

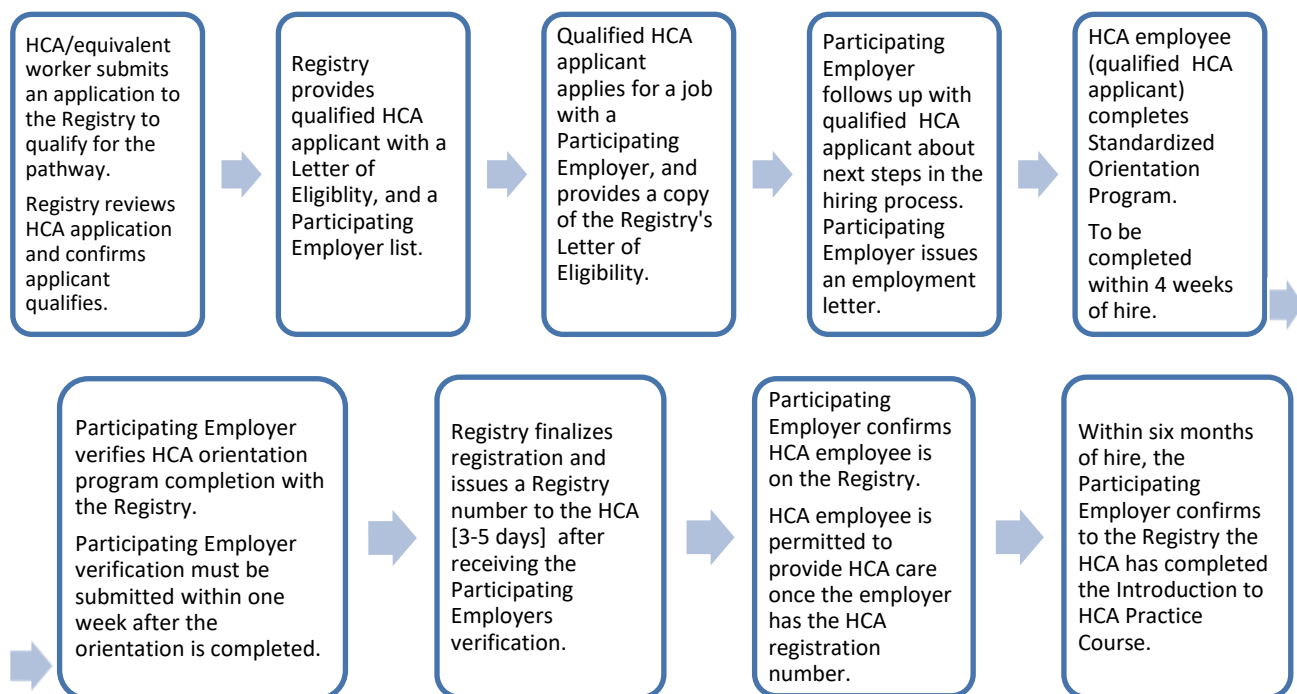
Participating Employers Package

Expedited Registration Pathway for Qualified Canadian Out of Province Health Care Assistants (HCAs) Implemented on January 15, 2020

Ministry of Health Policy Overview

This policy has been established to ensure an effective, efficient, expedited registration pathway for qualified Canadian HCAs/equivalent workers who have been trained within Canada, but outside of BC. The Ministry of Health (MoH) [expedited registration pathway](#) creates a shared employer and BC Care Aide & Community Health Worker Registry (Registry) accountability for ensuring the competency of qualified Canadian HCAs before they provide direct or indirect care for patients, clients or residents. The Registry confirms the qualified Canadian HCA applicants' credentials and experience meet the expedited pathway's minimum standards. Participating Employers ensure the qualified Canadian HCA employee completes the standardized orientation program requirements and is competent to deliver safe and effective care. Publicly funded employers choosing to not participate in the expedited registration pathway are permitted to only hire HCAs who are already on the Registry.

Shared Participating Employer and Registry Accountability Process Map



Procedure to Become Listed as a Participating Employer

- 1) Publicly funded employers complete and Letter of Intent (LOI) Form (*see pages 3 and 4 for reference; PDF Fillable Form has been emailed to Employers*)
 - a. Employers may elect to complete the LOI either through a centralized/head office or decentralized at each facility/site. The individual signing the LOI must have the legal authority to commit the organization to become a Participating Employer.
 - b. Unless all applications are going through a health authority or centralized office location (e.g. HR head office), employers with multiple sites are to complete a separate LOI form for each location.
 - c. The Main Employer Contact individual(s) listed on the form (page 3) must be involved in the hiring process for HCAs and be knowledgeable about the requirements of the standardized orientation program and accountable for the management of this process.
- 2) The completed and signed LOI form is to be submitted / uploaded at the following link:
<https://www.cachwr.bc.ca/Global/LOI-Return-Form.aspx>
 - a. Only one completed and signed LOI form is to be attached per online submission.
 - b. If additional information is required, the Registry will contact the employer within 5-7 business days of the initial form receipt.
- 3) The LOI Form is reviewed by the Registry.
 - a. Once the Registry confirms the employer meets all of the requirements, the employer will be informed they have been approved as a Participating Employer. The Participating Employer contact information¹ will be published on the publicly accessible [Participating Employers List](#) on the Registry website.

Dates for Employers Submission of Completed LOI Forms

Employers who return a completed Letter of Intent (LOI) form on / before Friday, February 14, 2020, will meet the deadline for the initial publication of the [Participating Employers List](#) in the following week. Thereafter, an updated list will be published on a regular basis (every 1-2 weeks).

¹ The Participating Employers list will be organized by Health Authority and will include the following information

Employer Name*

Address*

Email Contact* **or** Link to Job Posting / Application System webpage*

Phone Contact

Fax Number

Website

*Minimum required Items for publication.

Letter of Intent (LOI) Form

Participating Employer - Expedited Registration Pathway for Qualified Canadian Out of Province Health Care Assistants (HCAs)

LOI PURPOSE

By submitting the LOI, Participating Employers confirm they will provide a standardized orientation program that follows the Ministry of Health's (MoH) requirements for qualified Canadian Out of Province HCAs. The Registry will develop and maintain a list of Participating Employers on its website [click here](#). Qualified Canadian HCA applicants approved by the Registry to access the pathway will be provided with a Letter of Eligibility and a copy of this list. The HCA may then contact Participating Employer(s) to indicate their interest in / apply for available HCA positions.

Part One: Employer Contact Information

1. Name of Employer: _____

Address: _____

City: _____ Postal Code: _____

Email: _____ OR Link to Job Posting / Application webpage: _____

Telephone: _____ Fax: _____

Website: _____

Telephone, fax number and website are optional and will be included on the publicly accessible Participating Employers List, if provided.

2. Main Employer Contact(s) – If employer contact(s) change, please inform the Registry.

These individuals are expected to sign off on completed HCA Employee Orientation Verification and Introduction to Practice Completion Forms – see pages 5-6

Name: _____ Title: _____

Telephone: _____ Email: _____

Name: _____ Title: _____

Telephone: _____ Email: _____

Name: _____ Title: _____

Telephone: _____ Email: _____

Part Two: Participating Employer Requirements (as per MoH Policy Directive)

1. **Public Funding:** Please indicate if your organization receives public funding for service delivery
 - YES – indicate which Health Authority (HA) provides funding: _____
 - NO (you are not eligible to be a Participating Employer at this time)
2. **Standardized Orientation Program** to include:

1. Violence Prevention education module (s)
2. Infection Prevention education module (s)
3. Safe Patient Handling education module (s)
4. Recognizing and Reporting Adult Abuse education module
5. Practice component – Infection Prevention
6. Practice component – Safe Patient Handling

Note: The policy requirements do not supersede existing legislative or regulatory requirements that hold employers to a higher standard.

3. **Introduction to HCA Practice Content-** must be completed in six months of hire.

Part Three: LOI Confirmation Signature

On behalf of above named employer, I confirm the accuracy of information provided on the LOI and confirm there will be compliance with all of the Participating Employer Requirements as per the MoH Expedited Registration Pathway for Qualified Canadian Out of Province Health Care Assistants Policy and Supportive Policy. I confirm that I have the legal authority to sign on behalf of the named employer.

Name: _____ Title: _____

Signature: _____ Date: _____ (M/D/YY)

Email: _____ Phone: _____

SUBMIT COMPLETED FORM USING THIS ONLINE PORTAL
<https://www.cachwr.bc.ca/Global/LOI-Return-Form.aspx>



HCA Standardized Orientation Program Verification Form

Participating Employer - Expedited Registration Pathway for Qualified Canadian Out of Province Health Care Assistants (HCAs)

The main employer contacts listed on the Letter of Intent submission must submit this form within one week of the HCA employee completing the standardized orientation program. Note: HCA employees are not permitted to provide direct/indirect patient care, until the Participating Employer has confirmed the HCA employee has a valid HCA registration number.

Part One: Participating Employer Contact Information

Participating Employer Name: _____ Date: _____ (M/D/Y)

Address: _____ City: _____ / BC

Postal Code: _____ Email: _____

Main Employer Contact Completing Form: _____ Title: _____

Email: _____ Phone: _____

Part Two: HCA Employee

_____ (HCA Employee Name) was hired on _____ (M/D/YY) and successfully completed the Standardized Orientation Program on _____ (M/D/YY).

Part Three: Participating Employers Confirmation of the Ministry's Policy Requirements

I confirm the following standardized orientation program requirements have been completed by the above named HCA Employee. Employer Site: _____ Clinical Lead Name: _____
Clinical Lead Signature: _____ Date: _____

Policy Requirements
1. Receipt of Registry Eligibility Letter prior to hiring HCA
Standardized Orientation Program fully completed as per MoH policy requirements
2. Violence Prevention education module (s)
3. Infection Prevention education module (s)
4. Safe Patient Handling education module (s)
5. Recognizing and Reporting Adult Abuse education module
6. Practice component – Infection Prevention
7. Practice component – Safe Patient Handling

Part Four: Main Employer Contact Signature

If your name is not on the original submitted LOI, contact the Registry.

By signing on behalf of the above named employer, I understand that I am responsible for confirming a Registry number has been assigned before the HCA employee provides any direct or indirect patient care. It is also understood that, as the employer of the above named employee, it is the Participating Employer's responsibility to confirm with the Registry when the HCA employee completes the Introduction to HCA Practice Course in BC course by submitting the Completion Form within six months of the hire date listed.

Name _____ Title _____

Signature _____ Date _____ (M/D/YY)

Email: _____ Phone: _____

EMAIL COMPLETED FORM TO THE BC CARE AIDE & COMMUNITY HEALTH WORKER REGISTRY: info@cachwr.bc.ca
SUBJECT LINE: Participating Employee Name –Verification Submission - HCA Policy

Introduction to HCA Practice in BC Course Completion Form

Participating Employer - Expedited Registration Pathway for Qualified Canadian Out of Province Health Care Assistants (HCAs)

The main employer contacts listed on the Letter of Intent submission must submit this form within six months of hire to the Registry at info@cachwr.bc.ca

Part One: Participating Employer Contact Information

Participating Employer Name: _____

Date: _____ (M/D/YY)

Address _____ City _____

Main Employer Contact Completing Form: _____ Title: _____

Email: _____ Phone: _____

Part Two: HCA Employee

_____ (HCA Employee Name) was hired on _____ (M/D/YY)

and successfully completed the Introduction to HCA Practice in BC course on _____ (M/D/YY)

Part Three: Main Employer Contact Signature

If your name is not on the original submitted LOI, contact the Registry.

Name _____ Title _____

Signature _____ Date _____ (M/D/YY)

Email: _____ Phone: _____

EMAIL COMPLETED FORM TO THE BC CARE AIDE & COMMUNITY HEALTH WORKER REGISTRY: info@cachwr.bc.ca

SUBJECT LINE: Participating Employee Name – Confirmation of Intro to HCA Practice Completion