



TITLE

**RETURN TO WORK REORIENTATION**

SCOPE

Provincial: Emergency Medical Services

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**NOTE:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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## OBJECTIVES

- To describe how to re-orientate returning **health care professional** who have been absent from providing patient care for six months or more.

## PRINCIPLES

- Alberta Health Services (AHS) Emergency Medical Services (EMS) will reorient health care professionals that provide patient care returning to work after an absence of six months or more. The Return to Work process includes a review of changes to policies, procedures, equipment and Medical Control Protocols (MCPs). EMS is committed to ensure reorientation of Health care professionals follow consistent and standardized processes.
- In addition Clinical Operations, at their discretion, may require Health care professionals returning to patient care to complete the Return to Work orientation with an absence of less than 6 months.

## APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

## ELEMENTS

### 1. Return to Work Reorientation Process

#### 1.1 Duration of Absence

- a) Absence 6 -11 months: One to two (1-2) 8 hour day(s) of self-guided learning directed by Learning & Development (L&D), one to two (1-2) day(s) of face to face with L&D and one **tour** on an **Emergency Response Vehicle**. This may be extended or shortened (minimum one (1) day in L&D, two (2) days on the Emergency Response Vehicle) in consultation with the health care professional, Clinical Operations and L&D.
- b) Absence 12-18 months: Minimum two (2) 8 hour day(s) of self-guided learning directed by L&D, one to two (1-2) 8 hours day(s) of face to face with L&D, and one to two (1-2) tour(s) on the Emergency Response Vehicle. This may be extended or shortened, in consultation with the health care professional, Clinical Operations and L&D. Please note Clinical Operations can make the decision to have some or all of the self-guided Return to Work Reorientation training completed while completing the tours on the Emergency Response Vehicle (and may extend this time to accommodate).
- c) Absence greater than 18 months: Return to Work may consist of participation in a New Recruit class or alternate as deemed necessary by Clinical Operations and L&D or follow the standard Return to Work of 12 months or greater.
- d) In Rural areas: In extenuating circumstances, where time on duty is available to complete some training and it is not possible to have the health care professional in L&D for one – three (1-3) 8 hours days, consideration can be made for L&D staff, or designate, to ride with the returning health care professional to complete some of the Return to Work training. Consideration will also be made to have the health care professional from a rural area to attend some portions of reorientation in an **urban** center.

## 1.2 Notification and Scheduling

- a) In Urban areas:
- b) L&D Manager or designate will provide Clinical Operations with designated days per month to accommodate the face to face training with L&D in the metro areas.
- c) Clinical Operations will provide L&D with one month's notice when possible of a health care professional returning to work, requiring a Return to Work Reorientation.
- d) L&D will work with Clinical Operations to determine the most appropriate schedule taking into consideration date of return in relation to scheduled face to face date with L&D.

- e) Flexible scheduling to accommodate a workable Return to Work Reorientation is encouraged. For example:
    - (i) Health care professional may return and do two (2) 8 hour days of self-guided followed by face to face and then riding third (ideal schedule),  
  
Or
    - (ii) May do one (1) tour of riding third followed by self-guided and face to face session.
  - f) In Rural areas:
    - (i) Clinical Operations will provide L&D will one month notice when possible and work collaboratively to determine an appropriate schedule. As indicated in 1.1 (b) L&D staff may ride with returning health care professional to complete reorientation.
  - g) The Clinical Operations Supervisor/Manager and Scheduling, in collaboration with the L&D Manager or designate will arrange for the health care professional to:
    - (i) Report to L&D to Review/Complete: Return to Work Reorientation.
    - (ii) Report to Clinical Operations to Complete: Health care professional reorientation on an Emergency Response Vehicle as a third health care professional member as previously outlined.
- 1.3 Driver Training
- a) Online driver training should be completed on the scheduled rotation for their designated area.
  - b) If the returning health care professional requests additional driver training at the time of reorientation Clinical Operations and L&D will collaborate to determine how to best facilitate this request.
- 1.4 Completion of Return to Work Reorientation
- a) L&D staff will notify the Clinical Operations Supervisor/Manager that the health care professional has successfully completed the Return to Work Reorientation portion in the L&D area.
  - b) The Return to Work Reorientation is complete once all applicable areas identified in *AHS EMS Reorientation Guide (Appendix)* are completed and an Emergency Response Vehicle Reorientation has been completed.

- 1.5 Extension of Return to Work Reorientation
- a) The Clinical Operations Supervisor/Manager, in collaboration with the health care professional may extend the Return to Work period up to a maximum of two (2) additional tours in an Emergency Response Vehicle if required.
- 1.6 Performance Management
- a) If performance concerns are identified during an Emergency Response Vehicle reorientation this will be brought to Clinical Operations.
- 1.7 Tracking
- a) Annual numbers of Return to Work Reorientations will be tracked by individual zone.

## DEFINITIONS

**Emergency Response Vehicle** means an EMS Vehicle including, but not limited to, Ambulances and paramedic response units those are equipped with Emergency Warning Devices and used or intended to be used for providing emergency medical services.

**Health care professional** means an individual who is a member of a regulated health discipline, as defined by the Health Disciplines Act or the Health Professions Act, and who practices within scope and role.

**Rural** means Geographic and Population Centres with < 25,000 persons but are within 200 km of an urban or metro centre.

The three subcategories are as follows:

1. Moderate Urban Influence Areas: local geographic areas surrounding the five urban centres.
2. Large Rural Centres and Surrounding Areas: Five communities with population's  $\geq$  10,000 but < 25,000 persons. These include: Brooks, Camrose, Canmore, Cold Lake, Lloydminster, and Wetaskiwin.
3. Rural Areas: Communities with < 10,000 persons and up to 200 km from an urban or metro centre

**Tour** means as defined in Article 10 of the HSAA collective agreement.

**Urban** means Geographic and Population Centres that have  $\geq$  25,000 people. The three subcategories are as follows:

1. Metro Areas: areas with population  $\geq$  500,000 persons. (Edmonton and Calgary).
2. Metro Influenced Areas: Defined by AHS, local geography areas immediately surrounding Edmonton and Calgary.

## Edmonton Metro Influenced Communities:

- Leduc
- Fort Saskatchewan
- Sherwood Park
- Spruce Grove
- St. Albert
- Stony Plain

## Calgary Metro Influenced Communities:

- Airdrie
- Chestermere Lake
- Cochrane
- Okotoks
- Priddis
- Springbank

3. Urban Areas: Five major urban centres with population's  $\geq 25,000$  persons but  $< 500,000$ . These include Fort McMurray, Grand Prairie, Lethbridge, Medicine Hat, and Red Deer means Geographic and Population Centres that have  $\geq 25,000$  people.

**REFERENCES**

- Alberta Health Services Resources:
  - *AHS EMS Reorientation Guide (Appendix)*
  - *HSAA Collective Agreement*

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