is on file for each dentist and maxillofacial surgeon. Renewal credentialing and privileging procedures ensure that the applicant possesses the necessary training, experience, currency and demonstrated skill. Currency of specialized skills (i.e. BLS – Provider, PALS) is also reviewed during renewal of appointment processes to plan for and complete re-certification before expiration of the current certificate. The medical director ensures that all dentists and oral maxillofacial surgeons participate in annual performance review and renewal of appointment processes.</i>
HR1.5		Non-hospital facility services are provided by qualified and competent podiatric surgeons. <i>Guidance: All podiatric surgeons granted privileges by the medical director must meet the qualifications and competency requirements outlined in this standard.</i>
HR1.5.1	M	The medical director confirms podiatric surgeon licensure from the College of Podiatric Surgeons of British Columbia annually. <i>Guidance: Podiatric surgeon licensure is confirmed annually through the College of Podiatric Surgeons of British Columbia website and/or by contacting the College directly for relevant licence information. Confirmation of the podiatric surgeon’s annual licensure is obtained and filed in the individual’s human resource file.</i>
HR1.5.2	M	The medical director confirms that the podiatric surgeon is in good standing with the College of Podiatric Surgeons of British Columbia. <i>Guidance: Only a podiatric surgeon in good standing may be appointed to the medical staff of a non-hospital facility. The Certificate/Letter of Standing at time of initial appointment is maintained in the individual’s human resource file with the podiatric surgeon’s initial application for privileges.</i>

HR1.5.3	<p>M An initial application for privileges is on file for each podiatric surgeon.</p> <p><i>Guidance: A podiatric surgeon may apply to the medical director for a medical staff appointment to the non-hospital facility for a period of up to one year. The application states the procedures they wish to perform, their qualifications and evidence of current experience in practice relevant to the procedure(s) being requested and such applications are made on a form approved by the registrar (i.e. NHMSFAP form: Application for Medical Staff Appointment). The individual's human resources file should also include a copy of the NHMSFAP Committee's letter verifying the podiatric surgeon is current for practice for the privileges requested.</i></p>
HR1.5.4	<p>M Podiatric surgeons providing services at the facility have the requisite credentials for privileges.</p> <p><i>Guidance: The procedures that the podiatric surgeon requests privileges to perform are reviewed by the medical director to ensure that the applicant possesses the necessary surgical training, experience, currency and demonstrated skill. The podiatric surgeon may only perform those procedures which are permitted within the facility and for which the podiatric surgeon is privileged to perform at the non-hospital facility in accordance with the standards, rules, policies, guidelines respecting qualifications necessary for the appointment of a podiatric surgeon as established by the NHMSFAP Committee.</i></p>
HR1.5.5	<p>M Podiatric surgeons hold current basic life support certification.</p> <p><i>Guidance: Every podiatric surgeon holds current basic life support (BLS) certification for health-care professionals (health-care provider or equivalent level (i.e. BLS – Provider)). The medical director is responsible for ensuring medical staff are current for emergency training prior to working in a non-hospital facility. BLS courses must include an in-person/hands-on component and be renewed every two years. Medical directors must ensure that providers of emergency training courses meet acceptable theory and in-person/hands-on components. When there is a nationally- or internationally-recognized body (e.g. Heart and Stroke Foundation of Canada) that publishes guidelines, the medical director must ensure third-party course providers instruct in accordance to those guidelines. Copies of BLS certification for all medical staff are maintained in the individual's human resource file.</i></p>
HR1.5.6	<p>M The currency and professional performance of each podiatric surgeon is evaluated annually through performance review and renewal of appointment processes.</p> <p><i>Guidance: An "Annual Re-Application for Privileges" form is on file for each podiatric surgeon. Renewal credentialing and privileging procedures ensure that the applicant possesses the necessary training, experience, currency and demonstrated skill. Currency of specialized skills (i.e. BLS Provider) is also reviewed during renewal of appointment processes to plan for and complete re-certification before expiration of the current certificate. The medical director ensures that all podiatric surgeons participate in annual performance review and renewal of appointment processes.</i></p>
HR1.6	<p>Nursing staff in the pre-admission screening and admission area are qualified and competent.</p> <p><i>Guidance: All nursing staff in the pre-admission screening and admission area must meet the qualifications and competency requirements outlined in this standard.</i></p>
HR1.6.1	<p>M Each pre-admission screening and admission nurse holds current practicing registration with the British Columbia College of Nursing Professionals.</p> <p><i>Guidance: Registered nurse (RN) and licensed practical nurse (LPN) registration is confirmed annually through the British Columbia College of Nursing Professionals website. Confirmation of the nurse's annual registration is filed in the individual's human resource file.</i></p>

HR1.6.2	<p>M Each nurse holds current basic life support certification.</p> <p><i>Guidance: Every nurse holds current basic life support certification (BLS) for health-care professionals (health-care provider or equivalent level (i.e. BLS – Provider)). The medical director is responsible for ensuring medical staff are current for emergency training prior to working in a non-hospital facility. BLS courses must include an in-person/hands-on component and be renewed every two years. Medical directors must ensure that providers of emergency training courses meet acceptable theory and in-person/hands-on components. When there is a nationally- or internationally-recognized body (e.g. Heart and Stroke Foundation of Canada) that publishes guidelines, the medical director must ensure third-party course providers instruct in accordance to those guidelines. Copies of BLS certification for all perioperative nurses are maintained in the individual’s human resource file.</i></p>
HR1.6.3	<p>M Each pre-admission screening and admission-registered nurse has completed a post-secondary educational institution perioperative, peri-anesthesia or critical care nursing program, or has the equivalent in education and experience.</p> <p><i>Guidance: Evidence of completion of a post-secondary educational institution program or the equivalent in education and experience (i.e. resume, certificate, work experience) is maintained in the individual’s human resource file. Pre-admission screening may also be conducted by a physician (i.e. medical director, anesthesiologist) to ensure the patient is appropriate for the non-hospital setting.</i></p>
HR1.6.4	<p>M Each admission-licensed practical nurse (LPN) has appropriate training and experience.</p> <p><i>Guidance: LPNs working in the admission area in a non-hospital facility may only provide care to patients in a team-nursing approach with a registered nurse who is available at the point of care. The medical director is responsible for determining whether the nurse possesses the required competencies required of their role. Documentation of the medical director’s decision-making regarding the LPN’s competence to perform the activities required of them to provide admission area care is on file in the individual’s human resource file.</i></p>
HR1.7	<p>Nursing staff in the operating room are qualified and competent.</p> <p><i>Guidance: All nursing staff in the operating room must meet the qualifications and competency requirements outlined in this standard. The operating room may not be staffed with an operating room technician (ORTs), also known as “scrub technician.” Note: Laser operators (assistants/technicians) are not ORTs.</i></p>
HR1.7.1	<p>M Each nurse holds current practicing registration with the British Columbia College of Nursing Professionals.</p> <p><i>Guidance: Registered nurse (RN) and licensed practical nurse (LPN) registration is confirmed annually through the British Columbia College of Nursing Professionals website. A copy of/confirmation of the nurse’s annual registration is filed in the individual’s human resource file.</i></p>
HR1.7.2	<p>M Each nurse holds current basic life support (BLS) certification.</p> <p><i>Guidance: Every perioperative nurse (RN, LPN) holds current BLS certification for health-care professionals (health-care provider or equivalent level (i.e. BLS – Provider)). The medical director is responsible for ensuring medical staff are current for emergency training prior to working in a non-hospital facility. BLS courses must include an in-person/hands-on component and be renewed every two years. Medical directors must ensure that providers of emergency training courses meet acceptable theory and in-person/hands-on components. When there is a nationally- or internationally-recognized body (e.g. Heart and Stroke Foundation of Canada) that publishes guidelines, the medical director must ensure third-party course providers instruct in accordance to those guidelines. Copies of BLS certification for all perioperative nurses are maintained in the individual’s human resource file.</i></p>

HR1.7.3	<p>M Each registered nurse has completed a post-secondary educational institution perioperative nursing program or has the equivalent in education and experience.</p> <p><i>Guidance: All registered nurses in the operating room hold Canadian Nurses Association (CNA) perioperative certification, have completed a post-secondary educational institution perioperative nursing program (e.g. British Columbia Institute of Technology Perioperative Nursing Specialty), have completed a health authority perioperative education program (e.g. Vancouver Coastal Health's Regional Perioperative Education Program), and/or have perioperative nursing experience in the hospital setting. In-house perioperative nursing specialty training by a non-hospital facility is not considered the equivalent in education and experience. Evidence of completion of a post-secondary educational institution program or the equivalent in education and experience (i.e. resume, certificate, work experience) is maintained in the individual's human resource file.</i></p>
HR1.7.4	<p>M Each licensed practical nurse (LPN) has completed a perioperative nursing program.</p> <p><i>Guidance: All LPNs in the operating room have completed a perioperative nursing program from a post-secondary educational institution (e.g. MacEwan University Perioperative Nursing for Licensed Practical Nurses, Saskatchewan Polytechnic). The LPN perioperative training program must include both theory and hands-on/practical experience. In-house perioperative nursing specialty training by a hospital or a non-hospital facility is not considered the equivalent in education and experience. The scope of practice of a perioperative-trained LPN is limited to the scrub role only in non-hospital facilities. Perioperative LPNs may not relieve the circulating RN for coffee, lunch or other duties. Perioperative LPNs may only circulate as a second circulator in addition to a first circulator RN who is also present in the operating room. Evidence of completion of a post-secondary educational institution program (i.e. resume, certificate) is maintained in the individual's human resource file.</i></p>
HR1.8	<p>Nursing staff in the procedure room are qualified and competent.</p> <p><i>Guidance: All nursing staff in the procedure room must meet the qualifications and competency requirements outlined in this standard. The procedure room may not be staffed with an operating room technician (ORT), also known as "scrub technician." Note: Laser operators (assistants/technicians) are not ORTs. Endoscopy procedures, in vitro fertilization procedures, Mohs micrographic surgery, endovascular ablation procedures, termination of pregnancy procedures, and refractive laser eye procedures are procedures commonly performed in a "procedure" room.</i></p>
HR1.8.1	<p>M Each nurse holds current practising registration with the British Columbia College of Nursing Professionals.</p> <p><i>Guidance: Registered nurse (RN) and licensed practical nurse (LPN) registration is confirmed annually through the British Columbia College of Nursing Professionals website. Confirmation of the nurse's annual registration is in the individual's human resource file.</i></p>
HR1.8.2	<p>M Each nurse holds current basic life support (BLS) certification.</p> <p><i>Guidance: Every procedure room nurse (RN, LPN) holds current BLS certification for health-care professionals (health-care provider or equivalent level (i.e. BLS – Provider)). The medical director is responsible for ensuring medical staff are current for emergency training prior to working in a non-hospital facility. BLS courses must include an in-person/hands-on component and be renewed every two years. Medical directors must ensure that providers of emergency training courses meet acceptable theory and in-person/hands-on components. When there is a nationally- or internationally-recognized body (e.g. Heart and Stroke Foundation of Canada) that publishes guidelines, the medical director must ensure third-party course providers instruct in accordance to those guidelines. Copies of BLS certification for all perioperative nurses are maintained in the individual's human resource file.</i></p>

HR1.8.3	M	Each nurse has related education and clinical experience in the procedures being performed. <i>Guidance: The medical director is responsible for determining whether the nurse possesses the competencies required for their role in the procedure room. The medical director's decision-making regarding the nurse's competence to perform the activities required of them in the procedure room is documented and maintained in the individual's human resource file. Evidence of related formal education or certification, as appropriate to the services provided, is recommended (i.e. American Society for Reproductive Medicine Nurse Certificate Course in Reproductive Endocrinology and Infertility or the Canadian equivalent, Canadian Nurses Association Certification in Gastroenterology).</i>
HR1.9		Staff in the refractive laser eye procedure room are qualified and competent. <i>Guidance: All staff in the refractive laser eye procedure room must meet the qualifications and competency requirements outlined in this standard.</i>
HR1.9.1	M	Each refractive laser eye procedure assistant has related education and clinical experience in the procedures being performed. <i>Guidance: The medical director is responsible for determining whether the laser operator (assistant) possesses the competencies required for their role in the refractive laser eye procedure room. The medical director's decision-making regarding the assistant's competence to perform the activities required of them in the procedure room is documented and maintained in the individual's human resource file. The human resource file for the laser operator (assistant) also includes a copy of their laser operator education and training.</i>
HR1.9.2	M	Each refractive laser eye procedure assistant holds current basic life support certification. <i>Guidance: Every refractive laser eye procedure assistant holds current basic life support certification for health-care professionals (health-care provider or equivalent level (i.e. BLS – Provider). The medical director is responsible for ensuring medical staff are current for emergency training prior to working in a non-hospital facility. BLS courses must include an in person/hands-on component and be renewed every two years. Medical directors must ensure that providers of emergency training courses meet acceptable theory and in-person/hands-on components. When there is a nationally or internationally recognized body, e.g. Heart and Stroke Foundation of Canada (HSFC) that publishes guidelines the medical director must ensure third party course providers instruct in accordance to those guidelines. Copies of BLS certification for all staff are maintained in the individual's human resource file.</i>
HR1.10		Nursing staff in the post-anesthesia care area are qualified and competent. <i>Guidance: All nursing staff in the post-anesthesia care area must meet the qualifications and competency requirements outlined in this standard.</i>
HR1.10.1	M	Each nurse holds current practicing registration with the British Columbia College of Nursing Professionals. <i>Guidance: Registered nurse (RN) registration is confirmed annually through the British Columbia College of Nursing Professionals website. Confirmation of the nurse's annual registration is filed in the individual's human resource file.</i>

HR1.10.2	<p>M Each nurse holds current basic life support certification.</p> <p><i>Guidance: Every nurse holds current basic life support certification for health-care professionals (health-care provider or equivalent level (i.e. BLS – Provider). The medical director is responsible for ensuring medical staff are current for emergency training prior to working in a non-hospital facility. BLS courses must include an in person/hands-on component and be renewed every two years. Medical directors must ensure that providers of emergency training courses meet acceptable theory and in-person/hands-on components. When there is a nationally or internationally recognized body, e.g. Heart and Stroke Foundation of Canada (HSFC) that publishes guidelines the medical director must ensure third party course providers instruct in accordance to those guidelines. Copies of BLS certification for all perioperative nurses are maintained in the individual’s human resource file.</i></p>
HR1.10.3	<p>M Each registered nurse has completed a post-secondary educational institution post-anesthesia care or critical care nursing program or has the equivalent in education and experience.</p> <p><i>Guidance: All registered nurses in the post-anesthesia care area hold Canadian Nurses Association (CNA) peri-anesthesia certification or critical care certification, have completed a post-secondary educational institution peri-anesthesia nursing or critical care nursing program (i.e. British Columbia Institute of Technology), have completed a health authority peri-anesthesia or critical care education program and/or have post-anesthesia and/or critical care experience in the hospital setting. In-house peri-anesthesia nursing care training by a non-hospital facility is not considered the equivalent in education and experience. Evidence of completion of a post-secondary educational institution program or the equivalent in education and experience (i.e. resume, certificate, work experience) is maintained in the individual’s human resource file.</i></p>
HR1.11	<p>Nursing staff in the extended observation/overnight staff area are qualified and competent.</p> <p><i>Guidance: All nursing staff in the extended observation/overnight stay area must meet the qualifications and competency requirements outlined in this standard.</i></p>
HR1.11.1	<p>M Each nurse holds current basic life support certification.</p> <p><i>Guidance: Every nurse holds current basic life support certification for health-care professionals (health-care provider or equivalent level (i.e. BLS – Provider). The medical director is responsible for ensuring medical staff are current for emergency training prior to working in a non-hospital facility. BLS courses must include an in person/hands-on component and be renewed every two years. Medical directors must ensure that providers of emergency training courses meet acceptable theory and in-person/hands-on components. When there is a nationally or internationally recognized body, e.g. Heart and Stroke Foundation of Canada (HSFC) that publishes guidelines the medical director must ensure third party course providers instruct in accordance to those guidelines. Copies of BLS certification for all perioperative nurses are maintained in the individual’s human resource file.</i></p>
HR1.11.2	<p>M Each registered nurse has completed a post-secondary educational institution post-anesthesia care or critical care nursing program, has the equivalent in education and experience or has current acute surgical ward experience.</p> <p><i>Guidance: Nurses present in the extended observation/overnight stay area are appropriately qualified for the level of care being provided. All registered nurses in the extended observation/overnight stay area hold Canadian Nurses Association (CNA) peri-anesthesia certification or critical care certification, have completed a post-secondary educational institution peri-anesthesia nursing or critical care nursing program (i.e. British Columbia Institute of Technology), have completed a health authority peri-anesthesia or critical care education program, have post-anesthesia care or critical care experience in the hospital setting and/or have current acute surgical ward experience.</i></p>

HR1.11.3	<p>M Each licensed practical nurse has acute surgical ward experience.</p> <p><i>Guidance: Extended observation and/or overnight stay is considered a post-anesthesia “level of care”. Overnight stay level of care is considered equivalent to the level of care provided on a medical/surgical unit. LPNs working in the post-anesthesia care area in a non-hospital facility may only provide care to patients that have met extended observation/overnight stay level of care criteria. LPNs work in a team nursing approach with a registered nurse who is immediately available at the point of care. Extended observation level of care includes patients that have met criteria for discharge home or overnight stay level of care. The medical director is responsible for determining whether the nurse possesses the required competencies required of their role. Documentation of the medical director’s decision-making regarding the LPN’s competence to perform the activities required of them to provide extended observation/overnight stay level of care is on file in the individual’s human resource file.</i></p>
HR1.12	<p>Nursing staff providing care to pediatric patients are qualified and competent to respond to pediatric emergencies.</p> <p><i>Guidance: At minimum, there is one registered nurse on site with pediatric emergency training when pediatric patients are receiving care at the facility. It is recommended that facilities providing pediatric services have both an RN in the operating room and an RN in the post-anesthesia care area that hold current PALS certification.</i></p>
HR1.12.1	<p>M Perioperative registered nurses providing care to pediatric patients hold current PALS certification, as appropriate.</p> <p><i>Guidance: In the non-hospital setting, the pediatric population age range is defined as children aged three and at minimum 12 kilograms in weight to children aged twelve and/or under 24 kilograms in weight. Facilities that provide medical, surgical, dental or anesthesia services to pediatric patients must have at minimum one RN on site that holds current PALS certification when pediatric patients are receiving care. It is recommended that facilities providing pediatric services have both an RN in the operating room and a RN in the post-anesthesia care area that hold current PALS certification. The medical director is responsible for ensuring nursing staff are current for emergency training prior to working in a non-hospital facility. PALS courses must include an in person/hand-on component and be renewed every two years. Medical directors must ensure that providers of emergency training courses meet acceptable theory and in-person/hands-on components. When there is a nationally or internationally recognized body, e.g. Heart and Stroke Foundation of Canada (HSFC) that publishes guidelines the medical director must ensure third party course providers instruct in accordance to those guidelines. Copies of PALS certification are maintained in the individual’s human resource file.</i></p>
HR1.12.2	<p>M Post-anesthesia care registered nurses providing care to pediatric patients hold current PALS certification, as appropriate.</p> <p><i>Guidance: In the non-hospital setting, the pediatric population age range is defined as children aged three and at minimum 12 kilograms in weight to children aged twelve and/or under 24 kilograms in weight. Facilities that provide medical, surgical, dental or anesthesia services to pediatric patients must have at minimum one RN on site that holds current PALS certification when pediatric patients are receiving care. It is recommended that facilities providing pediatric services have both an RN in the operating room and a RN in the post-anesthesia care area that hold current PALS certification. The medical director is responsible for ensuring nursing staff are current for emergency training prior to working in a non-hospital facility. PALS courses must include an in person/hand-on component and be renewed every two years. Medical directors must ensure that providers of emergency training courses meet acceptable theory and in-person/hands-on components. When there is a nationally or internationally recognized body, e.g. Health and Stroke Foundation of Canada (HSFC) that publishes guidelines the medical director must ensure third party course providers instruct in accordance to those guidelines. Copies of PALS certification are maintained in the RN’s human resource file.</i></p>

HR1.13	Medical device reprocessing personnel are qualified and competent. <i>Guidance: All medical device reprocessing personnel must meet the qualifications and competency requirements outlined in this standard. The medical device reprocessing department includes the following areas: decontamination, disinfection, preparation and packaging, sterilization and storage of clean and sterile supplies.</i>
HR1.13.1	M Medical device reprocessing supervisors are qualified through education, training and experience. <i>Guidance: Medical device reprocessing supervisors must have successfully completed the theory portion of a medical device reprocessing course with the following exception: If a RN is accountable for reprocessing, they shall demonstrate knowledge of reprocessing practice and infection prevention and control principles as they relate to medical device reprocessing. They are not required to complete the theory portion of a medical device reprocessing course provided they demonstrate knowledge of reprocessing practice and infection prevention and control principles in accordance with the BC Ministry of Health Best Practice Guidelines for Cleaning, Disinfection and Sterilization of Critical and Semi-Critical Medical Devices. Supervisors who have not completed medical device reprocessing education (i.e. RN without medical device reprocessing education)) may not perform annual competency review of MDR personnel.</i>
HR1.13.2	M Each individual involved in the cleaning, disinfection and/or sterilization of medical devices has successfully completed medical device reprocessing education. <i>Guidance: Each individual must have successfully completed the theory portion of a post-secondary educational institution medical device reprocessing course, at a minimum. It is preferred that each individual has successfully completed a recognized medical device reprocessing technician educational program (theory and clinical components) and/or has successfully completed the Canadian Standards Association (CSA) Certified Medical Device Reprocessing Technicians program. It is also recommended that refresher education/re-certification be obtained every five years.</i>
HR1.13.3	B Each medical device reprocessing (MDR) technician holds current basic life support (BLS) certification. <i>Guidance: MDR technicians are not required to hold current BLS certification, although it is recommended that they do.</i>
HR1.14	Staff who administer, direct the administration of and/or monitor patients under IV procedural sedation/analgesia (IV-PSA) are qualified. <i>Guidance: Also see the NHMSFAP IV Procedural Sedation and Analgesia in Adults standard.</i>
HR1.14.1	M Each physician who administers or directs the administration of IV-PSA has completed post-graduate training in IV procedural sedation.
HR1.14.2	M Each dentist, oral maxillofacial surgeon and podiatric surgeon who administers or directs the administration of IV-PSA has completed post-graduate training in IV procedural sedation.
HR1.14.3	M Each registered nurse who administers and/or monitors a patient under IV-PSA has completed a procedural sedation management course.
HR1.14.4	M Each physician that administers or directs the administration of IV-PSA holds current ACLS training.
HR1.14.5	M Each dentist, oral maxillofacial surgeon and podiatric surgeon that administers or directs the administration of IV-PSA holds current ACLS training.

HR1.14.6	M	Each registered nurse who administers and/or monitors a patient under IV-PSA holds current ACLS training.
HR1.15		Staff operating diagnostic imaging equipment are qualified and competent. <i>Guidance: Also see the NHMSFAP X-ray and Radiation Safety standard.</i>
HR1.15.1	M	Technologists, if providing X-ray services, are certified by and/or are eligible to write the certification examination from the Canadian Association of Medical Radiation Technologists (CAMRT). <i>Guidance: Full C-Arms and conventional X-ray equipment may only be operated by an appropriately certified medical radiation technologist. Physicians may not operate conventional or full-size X-ray equipment (i.e. full C-Arms).</i>
HR1.15.2	M	Sonographers, if providing ultrasound services, are certified by and/or are eligible to write the certification examination with Sonography Canada or the American Registry of Diagnostic Medical Sonographers (ARDMS). <i>Guidance: Non-physicians who operate ultrasound must be certified and/or eligible to write the certification exam.</i>
HR1.15.3	B	Each diagnostic imaging technician holds current basic life support (BLS) certification. <i>Guidance: Diagnostic imaging technicians are not required to hold current BLS certification, although it is recommended that they do.</i>
HR1.15.4	M	Physicians who operate miniature mobile fluoroscopy units (e.g. mini C-arm) are qualified and competent. <i>Guidance: Mini C-Arms may be operated by physicians provided they have documented training in the safe operation of the mini C-arm equipment being used, the manufacturer-specified quality assurance procedures, radiation protection procedures and measures and techniques to optimize image quality and documentation on this training is on file. In addition, their competency must be assessed by a CAMRT certified medical radiation technologist prior to independent use of the mini C-arm on patients and documentation of the competency assessment is on file.</i>
HR1.15.5	M	Physicians who perform ultrasound are qualified and competent. <i>Guidance: Physicians who operate ultrasound equipment are trained on the use of the equipment and possess the training and experience in the interpretation of the ultrasound imaging (i.e. have received specific didactic and practical training for the ultrasound procedures they perform (e.g. peripheral vascular, transvaginal ultrasound, gestational age dating, needle-guidance)). Documentation of this training is on file.</i>
HR1.16		Orientation and training for the provision of safe and quality patient care and a safe work environment is provided to new staff.
HR1.16.1	M	All new staff complete an orientation program. <i>Guidance: Evidence of orientation and training is documented (i.e. orientation checklist) and is maintained in the individual's human resource file. Staff include management, medical staff, nurses, medical device reprocessing technicians, diagnostic imaging technicians, administrative and all other staff.</i>
HR1.16.2	B	Orientation includes review of the mission, vision, values and strategic objectives of the facility.
HR1.16.3	B	Orientation includes review of the programs and services provided by the facility. <i>Guidance: This includes but is not limited to review of the medical, surgical, dental and anesthesia services and procedures provided by the facility.</i>
HR1.16.4	B	Orientation includes review of the facility's code of conduct or ethics.

HR1.16.5	M	Orientation includes review of the role and responsibilities of their position. <i>Guidance: This includes review of expectations for following current standards, protocols and guidelines.</i>
HR1.16.6	M	Orientation includes review of the roles and responsibilities of key staff. <i>Guidance: Key staff may include but are not limited to the medical director, nurse manager, head of anesthesia, MDR supervisor.</i>
HR1.16.7	M	Orientation includes review of policies and procedures related to performing the duties of the position. <i>Guidance: These may include but are not limited to policies, guidelines and procedures for clinical practice, emergency preparedness, occupational health and safety, infection prevention and control, medical gases, medication management, specimen handling.</i>
HR1.16.8	M	Orientation includes review of confidentiality expectations. <i>Guidance: This includes but is not limited to the types of information that are confidential, expectations for maintaining confidentiality, legal responsibilities regarding confidentiality and consequences for breaching confidentiality.</i>
HR1.16.9	M	Orientation includes patient safety training (i.e. patient safety incidents, near misses and reporting). <i>Guidance: This includes but is not limited to training on organizational resources for patient safety, priority of safety over throughput, openness about concerns and errors (i.e. just culture), patient safety incident reporting including near misses (i.e. chain of internal and external notifications, documentation), disclosure process with patient and family (i.e. initial disclosure, post-analysis disclosure, roles, responsibilities), and organizational learning to determine contributing factors (i.e. root cause, system breakdowns) and improve performance (i.e. investigation and investigational processes).</i>
HR1.16.10	M	Orientation includes review of the patient identification process. <i>Guidance: This includes but is not limited to training on patient identification verification processes and the required actions to resolve any patient identity discrepancies.</i>
HR1.16.11	M	Orientation includes medical records and documentation training. <i>Guidance: This includes but is not limited to training on the facility's information management processes and systems including the medical record format (e.g. paper, electronic), method of documentation (e.g. SOAP, narrative), expectations for frequency of documentation, process for corrections, addendums, amendments and "late entry" recording, acceptable abbreviations, the collection, use and disclosure of personal information, confidentiality, and requirements relating to patient safety incident documentation and reporting.</i>
HR1.16.12	M	Orientation includes infection prevention and control training. <i>Guidance: This includes but is not limited to training on routine practices and transmission-based precautions, single-use devices, multi-use vials, hand hygiene and environmental cleaning. This education should be provided by an individual who is appropriately trained and qualified in infection, prevention and control (IPC). Facilities should have an appropriately trained and qualified person on staff (i.e. in-house staff, consultant on retainer) to provide ongoing infection, prevention and control training, advice and guidance. Infection Prevention and Control Canada (IPAC Canada) sponsored or endorsed courses include: IPAC Canada's Online Novice Infection Prevention and Control course, Centennial College Onsite and Online Infection Control, Queen's University Online Basic Infection Control course and the University of British Columbia Infection Prevention and Control Certificate. Certification in Infection Control (CIC) is also available by passing an examination set by the Certification Board of Infection Control (CBIC). IPAC Canada supports this certification. Visit the IPAC Canada website for the most up-to-date list of IPAC Canada-sponsored and endorsed courses.</i>

HR1.16.13	M	Orientation includes occupational health and safety training. <i>Guidance: This includes but is not limited to training in safe sharps handling and disposal, needle stick injury protocol, recommended immunizations, musculoskeletal injury prevention, personal protective equipment availability and use, workplace hazardous materials information system (WHMIS), working alone or in isolation, managing violent and aggressive behavior and preventing and addressing workplace bullying and harassment.</i>
HR1.16.14	M	Orientation includes medical and non-medical emergency procedures training. <i>Guidance: This includes but is not limited to training on the role and responsibilities of supervisors and workers in responding to medical and non-medical emergencies such as cardiac arrest, anaphylaxis, gas leak and flood.</i>
HR1.16.15	M	Orientation includes fire prevention and emergency evacuation procedures training. <i>Guidance: This includes but is not limited to training on the role and responsibilities of supervisors and workers in the location and operation of the fire emergency system, confining, controlled and extinguishing fire and evacuating the area or building.</i>
HR1.16.16	B	Orientation includes review of patient rights and consent. <i>Guidance: This includes but is not limited to review of patient rights such as privacy, dignity and respect, personal safety and security, the process of consent and the patient's right to refuse treatment, how patients are informed of these rights and the process of consent.</i>
HR1.16.17	B	Orientation includes sensitivity to cultural and religious diversity training. <i>Guidance: All staff should complete the Indigenous Cultural Safety (ICS) online training program for health (Core ICS Health) delivered by the Provincial Health Services Authority of British Columbia. A certificate of completion should be filed in the individual's human resource file when they have completed the training. On March 1, 2017, 23 health regulatory colleges including the College of Physicians and Surgeons of BC became the first in Canada to pledge their commitment to making BC's health system more culturally safe and effective for First Nations and aboriginal peoples.</i>
HR1.16.18	B	Orientation includes review of the facility's risk management framework. <i>Guidance: This includes but is not limited to training on the facility's risk management framework such as the identified risks (i.e. risk register) and management plan and staff responsibilities and functions in identifying, reporting and managing risk (i.e. reactive and proactive measures).</i>
HR1.16.19	M	Documentation of orientation and training is maintained. <i>Guidance: Evidence of orientation and training is documented (i.e. orientation checklist) and is maintained in the individual's human resource file.</i>
HR1.17		Orientation and ongoing training for the provision of safe and quality patient care and a safe work environment is provided to all existing staff.
HR1.17.1	M	Orientation and training are provided to existing staff in response to changing roles and responsibilities. <i>Guidance: Evidence of orientation and training is documented (i.e. orientation checklist) and is maintained in the individual's human resource file.</i>

HR1.17.2	M	Orientation and training are provided to existing staff in response to changing technology. <i>Guidance: Changing technology includes but is not limited to new equipment including software updates, new records management system, new emergency alert system, new medical devices. Evidence of orientation and training is documented (i.e. orientation checklist) and is maintained in the individual's human resource file.</i>
HR1.17.3	M	Orientation and training are provided to existing staff in response to competency demands. <i>Guidance: Training and knowledge gaps identified during competency assessment must be addressed and monitored to ensure practice meets standards. Evidence of orientation and training to address competency demands is documented and maintained in the individual's human resource file.</i>
HR1.17.4	M	Orientation and training are provided to existing staff in response to changing standards, processes, policies, guidelines and procedures. <i>Guidance: Evidence of orientation and training on new, revised and/or retired standards, processes, policies, guidelines and procedures is documented and maintained (i.e. all-staff notification via email, electronic quality management system read and sign, paper-based read and sign log).</i>
HR1.17.5	M	Orientation and training are provided to existing staff after an extended absence. <i>Guidance: What constitutes an extended absence as well as the content of the orientation and training is at the discretion of the facility medical director. Evidence of orientation and training after an extended absence is documented and maintained in the individual's human resource file.</i>
HR1.18		Staff receive occupational health and safety education and training. <i>Guidance: In accordance with Occupational Health and Safety Regulation, before a new worker begins work in a workplace, the worker is given health and safety orientation and training specific to the new worker's workplace. An employer must provide workers with additional orientation and training if workplace observation reveals that the worker is not able to perform work tasks or work processes safely or if requested by the worker.</i>
HR1.18.1	M	Occupational health and safety education and training includes WHMIS education. <i>Guidance: In accordance with Occupational Health and Safety Regulation, an employer must ensure that general WHMIS education, as it pertains to the workplace, is provided to workers including elements of the WHMIS program, major hazards of the hazardous products in use in the workplace, rights and responsibilities of employers and workers, and content required on labels and safety data sheets (SDS). In addition, the employer must ensure that a worker who works with a hazardous product or may be exposed to a hazardous product in the course of work activities is informed about all hazard information received from the supplier concerning that product as well as any further hazard information of which the employer is aware or reasonably ought to be aware concerning the use, storage and handling of that hazardous product.</i>

HR1.18.2	M	Occupational health and safety education and training includes staff reporting of safety incidents and near misses. <i>Guidance: Staff safety incidents include injuries, accidents and occupational illness such as blood and body fluid exposure (e.g. needlestick injuries), chemical exposure (e.g. splash to eye), musculoskeletal injuries, violent or aggressive behavior. WorkSafeBC requires that new worker's orientation and training include the employer's and worker's rights and responsibilities under the Workers Compensation Act and the Occupational Health and Safety Regulation including the reporting of unsafe conditions and the right to refuse to perform unsafe work.</i>
HR1.18.3	M	Occupational health and safety education and training includes accessing first aid. <i>Guidance: This includes the location of first aid facilities, means of summoning first aid and reporting illness and injuries.</i>
HR1.18.4	M	Occupational health and safety education and training includes the selection and use of personal protective equipment (PPE).
HR1.18.5	M	Occupational health and safety education and training includes safe handling and disposal of sharps. <i>Guidance: This includes hazards to which the new worker may be exposed and instruction and demonstration of the new worker's work tasks or work processes.</i>
HR1.18.6	M	Occupational health and safety education and training includes managing exposures to blood or body fluids. <i>Guidance: This includes hazards to which the new worker may be exposed and instruction and demonstration of the new worker's work tasks or work processes.</i>
HR1.18.7	M	Occupational health and safety education and training includes preventing musculoskeletal injury (MSI). <i>Guidance: Staff are educated in the signs and symptoms of MSIs and trained in specific measures, work procedures and aids to prevent MSIs.</i>
HR1.18.8	M	Occupational health and safety education and training includes working alone or in isolation, as appropriate. <i>Guidance: "To work alone or in isolation" is defined as working in circumstances where assistance is not readily available to a worker in case of emergency or in case the worker is injured or in ill health. If a worker cannot be seen or heard by persons capable of providing assistance in a timely manner, then they should be regarded as working alone or in isolation. An example is night-shift employees. Training includes but is not limited to reviewing the risks (as determined through a risk assessment), how these risks are minimized or eliminated through physical arrangements (e.g. protective barriers) and administrative controls (e.g. staffing levels, check-in procedures) and identifying and reporting safety concerns and incidents.</i>
HR1.18.9	M	Occupational health and safety education and training includes managing violent and aggressive behavior, as appropriate. <i>Guidance: This includes but is not limited to training on the role and responsibilities of employers, supervisors and workers in eliminating or minimizing the risks of violent and aggressive behavior, the reporting of incidents of violent or aggressive behavior and the investigation of incidents.</i>
HR1.18.10	M	Occupational health and safety education and training includes preventing and addressing workplace bullying and harassment. <i>Guidance: This includes but is not limited to training on the roles and responsibilities of employers, supervisors and workers in preventing or minimizing bullying and harassment, the reporting of incidents or complaints of bullying and harassment, and the investigation of incidents or complaints.</i>

HR1.18.11	M	Documentation of occupational health and safety education and training is maintained. <i>Guidance: Evidence of occupational health and safety training is documented (i.e. orientation checklist) and is maintained in the individual's human resource file.</i>
HR1.19		The competency of individual staff is assessed. <i>Intent: Competency assessments evaluate the knowledge, skills and abilities of staff to ensure that they are proficient in performing their duties. The focus of staff competency assessments is quality improvement.</i>
HR1.19.1	M	Competency assessments of existing staff are performed annually. <i>Guidance: Competency assessments are performed to evaluate the knowledge, skills and abilities of the staff to ensure they are proficient in performing their duties. The results of competency assessments are to be reviewed as part of their performance review. The medical director ensures documentation of the competency assessments, and performance reviews are on file for all regulated health professionals and certified staff including but not limited to nurses, X-ray technicians, ultrasound technicians, medical device reprocessing technicians, laser users (physicians), mini C-arm operators. For physicians, dentists, oral maxillofacial surgeons and podiatric surgeons, renewal of appointment credentialing and privileging processes and documentation satisfy this requirement.</i>
HR1.19.2	M	Competency assessments of existing staff are performed when new technology or new procedures are introduced. <i>Guidance: Competency assessments are performed as necessary (e.g. new equipment, new medical device, updated medical device reprocessing practices or manufacturer's instructions for use). Competency assessments are maintained in the individual's human resource file. Examples where competency assessments are required include but are not limited to: laser users (i.e. surgeon/physician), surgeon operating mini C-arm, medical device reprocessing staff using new sterilizer equipment and/or reprocessing new instrument set, and nurses using point-of-care testing device(s).</i>
HR1.19.3	M	Competency assessments of new staff are performed prior to the completion of a probationary or orientation period. <i>Guidance: Competency assessments are maintained in the individual's human resource file.</i>
HR1.19.4	M	Competency assessments are conducted and reviewed by individuals with appropriate education, experience and qualifications. <i>Guidance: The medical director is responsible for defining the education, experience and qualifications of the individuals performing competency assessments. The assessor should have demonstrated competence in the knowledge and skills that are subject to the competency assessment (i.e. supervisor, consultant in the practice area). Equipment vendors performing competency assessments must be approved by the medical director as having the necessary education, experience and qualifications.</i>
HR1.19.5	M	Competency assessments use defined materials and mirror the conditions of the working environment. <i>Guidance: Defined materials include but are not limited to assessment/audit tools and knowledge quizzes. Approaches include but are not limited to direct observation, monitoring, recording and reporting of results, and review of work records.</i>
HR1.19.6	M	Competency assessments are documented and shared with the staff member. <i>Guidance: Competency assessments are maintained in the individual's human resource file and shared with the staff by the assessor.</i>
HR1.19.7	M	Corrective action plans are developed for staff to address knowledge and practice gaps. <i>Guidance: Corrective action plans are maintained in the individual's human resource file and follow-up assessment(s) confirm the individual's competency following education and training to address the knowledge and practice gaps.</i>

HR1.20	Performance reviews are conducted.
HR1.20.1	M Performance reviews of new staff are performed prior to the completion of a probationary or orientation period.
HR1.20.2	M Performance reviews of existing staff are performed annually. <i>Guidance: The performance review should be based on the individual's job responsibilities (i.e. job description) and, as appropriate for regulated health professionals, their respective standards of practice (i.e. scope of practice, professional standards, code of ethics).</i>
HR1.20.3	B Professional development plans are developed, monitored and revised as necessary. <i>Guidance: Professional development plans are developed with the staff member's input and maintained in the individual's human resource file.</i>
HR1.21	Staff are supported and provided with continuing education and professional development.
HR1.21.1	B Continuing education is encouraged, supported and made available for staff. <i>Guidance: The facility should have a policy outlining its commitment to improving performance and enhancing the professional development of all its staff and the procedures for making a request for consideration of continuing education and professional development (i.e. courses, conference attendance).</i>
HR1.21.2	B Staff participate in continuing education, professional development or other professional liaison activities. <i>Guidance: Evidence of continuing education, professional development or other professional liaison activities should be filed in the individual's human resource file.</i>
HR1.21.3	B The facility's continuing education and professional development programs are reviewed at a defined interval. <i>Guidance: The policy and procedure for continuing education and professional development should be reviewed annually at a minimum and continuing education and professional development program approvals and updates (i.e. courses and conference attendance) should be conveyed (i.e. quality improvement committee, all staff meeting).</i>
HR1.22	Participation in clinical teaching does not compromise safe and quality patient care.
HR1.22.1	M Medical students, residents or fellows provide care, as appropriate, under the supervision of a medical staff member who holds privileges at the non-hospital facility. <i>Guidance: Medical staff members provide supervision for activities that are within their scope of practice and individual competence. Patient safety is not to be compromised during or as a result of clinical teaching. The decision to allow student placements at a non-hospital facility is a decision between the medical director and the educational institution.</i>
HR1.22.2	M Residents or fellows only perform surgery/invasive procedures when the medical staff member who holds privileges at the non-hospital facility is on site and immediately available. <i>Guidance: The medical staff member must be in continuous attendance at the facility during the procedure (i.e. from briefing to debriefing) and is immediately available (i.e. can attend to the operating/procedure room without undue delay). Patient safety is not to be compromised during or as a result of clinical teaching.</i>
HR1.22.3	M The medical staff member who hold privileges at the non-hospital facility is physically present in the operating/procedure room for the surgical safety checklist briefing of each surgery/invasive procedure performed by a resident or fellow.

HR1.22.4	M	Nursing students provide care under the supervision of a nurse. <i>Guidance: Nurses provide supervision for activities that are within their scope of practice and individual competence. Patient safety is not to be compromised during or as a result of clinical teaching. The decision to allow student placements at a non-hospital facility is a decision between the medical director and the educational institution.</i>
HR1.22.5	M	Medical device reprocessing (MDR) technician students perform duties under the supervision of a certified MDR technician. <i>Guidance: The MDR supervisor has completed a full MDR technician education program (i.e. theory and clinical practice, Canadian Standard Association's Certified Medical Device Reprocessing Technician program). Completion of an MDR theory course does not satisfy this requirement. Patient safety is not to be compromised during or as a result of clinical teaching. The decision to allow student placements at a non-hospital facility is a decision between the medical director and the educational institution.</i>
HR1.23		Human resource files are complete, current and confirm the credentials of each individual staff member. <i>Guidance: Staff members include physicians, dentists, oral maxillofacial surgeons, podiatric surgeons, nurses, medical device reprocessing personnel, diagnostic imaging technologists and any other administrative staff.</i>
HR1.23.1	M	Individual human resource files are maintained for all staff. <i>Guidance: Human resource files can be maintained in paper form or electronic format. Electronic files must be printable. Documentation within the individual's human resource file should cover the entire life cycle of their employment and be organized in a logical manner so that information is easy to find. Human resource records should be maintained for a period of at least 36 months after the date of termination of employment.</i>
HR1.23.2	M	Individual human resource files include their job description. <i>Guidance: Job descriptions for present and, as appropriate, past positions at the facility are maintained in the individual's human resource file. Job descriptions are also required for physicians, dentists, oral maxillofacial surgeons and podiatric surgeons.</i>
HR1.23.3	M	Individual human resource files include evidence of qualifications. <i>Guidance: A resume or curriculum vitae confirming qualifications (i.e. post-secondary education, training, work experience) is maintained in the individual's human resource file for all staff except medical staff. Human resource files of physicians, dentists, oral maxillofacial surgeons and podiatric surgeon maintain their NHMSFAP Application for Medical Staff Appointment along with a copy of the NHMSFAP Committee's letter verifying the medical staff member is current for practice for the privileges requested as evidence of qualifications.</i>
HR1.23.4	M	Individual human resource files include evidence of current registration or licensure. <i>Guidance: As required for the position, copies of annual registration or licensure are maintained in the individual's human resource file and should be retained for the entire life cycle of their employment.</i>
HR1.23.5	M	Individual human resource files include evidence of emergency training. <i>Guidance: As required for the position, copies of emergency training (i.e. BLS, ACLS, PALS, airway management) are maintained in the individual's human resource file and should be retained for the entire life cycle of their employment.</i>

HR1.23.6	M	Individual human resource files include competency assessments. <i>Guidance: Competency assessments of new staff and existing staff are maintained in the individual's human resource file. Human resource files of physicians, dentists, oral maxillofacial surgeons and podiatric surgeon maintain their NHMSFAP Annual Re-Applications for Privileges form and the medical director's decision for reappointment as evidence of competency review. Competency assessments must be on file for medical staff who operate lasers and mini C-arms.</i>
HR1.23.7	M	Individual human resource files include performance reviews. <i>Guidance: Annual performance reviews are maintained in the individual's human resource file. Human resource files of physicians, dentists, oral maxillofacial surgeons and podiatric surgeon maintain their NHMSFAP Annual Re-Applications for Privileges form and the medical director's decision for reappointment as evidence of performance review.</i>
HR1.23.8	M	Individual human resource files include evidence of the completion of an orientation program. <i>Guidance: Evidence of orientation and training is documented (i.e. orientation checklist) and is maintained in the individual's human resource file. Orientation and training include but is not limited to the organizational structure, job description role and responsibilities, facility policy and procedures, privacy and confidentiality, code of ethics or conduct, infection, prevention and control, occupational health and safety, patient safety processes (i.e. patient identification, surgical safety checklist, incident reporting) and emergency preparedness.</i>
HR1.23.9	M	Individual human resource files include evidence of continuing education and in-service training records. <i>Guidance: Evidence of continuing education and in-service training records may include but are not limited to: hand hygiene, equipment training (i.e. POCT), safety training (i.e. laser, radiation, WMHIS).</i>
HR1.23.10	B	Individual human resource files include evidence of criminal record checks. <i>Guidance: Regulated health profession registrants (i.e. physicians, dentists, nurses) undergo a criminal record check (CRC) at least once every 5 years through their governing body as required by the Criminal Records Review Act. A copy of current registration/licensure with the governing body is sufficient evidence that the regulated health professional has had a CRC within the last 5 years. Under the Criminal Records Review Act, employees must have a criminal record review conducted by the Criminal Records Review Program (CRRP) if they work with children or vulnerable adults; and have unsupervised access to children or vulnerable adults during their employment, occupation or education and; are licensed by or receiving funding from the provincial government (i.e. through a health authority contract). It is the responsibility of the medical director to determine whether their employees require a CRC. It is recommended that CRC authorizations and reports be maintained in the individual's human resource file.</i>
HR1.23.11	M	Human resource records are located in a secure area and are accessible to authorized personnel only. <i>Guidance: Human resource information and records are maintained in a confidential manner and can only be accessed by authorized individuals (i.e. in a locked and secure cabinet, proper electronic security features). Consent is obtained from the employee prior to release of information contained in their human resources record.</i>
HR1.24		Policies and procedures contain all of the information necessary for the safety of patients, staff and visitors. <i>Intent: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non-hospital facility.</i>

HR1.24.1	M	There is policy and procedures for the credentialing and privileging of medical staff. <i>Guidance: The policy and procedures outline the process and responsibilities for initial credentialing and privileging of medical staff and renewal of appointment. The credentialing and privileging process must be a formal process that involves the medical director (i.e. reviewing the application, interviewing the applicant, addressing any concerns, and making a decision for appointment).</i>
HR1.24.2	M	There is policy and procedures for the recruitment and selection of staff. <i>Guidance: The policy and procedures outline the required qualifications for the recruitment and selection of staff, review of applications, selection process (i.e. interviewing, verification of credentials, reference checking), and selection decisions authority (i.e. committee, medical director, nurse manager).</i>
HR1.24.3	M	There is policy and procedures for the orientation and training of staff. <i>Guidance: The policy and procedures outline what orientation and training is provided for all new staff and when additional orientation and training is provided to existing staff (i.e. change in role and/or responsibilities, address gaps in competency, standards and regulation changes, after an extended absence).</i>
HR1.24.4	M	There is policy and procedures for verifying the currency of the necessary credentials of staff. <i>Guidance: The policy and procedures outline the process, frequency and responsibility for verifying the currency of the necessary credentials (i.e. registration/licensure, emergency training) for all staff.</i>
HR1.24.5	B	There is policy and procedures for code of conduct or ethics. <i>Guidance: The policy and procedures for code of conduct or ethics outline the types of behaviors that are expected in the workplace to create a safe, secure and healthy work environment in which people are respected and valued as equal team members in the delivery of care, who the code applies to, how the code will be monitored, individual, patient and management rights and responsibilities, reporting violations, and consequences for failure to comply.</i>
HR1.24.6	B	There is policy and procedures for the training and development of staff. <i>Guidance: The policy and procedures outline when training and development is required (i.e. competency assessment, change in role and/or responsibilities, new policy and procedures, new equipment, standards and legislative requirements) and how these training and development needs are addressed (i.e. in-service, course).</i>
HR1.24.7	M	There is policy and procedures for protection of employee personal information. <i>Guidance: The policy and procedures outline what personal information is collected by the employer, the purpose of collecting the information and its use, the security of human resource files (i.e. how it is stored, who may have access to it), the employee's right to view their human resource file, and the circumstances in which employee personal information may be disclosed to third parties (i.e. required by law).</i>
HR1.24.8	M	There is policy and procedures about employment standards. <i>Guidance: The policy and procedures outline the legal minimums that the employer is required to provide to employees such as pay and overtime, meal breaks, payment of earnings (paydays), statutory holidays, vacation time and pay, deductions, uniforms and special clothing, leave from work, and employment termination.</i>

HR1.24.9	M	There is policy and procedures about impairment from alcohol, marijuana, or other drugs and substances. <i>Guidance: The policy and procedures outline expectations of employees to safely and properly perform their work without limitations due to the use or after-effect of alcohol, recreational marijuana, medically-authorized marijuana, illegal drugs, prescription medications, or any other mood-altering substances that may endanger their health and safety or that of any other person (WorkSafeBC Regulation, Part 4, 4.20(1)(2)(3)), and the actions that will be taken by the employer to address any concerns about alcohol, marijuana, other drugs, or other substance use.</i>
HR1.24.10	M	There is policy and procedures for the management of confidential information. <i>Guidance: The policy and procedures outline expectations for confidentiality, the types of information that are confidential and the consequences for breaching confidentiality.</i>
HR1.24.11	M	There is policy and procedures for duty to report. <i>Guidance: In BC, the Health Professions Act establishes a legal duty for regulated health professionals to report situations in which there is a good reason to believe that a health professional's practice is impaired or incompetent and may pose a significant risk to the public. The Act also requires regulated health professionals to report any sexual misconduct of a health professional. The policy and procedures outline the obligations for employers, regulated health professionals and other people to report under the Act (e.g. terminating or revoking, suspending or imposing restrictions on the privileges/practice of a health professional based on the belief that the public might be in danger if the health professional continues to practice), and who to report their concerns to (e.g. supervisor, employer, appropriate regulatory body).</i>
HR1.24.12	M	There is policy and procedures for competency assessments and performance reviews. <i>Guidance: The policy and procedures outline the frequency of assessment and reviews (annually), the materials (i.e. tools) used, the approaches used (i.e. direct observation, review of documentation), employee and employer responsibilities in the review, and the appropriate education, experience and qualifications of the individual performing the competency assessment.</i>
HR1.24.13	B	There is policy and procedures for sensitivity to cultural and religious diversity. <i>Guidance: All staff should complete the Indigenous Cultural Safety (ICS) online training program for health (Core ICS Health) delivered by the Provincial Health Services Authority of British Columbia. A certificate of completion should be filed in the individual's human resource file when they have completed the training. On March 1, 2017, 23 health regulatory colleges including the College of Physicians and Surgeons of BC became the first in Canada to pledge their commitment to making BC's health system more culturally safe and effective for First Nations and aboriginal peoples.</i>
HR1.24.14	M	There is policy and procedures for the supervision of students, resident and fellows, as appropriate. <i>Guidance: The policy and procedures outline the expectations of the students, residents, fellows and their preceptor/supervisors including the student/resident/fellow's competence to perform an activity (e.g. theory, lab work, successful demonstration), the activity and environment (i.e. complexity, patient needs, practice setting), the conditions (i.e. physical proximity of the preceptor/supervisor, frequency of contact with the student, resident or fellow, involvement of others in overseeing the activities, and under what conditions students, residents, fellows may work alone or unsupervised), and anticipating and managing potential and actual risks.</i>

Summary of changes	
2019-12-05	<p>Staff qualifications:</p> <ul style="list-style-type: none"> • Dentists, oral maxillofacial surgeons and podiatric surgeons required to hold current BLS certification. • Dentists and oral maxillofacial surgeons providing pediatric services required to hold current PALS certification. <p>Orientation:</p> <ul style="list-style-type: none"> • Orientation is required to include the following additional training: patient safety training, patient identification process, and medical records and documentation. Existing staff are also required to receive orientation and training in response to changing standards, processes and policies, and after an extended absence. <p>New sections:</p> <ul style="list-style-type: none"> • Pre-admission and admission staff qualifications. • Procedure room nurse qualifications. • Refractive laser eye procedure room staff qualification. • Competency assessments. • Participating in clinical teaching. • Policies and procedures. <p>Other:</p> <ul style="list-style-type: none"> • New “B” best practice (non-mandatory) standards. • Substantial format changes and guidance added.
2020-09-24	<p>Staff qualifications:</p> <ul style="list-style-type: none"> • Removed HR1.4.6 as dentists and oral maxillofacial surgeons providing pediatric services are no longer required to hold current PALS certification.



NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES ACCREDITATION PROGRAM

Accreditation Standards Human Resources

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