



Volunteer Manual

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This Manual is intended to be an instruction guide for the regular tasks of the VWHC volunteers. Note that the procedures and policies of the VWHC are ever-changing as we work to meet continuously shifting needs, therefore, some of the following may differ from current procedures.

Feel free to ask questions and make suggestions

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Other documents at the end of this binder:

- Yoga/Pilates sign-up sheet (pls copy double-sided)
- Acupuncture sign-up sheet (pls copy double-sided)
- Workshops sign-up sheet
- Workshop evaluation forms
- New patient forms (use only in case of emergency – BCWH is responsible for providing us w/ copies)
- Form for Release of Records

We acknowledge that the VWHC is located on the traditional, ancestral, and unceded territory of the Musqueam, Squamish and Tsleil-Waututh Nations.

What is the Vancouver Women's Health Collective?

Mission

We are a non-profit organization helping self-identified women foster health, wellness and equity through feminist approaches to advocacy, shared knowledge and low-barrier programs and services.

Vision

We envision health, wellness and equity for all self-identified women

Values

Inclusivity and cultural safety

Community-oriented

Compassion

Equity

Empowerment

Herstory – quick overview

Originally, the collective started in 1971 as a meeting place for women to discuss their experiences and frustrations with the health care system. In 1972, the VWHC was established as a non-profit charitable women's organization. What began as a small support system, turned into a "clinic" where women could see a doctor and receive health care in a supportive environment. Women also used the space as a place to share their ideas and advocate for changes in the health care system for all women. During the 1980s, the "clinic" closed and the VWHC focused on providing information and resources for women. In 2008-2009, VWHC ran a social enterprise, Lu's: a pharmacy for women, and started hosting a Nurse Practitioners' clinic with NPs from BC Women's Hospital. Both VWHC and the pharmacy were open to women born women only, which stirred a controversy and led the Collective to take a vote regarding that policy, in 2010. The policy was overturned and VWHC has since been an organization and a space open to self-identified women.

While the initiatives undertaken by the Vancouver Women's Health Collective have changed over the years, the aim has remained the same since 1971...empowering

women to take control of their health through self-advocacy, information and knowledge, and activism.

Membership:

Members of the Vancouver Women’s Health Collective Society are women.

Membership shall include staff, board and resource center volunteers and community members. Community members include other women’s organizations, individuals, donors, health professionals, unions, etc. As a community member, organizations may include men, we will inform these members to send women to vote at the annual general meeting, and respect our women-only policy. All members must support the Mission Statement, Political Agreements and Goals of the Vancouver Women’s Health Collective.

Volunteers are asked to become members of the Collective by the end of their orientation, either by paying the membership dues, or by bringing in a hygiene donation for clients.

Collective:

We all work together and ensure that messages, daily operations, and all tasks are done appropriately.

Email accounts for VWHC

vwhc.centre@gmail.com – general email account and Google docs for volunteers.

See also *During shifts (page 15)*

vwhc.vcn@gmail.com - nurse practitioner clinic and counselling calendar ONLY

(no emails, pls – shared email!) See also *NP Clinic (page 22)*

vwhc.volunteers@gmail.com – volunteer scheduling and yoga calendar. (email is not monitored by staff). See also ‘How to schedule yourself in the Volunteer Shift Calendar’ (page 36)

What goes on at VWHC?

- A resource center with free access to computers, printers, fax, phones (including long-distance calls); tea, coffee, hot chocolate, baked goods and sandwich tokens; hygiene products, clothing – support and a sympathetic ear. Note: sandwich tokens are provided by Save-On-Meats and we give them away after all the pastries from the coffee shops are gone, if we have them (they go fast!!!) and only to women using our services. We do not know/control when Save-On-Meats will drop the tokens off.

- A Resource Centre with books and reports. **On-site consultation only, please.** Even if many books are a bit outdated, they are the only copies we have. Also, lending books out increases the risk of having bedbugs come back with the books (bedbugs love paper!)

- Free yoga on Mondays, Wednesdays and Fridays at noon, till 1pm

- Free Pilates (all levels) on Tuesdays at noon, till 1pm

- Free Community Acupuncture (group session – drop-in max 7 ppl) on Mondays 1:30pm till 3:30pm (*will change to 1:15pm to 3:15pm in April 2018*)

- Free Counselling appointments on Mondays 11am-3pm (*as of April 16, 2018), Tuesdays, Thursdays noon till 4pm and Fridays 10am-1pm (*until March 23, 2018) (see Counselling appointments p. 28)

- Monthly health-related workshops – usually the last Monday of the month

- Monthly Positive Peer support group, organized by Oak Tree Clinic - Wednesday prior to issue/cheque/welfare day. (Contact person: Jane Cameron at 604-258-7475)

- Nurse Practitioners' Community Clinic, in partnership with BC Women's Hospital – every day – booked appointments + drop-ins (see NP chapter p. 20-27)

Note: BCWH runs a Newcomers Clinic (women new to Canada¹) and a New Beginnings clinic (maternity care for women with no MSP¹) at 4500 Oak Street, and also provides other Community Clinics in the DTES at:

* WISH Drop-in center on Wednesdays 7am-11am

* Aboriginal Mother Centre on Wednesday 12pm-3pm.

Safe space for self-identified women

Racist/discriminating comments & threats to hurt anyone are not tolerated in the space and women expressing racist/discriminatory views can be informed that there is no room for such comments or views.

¹ Must be eligible!

Our door is always locked and controlled by a motion sensor (located above the door – unlocked when the light is green). Open the door to women, both coming in and exiting. It also positions us to deal with any person who attempts to come in as someone is exiting. A door closer has been installed so the door will close automatically. Always make sure the door is locked.

All efforts are made to respect our women-only policy, but as an exception, we sometimes need to allow men in the space: building manager, trades people, emergency health workers, police, interpreters, and boys under 14 years old accompanying their mother.

Before letting a man into the space, make sure you inform the clients loud and clear and wait for their response - at the front and at the back. Some women may wish to retreat to a corner of the space where they won't be seen.

If men knock on the door, feel free to talk to them through the closed door to first assess what they are coming for. If they need to wait while you or a co-volunteer gets the info they require, ask them to wait outside (clear of the door, so incoming women have access) and close the door.

Carts/bikes/pets policy - VWHC cannot accommodate carts, bikes or pets in the space. We have a bike lock that women can use, but we keep the keys with us when the lock is being used. The lock is kept in the large bottom drawer at the front.

If women come with dog(s) and volunteers are comfortable offering to keep an eye on the pet while it is outside the space, they may do so, but it must be clear that volunteers are not responsible for the pet or the pet's behavior. Alternately, women can come with a friend who will keep an eye on their pet.

Item limitations per person per day – it is part of volunteer's responsibility to enforce these (as best you can!)

- 1 bag of baked goods
- 4 clothing items, including 1 of each of the following: bras/underwear, socks, etc...
- 1 shower kit

- 4 hygiene product items (does not include a "shower kit") such as pads/tampons— including a max of 2 different 'special items': toothbrush/toothpaste, make-up, jewelry, deodorants, razors....
- 1 sandwich token – children get a token each, too – **only** when client is using another service (clothing, hygiene, computer/phone/fax, NP, yoga, library...) or when we have run out of donated baked goods. Offer use of those other services to women directly coming in asking for a token, or redirect to other places offering free/low cost meals.
- printing/copying: 10 pages per day max, and, if possible, text-only (**pictures use up a lot of ink!**)
- 10 minutes' limit to phone calls on black/silver phone –especially if someone else is waiting to use the phone
- 30 minute time limit on computers: if all computers are in use and a woman comes in needing a computer, please ask the person who has been on the computer the longest to give up her spot. You can also voice a general question to all women at computers, to check if anyone is almost done and ready to vacate their spot.

Other limitation:

Yoga, Pilates and Community Acupuncture: A path to the fire exit (doors at the back) must be clear at all times

Yoga/Pilates: Keep the sign-in sheets at the front and ask incoming women if they are here for yoga. It makes it easier to count participants and put the 'full' sign on the door when necessary.

Acupuncture: Limit of 7 participants per session, Volunteers sign in clients. Sign-in is open as of 1pm on the day of –the volunteer's task is to organize a draw for the first few slots: put papers with the first few time slots (as many as women waiting) in a container/box and get women to draw a paper. They are assigned the time on the paper. Once the draw is completed and women have signed in, they may leave the space and come back at least 15 minutes before their estimated time slot. The acupuncturist will treat women based on the sign in sheet, and setting up a treatment is estimated to take her 15 min – but could be faster. If a woman is not in the space when her turn comes, she agrees that her name will be moved to the end of the list, with the possibility of not getting treatment. Last intake at 3pm (2:45pm as of April 2018) as the acupuncturist needs at least 30min for treatment.

How to set up for Opening Shifts

Please arrive 10-15 minutes early so we can open on time.

The front gate will be closed. Please knock to be let in and start set up. It gives staff and volunteers time to socialize a bit, and discuss the day's events/updates, as well as decide which volunteer will be responsible for safety checks and when (you can choose to take turns every week, or take turns throughout the day).

FRONT

- Turn on all computers and printer(s)
 - o Staff computer #1(right): log on to vwhc.vcn to launch Nurse Practitioners (NP) calendar. Count days between 'today' and the 3rd Next Available Appointment (3rd NAA)
 - o Staff computer #2 (left): launch the Info track sheet and vwhc.centre email. Add 3rd NAA to tracking info sheet (see How to use Info-Tracking)
 - o Note: If you want to launch 2 gmail accounts on the same computer, you can use Firefox for one and Chrome for the other.
- **Check fridge for leftover baked goods**
- **If you are comfortable wearing a name tag,** put it on (and remind FE to do the same!). Name tags are in a black box in the office.

At opening time (sharp!):

- Open sliding gate (it's easiest if you push the handles on the outer side, working your way from the 'garden' area to the opening)
- Turn on lights (switches are on the right hand side wall (with your back to the street), next to the alarm panel.) Light switches turn lights from front to back
- Place table at the edge of concrete floor, along ramp, so women won't trip on their way out.
- Take sandwich board out, turn sign on OPEN

BACK

- Retrieve keys (pink keychain) from the office – it has keys to rooms 1, 2, 3, and 4. Note: Please either keep keys with you or put back on the hook in the office. Things can disappear quickly in the space. Key **must** be put back in the office every day at the end of shifts.
- Turn on all computers and printers

- Turn washroom lights on and check toilet paper and soap. Refill as necessary: TP is either in the cupboard above the sink at the front or in closet past Room 4; soap is on top of closet in Room 4 and keys are hanging with the other keys in the office
- Retrieve pink 'panic' phone² from "Room 4".
- Pick-up client phone (black/silver) and volunteer phone (grey). Bring all phones to front, next to Staff computer
- Make coffee* (see "How to..." section); pour in the black thermo pot and turn coffee machine off. (Always check the thermos before making more coffee).

Take coffee whitener, sugar & hot chocolate out of the fridge (located below the microwave). Refill items as necessary (supplies are in cupboard located past "Room 4")

- Turn dishwasher off, turn water tap off (press down), disconnect dishwasher and put away clean dishes
- Check phone messages
 - Dial *98 then password 8585#
 - Press 3 to listen again
 - Press 5 to hear caller's phone number
 - Press 7 to delete messages as soon as you have written down the details.

Track messages as "Phone" inquiries on the info-track spreadsheet.

- **Important: ALWAYS read the electronic Communication Log** (available on the Volunteers or Centre Drive) from when you last came in and make notes as necessary such as when you have completed a request.

All messages must be written into the Communication Log – avoid leaving paper notes sitting around with names and phone numbers/emails.

- Baked goods providers: **(Please bring your nametag when you pick goodies up)**
Lost + Found // Prado // Bean around the World // Nelson the Seagull.
- Count baked goods and enter total number next to the date, on tracking sheet
- Pack away baked goods into brown paper bags – **maximum of 25 bags per day** (if more than 25, put 2 baked goods per bag, and/or put on a plate); please label with a simple tag such as pastry, savory bun, and croissant but do not guess or list ingredients for women with dietary restrictions – we cannot know for sure which ingredients are used or not. Please add the date on the donations that are leftover so we know how long they have been in the fridge.

On days with very few baked good donations, feel free to make peanut butter & jam

² Panic phone will ring only if NP or staff sound a panic button – see NP section for more details

or canned salmon/tuna sandwiches up to 25 items in total. Based on how busy the day is, you can make 5-6 sandwiches at a time. Similarly, if all snacks are gone when a woman asks for one, offer to make a sandwich, if we have ingredients and if the space is not busy. Use your best judgment. If you must refuse because you're busy, mention the reason, and offer (if feasible) to make one later.



Bean around
the World
604-681-0035

Prado Café'
100 west Hastings
SW corner
@ Abbott
Stop by

Lost + Found
Stop by

Nelson the
Seagull
604-681-5776

OPENING CHECK LIST

Decide who will be responsible for safety checks

Computers and printer(s) on – front and back

Staff computer #1: logged on to vwhc.vcn - NP calendar launched - 3rd NAA checked

Staff computer #2: Info track and vwhc.centre email launched – 3rd NAA tracked

Leftover baked goods taken out of fridge (if any left)

NP lists on doors (patients' first names only) – Same for Counselling on Tuesdays, Thursdays & Fridays

NP list with patients' first+ last names handed to NP (or left in NP Room)

NP rooms 1, 2 and 3 unlocked (just before 1pm, or as NPs arrive)

Lights on

Washroom lights on, and toilet paper/soap checked

Nametags on

Panic phone (pink), client phone (black/silver), volunteer phone (grey) all at front

Coffee whitener, sugar & hot chocolate is out of the fridge (and refilled)

Coffee made and poured in black thermos if it is really busy

Dishwasher disconnected (water tap off!!) and emptied

Front gate open

Sandwich board out

Black sign flipped on 'Open'

Table at the edge of concrete floor, along ramp

Voice messages checked and tracked

Communications e-book read

Baked goods collected, tracked and bagged, date written on bag

During Shifts

- There should be volunteers at the front and a volunteer at the back to ensure full supervision of the space, or help women when needed. It may seem unnecessary, yet safety or security concerns could suddenly arise, e.g. argument between 2 clients, petty theft, printing needs, etc... Tip: All volunteers take turns during shift

- Entering clients: open the door, smile and **greet each client**, and ask what we can help them with today. It helps for tracking! Tell returning people "It's nice to see you again" (or similar)

Enter tracking info for each person you open the door to.

- Exiting clients: many clients do know how to unlock the door with the motion sensor, but please offer assistance. It gives a chance to also say goodbye and wish them a good day.
- **Make sure to infotrack each client** (each volunteer is in charge of tracking people they've opened the door to). Use the drop lists to ensure each person is properly recorded in our numbers. (See 'How to...' section) **Also track Turn-aways** (when a woman comes in to see a NP and no NP is available). You can refer Turn-aways to other clinics such as Pender Clinic (59 Pender Street – same block as us, one street South) or see the Resource Guide on the Google Drive
- **Periodically check emails in our vwhc.centre@gmail.com account**
 - * Delete ads/spam and non-health related items
 - * For basic VWHC related inquiries, respond to the email, passing on as much information about VWHC as possible, and answering all questions. If you do not know the answer to any questions, get help from one of the more experienced volunteers, from the ED, Volunteer Coordinator, an NP or the NP Program assistant. After the email has been responded to, save in 'Replied to Inquiries' folder on the left hand side of the inbox.
 - * For invitations to events, forward to the ED and the Volunteer Coordinator, print out the email, or write down all the information about the event, and include in the Volunteer Communication e-book. Save the email in the Events folder on the left hand side of the inbox.
 - * For emails with health-related articles or information, print and post in the space, as you see fit/find relevant. Write/stamp the date on all posters.

* For emails requesting workshops, monetary donations, funding opportunities, business inquiries, invitations to events or any other general operational inquiries, forward to the ED. Save the email to the 'Sent to ED' folder on the left hand side of the inbox.

* For emails requesting to be added to the mailing list, forward to vwhc.volunteercoordinator@gmail.com

Note: Please refer women asking about volunteer opportunities (including women offering to facilitate workshops) to our webpage

<http://www.womenshealthcollective.ca/#!volunteering/cnek> (volunteering is under the "Giving" tab)

- **Any information pertaining to the space needs to be shared through the Volunteer Communication e-book (on Google Drive).**
- **Periodically check the phone for new messages.** Calls may have come in while the phone was in use. "Message waiting" appears on the screen when there is a voicemail.
- Get LifeLab samples from NPs at 3:30pm (Mon-Th) and 12:30pm (Fri) when they're in between appointments. This ensures the samples are ready for pick-up as soon as LifeLab staff arrives- and they don't have to wait.
- Change the Monthly Health Topic board. Topics can be chosen in relation to the month (i.e. cancer prevention month) or the season – or any other topic you find of interest. There is a grey colored plastic folder (behind the front computers, by the binders) full of topics that a couple of students from Langara did for the collective. More can be added!
- When you have free time, restock condoms, lubes, cream at front or in washroom; check around the space and do some spot cleaning (our janitorial service is only once a week, on Sundays), make coffee, refill hot chocolate, sugar, coffee mate and toilet paper; make more 'shower kits'³; check posters on display and remove any that are about past events; work on a project/task force for the collective; familiarize yourself with some of the literature around the collective.
- Talk to clients! It may be more challenging than talking to your co-volunteers, yet you'll learn at huge amount about women's lives in the DTES and around. It might also be a bit draining, so feel free to take a break, a walk, a debrief chat with staff, etc... afterwards.

³ If women come in with empty bottles, please refill to a max of approx. 1 cup/250ml, using the big bottles in bottom drawer (across 2 staff computers)

- Safety Checks need to happen at least once every 30 minutes, or when someone has been in the washroom for more than 15 minutes. Ask them if they are ok, and let them know someone will come around in 10-15 minutes again to check that they are ok. Explain it is our only way to ensure people in stalls are all right, especially in case of bad drugs, as our space is not set up for safe injection. People may respond they are not using in the washroom – no need to engage in such a conversation, it would only escalate. Stick with explaining that all you need is for the person to answer they are ok, every time we come around and check. When the weather is bad, women who use are more likely to come into the space. Consistency is key, and so is treating everyone as respectfully as possible. If other women are waiting for a washroom, inform the person holding up a stall. Also, check the garbage bin in case any needle would have been left behind. It is unlikely as most users take their needles with them, but just in case! For disposal, there are sharps containers in each NP room.

DURING SHIFT CHECK LIST

Emails checked and treated/forwarded

Phones messages checked and deleted

Important info logged into Communications Log

Supplies for kitchen and/or washroom checked

Supplies for hygiene kits checked – put together more bags if needed

Called patients who have not yet arrived (at the time of their appointment)

Reminder calls – for next day NP appointments and for Counselling appointments (as per Google calendar)

Reminder calls or e-mails for Monthly Workshop participants (when applicable – usually last

Monday of each month)

Reminder slipped under NP door, if NP running 15 min late

Info tracking

Life Lab samples ready for pick-up

Spot checks and clean-up

Talk to women in the space

Safety checks every 30 minutes (refer to last paragraph of page 15)

Remember to rotate jobs and be involved in maintaining a clean and safe space. It is helpful to share the fun and less fun tasks.

Closing Shifts

- Write up NP lists for the following day.
- Use disinfectant wipes, a lemon or tea tree oil solution and paper towel to clean all surfaces. Wipe all tables, counters, keyboards, and mice. For keyboards, bang them upside down against the table to get any crumbs out.
- Log out of email accounts (saved password means anybody turning on the computer could have access to clients' names/phone numbers. It was seem unlikely, yet, let's not take a chance!)
- Turn off the computers (except on Tuesdays for all public computers – updates are programmed to run at 5pm) and all printers.
- Collect all garbage. If not full, garbage bags can be shaken out into another half-full garbage bag to help conserve bags. Use black garbage bags for general/kitchen and clear garbage bags only for washroom (they're more expensive!)
Nurses will leave their garbage by their door (if necessary), but ask if you don't see any from them.
Take out garbage bags to the dumpster located in the back alley – access is through a double set of doors at the back of our space. The key to the dumpster bin is on the purple (rectangular) key chain, hanging in the office on your left as you walk in the door.
Make sure you wear closed footwear when you go out, and go in pairs, for safety and to not get locked out. Block the first door with the big bulky rock. (If you happen to get locked out, you can go through the Army and Navy store, next door. They have an entrance in the back lane (you'll see the security guards) and walking across the store takes you back to Hastings Street).
- Load dishwasher. Connect it to the water tap, turn water on. Add detergent (but do not close the lid – it no longer opens up during the wash cycle). Turn on, select cycle to the far right (eco-cycle), and press start (>) (See How to Use...)
- Check sugar, coffee whitener & hot chocolate levels and refill if necessary so it's ready for the next-day shift. Put away all food items in the fridge on the top shelf – including sugar and coffee whitener & hot chocolate (they attract bugs)
- Put nametags and phones away.

- Bring in the sandwich board and flip the black sign to 'Closed'
- Lock all the doors. Check that fans and spot heaters are turned off & unplugged, including in NP rooms. (The wall heaters are on timers, no need to unplug or turn off)
- Return the keys to the office. (Don't forget, or you'll have to come and bring them back the following day!!)
- Turn off all lights (including bathroom – it's easy to forget!)
- Close the gates, and after stepping out, ensure the front door is locked (red light is on).

CLOSING CHECK LIST

Appointment lists ready for next day

Emails from vwhc.centre checked and treated/forwarded

Phones messages checked and deleted

Tables, counters (including washroom), keyboards, and mouse wiped down

Computers and printers off (except Tuesdays for 'public' computers)

Garbage from washroom (x 2), front and back areas, and NP rooms gathered and thrown out

Garbage cans relined w/fresh bags (clear for the washrooms, black for the front & back)

Sugar, hot chocolate & coffee mate refilled – all food items stored in fridge on top shelf

Back doors (to alley) locked

Washroom lights off

Dishwasher loaded and connected (liquid detergent for dishwasher is on the top shelf behind the curtain)

Nametags off and put away in nametag box in office

All phones back on cradles, pink/black phone back in room 4

All rooms locked (don't worry about the office)

Sandwich board in

Black sign flipped on 'Closed'

Pink keychain back in office

Gates pulled closed

All lights off (including bathroom)

Nurse Practitioner (NP) Clinic

Notes and useful information:

Keep in mind that NP hours are different from Resource centre hours. Last appointment/drop-in slot: 4:00pm (1:00pm on Friday)

What can a Nurse Practitioner do?

Nurse practitioners can diagnose and treat common injuries and illnesses, prescribe medication, order tests, make referrals, provide plan B, IUD insertions, vaccines....

NPs are now certified to prescribe narcotics (**except methadone and Suboxone**).

They will prescribe **only** to their established/existing patients⁴ and at their discretion – there is no guarantee. Also, if a person comes in as drop-in for narcotics prescription, the NP is not able to accommodate the request. **(See also SOP for Special requests - at end of binder)**

Many of our clients see our nurse practitioners regularly and have a longstanding relationship with them. It is preferable to book patients with the same NP, for continuity of care; however, all NPs have access to BCWH patients' files and can therefore see any patient, if need be.

MSP is not required to make an appointment with a Nurse Practitioner (NP), or have a pap test done. MSP is preferred for requesting tests - the NPs have limited access to complementary testing and keep them for women in dire straits. If women need to have tests done, and they have MSP/Care card, it helps if they bring their Care Card.

If women want/need a referral to a specialist, they will need MSP. It is highly unlikely that a specialist will take a patient without MSP (and if they do, the patient will likely have to pay privately). **For women waiting for status or coverage, they can see the NPs at the Newcomers Clinic. NPs cannot see vacationers/travelers**, who should be redirected to walk-in clinics (and also should have private insurance!)

VWHC only handles appointments – not medical information.

⁴ Established or existing patient has seen the same NP for a minimum of 3 visits

The NPs have a Program Assistant at BC Women's Hospital: Lindsey Muldoe
Phone: 604-875-3290 and fax. 604-875-3009.

Patients calling to leave a message with an NP who is not at VWHC for the day, inquiring about test results or referral to specialists, or needing to fax medical information / have medical information faxed to/from the NPs, should be redirected to call or fax the Program Assistant. The Program Assistant can help clients contact nurse practitioners. She cannot give out results, but she can always locate an NP who can.

Patients who have had tests done in the last 30 days by LifeLab, VCH or Providence can also get their results online at **myehealth.ca** (secure registration) An MSP number is required for registration.

NPs cannot fill ICBC or WCB forms. They can help their **established/existing** patients with 'persons with disability' forms (aka PWD) - only if the NPs have been seeing the patient for at least 3 visits, and if the NPs are the patient's primary medical practitioner. All appointments for PWD forms must be approved by the NP prior to booking.
(See also SOP for Special Requests – at end of binder)

NPs will see children for emergency primary care only. FYI - They will be referring to other clinics such as BC Children's Hospital NP Clinic or RICHER or physicians accepting new patients.

The 'booked' NP on the Google calendar sees patients with appointments. The 'drop-in' NP will see patients on a first come, first serve basis.³

Drop in patients must physically be in the space to be put on the list - they may call to check for availability yet should be made aware that their name will be added to the list only once they are on site. Another woman could walk in by the time they arrive. Drop in patients must **stay** in the space until they are seen by the NP – if they step out, they will be

³ When only one NP is in, you might see 'Drop-in/Same day emerg.' slots on the calendar (in purple). These should not be booked, in order to accommodate drop-ins.

removed from the list, and put back at the end when they return (including for smoke breaks). There is a 2 'new patient' limit for drop in.

DO

Book appointments

Be sure to watch the appointment times (patients running late, NP going overtime...)

Help to facilitate patients to and from the NP's room

Redirect patients to the NP Program Assistant at BCWH for medical info requests or if they wish to leave a message with one of the NPs (when NPs are not here)

Help patients look up other resources

DO NOT

Disturb the nurse practitioner by knocking or opening the door (when closed)

Give out the NP program assistant's email address. Her email is for internal use only.

Same with NP contact info – their business cards only provide their admin phone number.

Ask or look at a client's medical information. We can only help with finding public resources on health.

Fax/photocopy for nurse practitioners

Transport anything to and from the freezer/refrigerator for nurse practitioners

See the NP while you are on shift (except if it is an emergency!!) – Please make an appointment for another day.

How to manage NP appointments

Calendar management

Log on the calendar⁵ at vwhc.vcn@gmail.com; note this account is shared with the NP Program Assistant so may change over the day even if you didn't do anything. Use the calendar to prepare the list of patients for the day (see NP door schedule slip), to call patients for the following day (see Reminders), and to schedule/update appointments.

Please do not use this account for emailing patients, or to share documents.

Please do not delete any information from the Google calendar. It is used for stats for tracking, future programming and grants/funding reasons.

Each NP has her own color on the calendar (you will notice when you open it up). Please always make sure to use this when booking in patients.

Google Calendar Legend:

Blue/Green & variations = appointments w/NP	Yellow = cancellations (if we were informed ahead of time) or no shows (patients who do not come to their appointment)	"np" = new patient (≠ from NP=nurse practitioner) – must be written in front of the patient's name	C = completed phone reminder
Red = drop-in nurse (fill it in on the day of)			NA = no answer when attempting to leave a reminder
Purple = Same day emerg. /drop-in (when only 1 NP is in)	There is no limit to the number of NP appointments a same person may cancel/no show	"A" (in front of patient's name) = patient has 'arrived'	LM = left a message reminder
			@ emailed reminder

Booking an appointment (NEVER book drop-ins!⁶) (see SOP for Booking appointments – at end of binder)

NP have requested a maximum of 2 new patients per NP per shift, to improve access for established patients. This applies to both booked appointments and Drop-Ins
Add 'np' in front of the patient's name when booking – it stands out and helps determine if more can be booked.

⁵ Beware! There is also a calendar for Counselling sessions – make sure appointments get booked on the correct calendar

⁶ Some drop-ins may be booked – they MUST be ok'd by an NP the booking will have a note "as per (NP's name)"

If not already marked (by the NP Program assistant), mark "[NP name] MAX np" in a red block, at the top of each day, once the maximum number of 'new patients' has been reached. If more than 2 np per shift, call and reschedule one of them (or mention that can come for regular drop-in).

Ask patients requesting an appointment:

- if they usually come here for medical care (helps us determine if they are new patients).

- who they usually see (if not a new patient)

- if there is a day of the week and time of the day that work best for them.

Quickly check if you find them in the calendar (by phone number, or by name). If in doubt about them being a pre-existing patient, call the NP Program Assistant and ask her (604-875-3290)

[For full script for bookings, see SOP for Booking appointments – at end of binder, especially for new patients.]

Offer the options available on the Google calendar. Once patients have chosen an available time, click on that time and day on the Google calendar, put in "np" (if new patient), patient's **first name, last name, and phone number (Please double check with them the spelling of their name and their phone number(s) or email)**. Add PAP or IUD if the patient mentions that's why they are making an appointment. (see below for IUD bookings)

- Confirm with them that it is okay/safe to leave a message for them at that number (if not, make a note next to their number on the calendar): ex: "*We will be calling you the day before to remind you of your appointment. Is it OK to leave a message at this number?*"

If they are a new patient, ask to come about 10 minutes earlier to fill out a form. (FYI - Forms must be filled out with a pen (not a pencil) as they are legal documents)

Booking an IUD appointment - (See also SOP for booking IUD appointments – at end of binder)

If a patient asks for an IUD appointment, check if appointment is to discuss IUD options and/or get a prescription (30 min. appointment) or to insert the IUD (1h-appointment).

Ideally the patient will be in town for at least one week after insertion in case there are concerns post-insertion.

Preferred time for the IUD insertion is during menstruation, but this timing is not essential.

Refer patient to the *Options for Sexual Health IUD Fact Sheet* online for recommendations on how to prepare for an IUD insertion. Do **not** advise patient on what medication or dosage to take

NP door schedule slip.

Write "np" next to a patient's name if they are a new patient.

For appointments, write down **all** time slots even if no appointment is booked – blanks are likely to fill up later! Write up two lists of appointments for the day: one with patients' first names only and place on the NP's door; one with patients' full names and hand to NP when she comes in – NPs can check patients file ahead of time. When patients arrive, mark "A" in front of their name, on the calendar and the paper slip on the NP door.

Schedule slip handed to NP

	NP name
1:00pm	np Jane Doe
1:30pm	Anny Abc
2:00pm	Amy Def
Etc...	

Schedule slip for door

NP name
Jane
Anny
Amy

For Drop-ins, create 1 copy of a waiting list with the date and times, for the NP door.

As drop-ins come in, add their name to the Google calendar (in red), with "A" in front of it. Provide them with an estimate of the waiting time. Women must stay in the space until they see the NP. If they leave, no matter how long for, their name is removed from the list. Offer coffee, baked goods, yoga, computers, use of the library/books to women waiting.

Add the name to the list on the NP door. When the patient sees the NP, checkmark their name. Cancellations are crossed out.

Reminders. Call (or email) the patients for the following day to remind them of their upcoming appointment. Mark their names as listed in the legend. Leave a voice message except if there is a note about confidentiality next the patient's name in the calendar. If the patient is a new patient, be sure to remind them to come 10 minutes early to fill out a new patient form.

Sample Message:

Hi there, this is the VWHC calling with a gentle reminder of your appointment tomorrow at {time}

Thank you, have a great day.

Booking interpreters. If a person calls to make an appointment on behalf of a woman, ask if there is a language barrier and if an interpreter is needed. We are fortunate that we can book interpreters from the PLS (Provincial language services) under BCWH's username, and using PLS interpreters ensures a more neutral, confidential and accurate interpretation than family members or friends. However, interpreters are not mandatory (unless the NP states it is). Some patients speak English well but want a support person 'just in case'. Patients can bring a friend or family member for 'moral support'.

Instructions are at the front, in a red folder labelled PLS, and here are some additional useful tips:

- When booking online, make sure to select 'Other location' (all the way at the end of the drop-down menu) for the 'Session location' then add our address in the 'Address' box. Interpreters look at the street address only!
- If booking in advance, book online and always book 'in person' interpreters
- If booking less than 2 hours in advance, let the NP know as soon as possible. She will call 604-297-8400 on their Blackberry, which has speakerphone (our phones do not).
- Book female interpreters – mandatory (if there is any problem with the request, PLS will call us to discuss)
- **Remember to cancel/reschedule the interpreter booking, if the appointment is canceled/rescheduled .**

Cancellation List – valid only for the day. This list is for patients who cannot see the drop-in NP but still wish to see a NP. Record their full name and phone number on the yellow sticky note on desktop of Staff computer 1). Infotrack them as Turn-aways. If there is a cancellation among the appointments, call the patients on the cancellation list to see if

they would like that spot. (If they do get to see an NP, change them to 'NP visit' in tracking). Delete clients who no longer need to be on the list, and delete all at the end of the day. **Existing** patients can also wait in the space, in case of a no-show/fit-in opportunity. (see **SOP for Booking appointments – at end of binder**)

Answering phone requests/return call requests re: prescription refills

Most prescription refills require an appointment, as NPs want to check-in with their patients, and may want to adjust the prescription. If refill is urgent, pharmacists can “bridge” a patient till the next appointment, or NPs can fax in a refill – the latter usually through the NP Program assistant.

Note: If the patient usually sees an NP who is scheduled at VWHC or is on site, take a message including contact information (and how long the patient will be available at the contact). Inform the patient that the NP will be notified and get back to them at some point in the next few days - No exact timeline can be provided. **NPs will not take calls directly.**

(See also **SOP for Prescription refills – at end of binder**)

Answering phone requests/return call requests re: test results

- The “no news, good news” rule applies. NPs or BCWH assistant will call patients only for abnormal results.
- Patients calling VWHC for results over the phone should be re-directed to the BCWH number- 604-875-3290. No timeline can be provided by the VWHC volunteers.

Note: Patients calling BCWH will be informed that the NP will get back to them at some point in the next few days.

- All patients will be encouraged by the NPs and VWHC volunteers to sign up for My E-Health so they can access their own labs (except PAP tests) [not available if no MSP]

(See also **SOP for Test results – at end of binder**)

Processing NP appointments.

When patients arrive and mention they have an appointment, ask if they are new patients, and if so, give them a “new patient’s form” to fill out. Note: the form is double-sided, and must be filled out with a pen (it’s a legal document). Patients keep the form (we get the clipboard and pen back!) and hand it to the NP.

Add ‘A’ (for arrived) to the Google calendar in front of the patient’s name and on the list on the NP door, to let the NP know their appointment has arrived. (Cancellations are crossed out). Make sure to mark ‘A’ on both paper and online lists – sometimes the Internet connection is wonky and won’t update correctly.

The NP will come to the front to call in the next patient.

Note 1: Charting is part of the time allocated to a visit. NPs chart after each patient and will be busy even if they have no one in their exam room.

Note 2: **If you can’t find the patient on the list of appointments, check the Counselling calendar.** If you do a ‘search’ in Google, it will search only the NP appointments. Click on ‘Counselling’ if you want the search to be done on Counselling appointments as well. Switch any incorrectly booked appointment to the appropriate calendar.

Late appointments / latecomers. – At the time of the appointment, please call patients who have not yet arrived, to see if they are on their way or wish to rebook. Mark them as ‘No Show’ if they can’t come in, even if they rebook.

- If they are still coming in within 10 minutes past their appointment time, let them know they may have time only for 1 issue (if existing patient) or for an intake session (if new patient). An additional appointment may be needed depending on the patient’s needs. This will be at the discretion of the NP who will inform the patient of the need for follow up at the end of the visit.

- Fit-in appointments (not applicable to new patients): If a patient hasn’t arrived, and there is 20 minutes remaining in the appointment slot, there is a chance to fit-in another **existing** patient. If the original booked patient arrives, booked patients have priority over “fit-ins” until the fit-in person is called into the clinic room. Again, only 1 issue can be addressed during a “fit in”. If the patient has multiple issues, they must wait for a 30min drop-in spot or book for another day.

-Volunteers are to always check with the NP before fitting-in a patient. Tell the patient we might be able to fit them in - Make no promise!

- If NP needs to fit in a telephone appointment, the NP will communicate this verbally to volunteers. NP will provide volunteers with the patient's name in writing and volunteers will add this on the schedule (same as drop-in).

(See also SOP for No-show/late arrivals – at end of binder)

NP going overtime. If the NP is running 15 minutes over time, slip a note under their door, letting them know their next appointment has arrived. This a) allows volunteers to get from the NP an anticipated wait time that can be communicated to patients in waiting area; b) provides the NP with an opportunity to step out, should she be in an unsafe situation in the exam room and not have had a chance to use her panic button. **This is for communications purposes only.** Volunteers are not responsible for keeping NPs on time. Some patients may require more time.

Other NP-related tasks

LifeLab pick-up. Pick-up of samples is around 3:45pm (Monday, Tuesday, Wednesday & Thursday); and around 12:45pm on Fridays. Make sure you get samples from **all NPs** between patients, on the half-hour before LifeLab comes, and keep them at the front. LifeLab staff only grabs the plastic pouches, not the plastic container. Bring container back to Room 1.

Meditran. On Mondays, when applicable⁷, there will be a delivery of medical equipment (drop-off and pick-up of 'dirty' blue tote box). The driver (currently, Ivone) will call the main number (or the ED) when 10 minutes away, to inform they are on their way, so the blue bin can be readied for pick-up.

Counselling appointments – all appointments are 1-hour long

Calendar management

Counselling appointments are managed on the same basis as NP appointments:

Bring up 'Counselling' under 'Calendars' (menu on left-hand side) on the vwhc.vcn@gmail.com screen.

Bookings: First appointments are booked one at a time, unless more are approved by the counsellor. Whenever possible, book new clients in the last time slot – many new clients are no-shows, and 'block' the counsellor. Counsellors take new clients sparingly and at a

⁷ BCWH Admin assistant emails VWHC ED on the day Meditran picks up supplies from BCWH. Drop-off of new supplies and pick-up of returnable blue bin is to be expected at VWHC on the following business day.

different pace – please check with ED before booking new clients, and when spots are available.

Actual sessions: On days when counsellors are in, make a paper list only with appointment times and tape to the door of Room 4. Add 'A' when client has arrived for each time slot (both on paper and Google).

Reminders: Call counselling appointments for reminders as per Google calendar (Fri. for Mon* +Tues // Tues. for Thurs // Wed. for Fri*) Use the same message and same codes as for NP appointment reminders. Remind new clients to come 10 minutes early to fill out a form and confidentiality agreement.

See ED for filling spots left available by cancelled appointments.

*Rebecca switching her sessions from Fri. to Mon. in April 2018)

How to use Google Calendar

Each calendar has a checkbox next to its name (in Classic Mode) or a circle (in new version of Google). To bring the Counselling calendar up, click once on the box (it will turn pink) and uncheck the box for the NP calendar (in blue) (and vice-versa to bring up the NP calendar instead of the Counselling calendar)

If a calendar “disappears” from the list, it may have simply been “hidden”. To bring it up again: choose Settings in the Settings menu (little cog at the top right corner of page). All calendars available are listed on the left. A crossed out 'eye' symbol indicates the ones that are hidden. Click on the 'eye' to 'show' the calendar you want.

Facilitation in the space

Ensure there is a volunteer in every area to assist clients. It is very easy to get involved in personal conversation with co-volunteers at the front, and it can create a barrier for women wanting to ask for support. It can also put you at risk of having people overhear information about your life that you may not want them to know. Similarly, when activities are on at the back, be mindful of the volume of your voice and that of other women - Sound carries very easily in our open space.

Answer the door in a professional manner, and welcome each woman into the space: Say hello, welcome back (if you recognize them), asking what we can help them with, tell them about the events for the day/month...

Assist new women to the space with a tour - especially if they are new patients, they may not know about us: Explain the Collective and what we do; Familiarise the women with the weekly activities we provide; Assist women with the: Internet, phone, resources, books, etc.

Remember we are 'Helping women help themselves' – this is different from doing things for women.

If client is choosing clothing and has a pile of clothing, you can ask "which 4 items have you decided on?" as an alternative to remind her of the 4 item limit.

If all computers are in use and a woman comes in to use a computer, ask someone who has been on a computer for a while to give up her spot.

Black/Silver phone is available to clients – max. of 10 minutes if another woman is waiting for the phone. If the black/silver phone rings, please answer. Explain it is a shared phone. If the caller asks to speak to (name), ask if that woman is in the space, and hand her the phone if she is. If she isn't, explain to the caller that the phone is accessible to all women who come to the centre, and that the person they are looking for is no longer in the space.

After a woman is done seeing the nurse practitioner, ask if she would need a follow-up appointment.

Walk every woman to and from the door

Respect women's privacy: never discuss a client/patient/staff/volunteer in public (either within or outside of the VWHC).

Please remember that all clients are equal and should be treated as such.

Interactions with Clients

To be able to empower women and to best serve our clients, it is important to set firm personal boundaries on what you can and cannot do for a client, and to set expectations for how you will help a client. It is important to be assertive about these limits and expectations to get the most out of your own volunteer experience, and to stand by our motto of helping woman help themselves. Similarly, feel comfortable refusing to share information or little gifts, in a kind and respectful manner. You can say no thank you without having to justify why.

How to Communicate Boundaries

Identify what you can do for the client – try to word it in a positive way, rather than stating what you cannot do. For example, “I can help you get ready before you call a potential landlord. It is better that you make the call because they will feel more confident establishing a connection directly with a potential tenant.”
Be open and available to support the client to help herself.

How to appropriately help clients

Talk to the client; actively acknowledge what they are telling you by identifying their needs and addressing how their needs can be met. If a client gets frustrated or upset at you or a co-volunteer, acknowledge again what their request is, how you can address it before addressing that you feel hurt/disrespected/threatened/uncomfortable/other by the frustration or anger that you feel in their tone/behavior/gesture.

Share the work of meeting a client’s needs. Note how much responsibility you are taking on for helping a client, and how much responsibility you are taking away from the client. DO NOT take a client’s responsibility away from them.

Ask for additional help or support from other volunteers, staff members, or nurse practitioners when needed.

Follow through with the help you are giving and ensure to give credit to work the client has done for herself.

How to use Info-tracking

Info-tracking is used to monitor services provided at VWHC and how women connect to VWHC. This is essential to getting grants and funding from investors. Please remember to track (on the staff computer) all phone calls, voice mail messages, email messages, and any one who enters the space during our hours of operation, and to use the drop down menu when entering the data.

Next to the date, enter the total number of donated baked goods. Please make sure to track Turn-aways (requests for appointments that could not be fulfilled, either because the schedule is full, or because we have no drop-in on that day) and the 3rd Next Available Appointment (3rd NAA)

Entering Data

1. In column A, record your name.
 2. In column B, record the method in which they contacted us (ie. Appointment, Drop-In, Phone, E-mail). There's a drop down menu (right side of the cell). Pick the appropriate one.
 3. In columns C to E record what service(s) the person is accessing
 - NP visit - always goes with Appt, or with drop-in coming for NP visit
- Note: At the end of the day, make sure that the number of 'NP visit' tracked match the number of booked and drop-in appointments on the Google calendar. (for accuracy of our stats. Thx!)
- NP related (for anything other than an appointment)
 - Food/Drink
 - Yoga/Pilates
 - Acupuncture
 - Phone/fax/computer
 - Save-on-Meats tokens
 - Hygiene products
 - Art therapy
 - Counselling
 - Outreach
 - Workshop
 - VWHC
 - Other (e.g. workshops)

- Turn-away

5. In column F, write the date.
6. In column G, input the 3rd NAA as 'Day + xx', write the total number of donated baked goods collected on the day and add any notes that will help better represent the reason why the person is accessing the VWHC.

How to schedule yourself in the Volunteer Shift Calendar

- Log onto vwhc.volunteers@gmail.com for the volunteer shift schedule
- Enter yourself in your assigned shift for at least the next coming month (enter yourself for as long in advance as you can – 3 months is good)
- Fill out the On-Call slot at the top of the Google Calendar to help with the process of finding a substitute, should someone need to get her shift covered:
- **Be sure to inform your shift mates of any change in your schedule** (planned time-off or unforeseen absence) and make sure it is covered, by emailing all volunteers + the volunteer coordinator/ED. **If it is short notice**, contact the **ED (778-855-3035 – call or text)** / or other relevant personnel and your shift mates as well to let them know.
- **Please commit to the shifts you have signed up for. Show up for your shift 10-15 minutes before your shift starts and be punctual.**
- It is your responsibility to make any changes to shifts (cancellations, time/day changes, additions) on the Google calendar.

How to use Google Drive

Google Drive is used for sharing documents (on vwhc.centre) and shift schedule (on vwhc.volunteers)

Once you are logged in, you'll see a square made of 9 little squares (top right corner). Click on it: it displays a number of icons/applications. Calendar will bring you to the Shift schedule; Drive will take you to all the documents that are shared there including infotracking, resource list, posters, waiting list etc...

If you can't find the document you are looking for under My Drive, check Shared with me. You can transfer items from 'Shared with me' to 'My Drive' by dragging them)

Click on the document to open it. If you have editing rights, you can change the document (changes are saved automatically) and/or share them with other people by clicking Share and filling out email addresses.

Volunteer Letter of Agreement

Volunteers are the foundation of the Vancouver Women's Health Collective, and volunteering at the VWHC is a unique experience. At the VWHC, volunteers are collective members and equal partners in decision-making. The VWHC relies on volunteers to be proactive and take initiative, to recognize the essential role they play in this non-hierarchical collective, and to be fully responsible and accountable. The Collective would not exist without its volunteers.

By signing this agreement to volunteer at the VWHC I commit to:

- Support the Mission Statement, Political Agreements, and Goals of the VWHC
- Follow the Standard of Protocol as set by the volunteer orientation
- Work one five-hour shift a week
- Volunteer for no less than six months
- Attend the monthly volunteer collective meeting
- Participate in educational and training sessions
- Dedicate six hours per year to fundraising and outreach activities and events
- Attend the Annual General Meeting each year
- Allow my email and phone number to be listed on the VWHC's internal communication list.

Through this agreement, the Vancouver Women's Health Collective commits to:

- Provide orientation and training to all new volunteers
- Provide a collective process training session once per year, plus up to three other training sessions per year on various aspects of the collective
- Provide an environment that encourages skills and awareness development
- Provide evaluations and feedback about work done at the collective
- Strive for greater diversity within our feminist collective.

Volunteer Code of Conduct

All activity on shift should be in the best interest of the Collective. Avoid using Facebook, surfing the web, checking personal emails, text messages, or voice

messages during your shift. Leave your phone with your belongings in the office, and take a break to check your messages.⁸

Refrain from giving any sort of medical advice to clients.

Avoid seeing the NP while on shift – make an appointment on another day

Refrain from gossip of any sorts.

Maintain the confidentiality of any work done for the Vancouver Women's Health Collective - including any Collective business or information gained from clients or the nurse practitioners. If you need to share info with a co-volunteer, NP or ED, feel free to do so in the office or an NP room.

Do not speak publically regarding the political agenda of the Vancouver Women's Health Collective.

Volunteer Suspension/Dismissal

Volunteers who are unable to maintain their commitment as set out by the Volunteer Letter of Agreement, who are not in accordance with the Volunteer Code of Conduct, and who do not satisfactorily perform their volunteer duties are subject to be suspended or dismissed as volunteers. Every effort will be made to avoid the suspension of a volunteer, and will be used as a last option.

Following a violation to the Volunteer Code of Conduct or Letter of Agreement or Continuous unsatisfactory work performance, three warnings will be issued to the volunteer.

1. A verbal warning will be given. The situation will be discussed, and goals will be collaboratively set to correct the behavior or situation.

2. A written warning will be given. Again, the situation will be discussed, and the previously set goals will be re-evaluated.

3. Suspension/Dismissal as a VWHC volunteer

In certain situations, the VWHC maintains the right to immediately dismiss a volunteer for gross misconduct. Gross misconduct includes, intoxication while on shift, theft of VWHC property, or abuse/mistreatment/disrespect of clients or fellow Collective members. In certain circumstances, suspended volunteers may be re-instated as a volunteer and Collective member. To do so, the suspended volunteer must attend another session of the Volunteer Orientation.

⁸ Apologies from the ED – who sets a bad example of checking her phone often. She uses it to text/email with board members, and for professional phone calls.

Safety and Emergency Procedures

General

- Should you ever feel unsure or uneasy or unsafe, certainly feel free to ask for help from fellow volunteers/staff
- You are free to not do anything you feel is unsafe; e.g. opening the front door for a threatening looking person, engaging with an aggressive woman in the space. Always feel free to call on staff.
- Priority is to back up fellow volunteers if there is a confrontation with a client. Backing up does not mean taking sides. Try your best to address the root of the disagreement and offer alternatives. For example, if the confrontation is about the number of items chosen, mention the person is welcome to come back the following day for more items (stick to the daily rule, though!) and ask which 4 (or 2 if specialty) items they want to keep for today.
- Should a person conduct themselves in a violent manner or do something completely unacceptable, ask them politely to leave ("I must ask you to leave") and inform them they are welcome to come back once they have calmed down / stopped [unacceptable behavior] – Stand next to/in front of them in a way to bring them toward the door. Repeat this until they leave the space. There is no point in engaging in back-and-forth reasoning, it will only result in escalation.

Personal Security Outside the VWHC

When leaving the VWHC, be aware of your surroundings, and try to leave in pairs. When outside, if you meet women who come to VWHC, let them address or acknowledge you first. This is for their own safety – they may not want people around them to know/ ask where you know each other from. One of our collective goals is to build relationships with our clients in our space. Maintaining clear boundaries also helps create consistency in how we engage with all women, and prevent anyone from feeling treated differently. Avoid sharing personal information that could be overheard by other people it is not intended for, or that could be interpreted and used against you. Please use your best judgment.

Medical

- Small first aid kits and masks are located in the cupboards above the sink in the front resource center (far right). Ask ED for restock.

You can provide Band-Aids, alcohol pads or masks to women – for your own safety, avoid assisting them with first aid.

- If an ambulance is called: If necessary, inform women that a male paramedic will be coming to into the space. Calmly move all other clients in the back or front, to provide a clear path for paramedics and privacy for the patient. Do not engage in conversation about the nature of the medical emergency; this is private information. Wait until the ambulance has cleared out before allowing clients to resume normal activity

Fire

- Alarms are located by the back door and by the front gate next to the security control panel
- Fire extinguishers are located by the back door, the table next to the kitchen, and near the front resource center sink. To use: Pull out the pin, direct the hose, and squeeze the lever
- If the alarm goes off, check the premises for a fire,
- Loudly and calmly announce the presence of a fire
- Direct/escort all clients out – Do a head count
- Check the space to ensure that no-one is left inside before you leave

Many alarms are false alarms from the Cosmo SRO upstairs, but we cannot take a chance. If the Cosmo manager is not outside, then call 911. State our address and whether a fire has been found on the premises or not.

Earthquake

- Individual survival kits are located in the cupboard above the sink in the front resource center, on the door of the Exec. Director's office, and in the bottom drawer of the kitchen. A large survival kit is located in a large green bin in the storage closet, to the left.
- Duck under a sturdy, heavy object, cover your head/neck, and hold on to your cover to stabilize yourself. If there are no objects to duck under, huddle up to an interior wall, cover your head, and make yourself as small as possible. Doorframes can be used as shelter, but can be dangerous as they do not provide cover from falling debris, and the door may close and injure you.
- Once the earthquake has ended be sure to count to 100 in case of aftershocks
- When it is safe, check the area first before coming out. Be careful not to injure yourself as you move.

How to print, copy or fax

Please remind clients we ask they keep their printing under 10 pages per day. Paper is available from the ED office.

Staff computers are connected to the HP 1320NW

The computer at the front (closest to Staff computers) is connected to the Epson NX230. All the computers in the back are connected to the Brother MFC7360N and are networked from the 2nd computer (from the left). That computer must be turned on for all the other computers to print.

The 3-in-1 Brother is a printer, photocopier and fax machine (**the scanner does not work**).

Note: Check the queues once in a while – print jobs may have been sent to print at times when the printer was not connected. When the printer is reconnected, tens of pages sometimes print out, from the back log, and are wasted.

Using the 3-in-1 Brother copier

Feeder: place documents written side up and top of page in feeder (for copy as well as for fax)

Double-sided printing or photocopying (manual): Print/copy your first page. Put printed sheet back into paper tray, blank side down (or printed side up), and intended top of document pointing at you.

For additional photocopy options, select from the keypad to the left of the screen, and scroll up & down with arrows to the right of the screen

Copy: Place documents face down (on glass) or face up (on top feeder). Choose Copy (under the screen – the Copy button will turn blue). Choose Options (if desired) – see below. Punch in number of copies. Press Start

Options

To save ink, change Brightness: press Options, then press the down arrow once. Press OK.

A scale appears on the screen. Press the right arrow all the way for brighter (go left if you want to select darker). Press OK. Note: this may be a temporary selection and it will disappear once your copies have been made.

The Options menu allows you to control Quality (text, automatic, graph, photo), Brightness, Contrast, Layout

Fax: Place documents face up (on top feeder). Fax is set by default (if not, press the Fax button under the screen – it will light up, in blue). Dial the number, press start. Listen for the tone indicating the fax went through (steady tone) or did not (busy tone). If it went through, a confirmation will print out. If it did not go through, it will redial automatically after a few minutes.

Note: the fax and phone use the same line (even though the numbers are different). The fax will not work if “Telephone” appears on the screen. Check with the front, before sending a fax.

How to use the coffee maker

The coffee maker has an integrated coffee filter (no need for paper filters) that sits in a filter holder. Leave the filter holder in. The spring on the bottom of the filter holder presses against the coffee pot lid, and releases coffee into the pot. Once you've made coffee, pour it into the coffee thermos, and turn the coffee maker off.



Coffee measure: 1 heaped tablespoon ground coffee per 2 cups.
The thermos fits 8 cups (4 Tbs).

You can remove the coffee filter alone - lift it up.



How to use the dishwasher

The dishwasher connects to the sink faucet with a quick connect locking collar.

Pull the locking collar down, while pushing the quick connect upward onto the faucet with the other hand.

Note: you can still draw water even while the dishwasher is connected to the tap – use the sprayer.

Valve to drain is here.



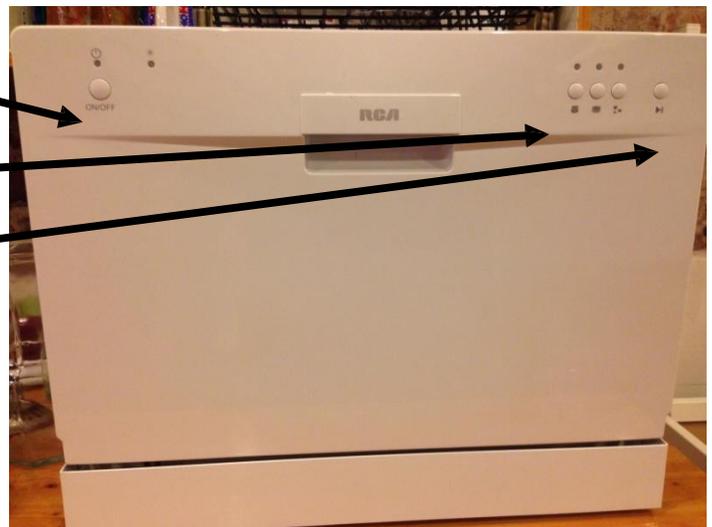
Load the dishwasher. Cutlery should be placed in cutlery basket with handles down. Add detergent (which is located at the back behind the curtain on the very top of the shelves where the garbage bags are kept) to the detergent dispenser (inside door, left-hand side – 15g dosage in left hole, up to 25g dosage in right hole). Do not use dish soap!! Leave detergent dispenser open (it is very finicky; it will work one day & not the next) Connect the dishwasher to the tap, turn the water on (cold water is fine – the dishwasher heats the water up).



Turn the dishwasher on (far left). Choose the cycle (to the right) from heavy (left icon) to light (right icon) wash. A blue light indicates which cycle you have chosen. Press start (>), the light blinks. You will hear the water start shortly.

To disconnect the dishwasher, turn the on/off button off (red light will turn off).

Turn the water off!!! (or you will get sprayed!), disconnect the quick connect by pressing the locking collar down, lift the white double hoses and pour any remaining water out.



How to open the toilet paper dispenser?

Key is on pink keychain (spare one is on purple keychain).



Insert key in the white round lock at the top of the dispenser (left). Press down and turn.

Make sure the top part is in alignment with the bottom part of the lock (center) – otherwise, keyhole is blocked half-way through (right) and you can't press the key down far enough to unlock.

Push the TP holder all the way to the bottom of the dispenser, then pull out of the dispenser.

Slip the fresh roll on, with the paper hanging towards you, and load from the top of the dispenser. The roll will slide down into place.

Where to find...

Band-aids: top-right cupboard at the front, above sink

Big bottles of shampoo, conditioner, lotion, etc.. for refills: big drawers across from staff computers

Blender: on top of kitchen shelves

Calmoseptine cream (when available): above cupboard in room 4. Bring 1 pouch per month at the front and keep in large bottom drawer (same as tokens) and give out sparingly

Coffee: back cupboard (past Room 4)

Coffee grinder: back cupboard (past Room 4) Coffee whitener: back cupboard (past Room 4)

Condoms: in drawers at the front, or above Room 4. Check expiry date.

Cups (disposable): when available, in cupboard above sink at front

Dish soap: when available, in cupboard above sink at front. **Not appropriate for dishwasher**

Dishwasher detergent: top shelf, in cubbyhole behind flowery curtain (at the back)

Earthquake emergency kits: hanging behind door in office, and in bottom kitchen drawer

Female condoms: in drawers at the front, or under desk in Room 4

Fire extinguishers: next to sink (front), next to microwave (back)

First-aid kit: top-right cupboard at the front, above sink

Garbage bags: in cubbyhole behind flowery curtain (at the back) – clear garbage bags are for washroom bins only

Gloves (disposable): in NP Rooms 2 or 3

Key to refill soap dispenser (weird-looking grey key, like a fork): in drawer under white cubbyholes in office. Insert key under dispenser – some dispensers don't require a key, just press bottom button to open.

Key to refill TP dispenser: on pink or purple keychain in office

Kitchen knife: back cupboard (past Room 4)

Minutes of meetings: on the Drive – vwhcvolunteers@gmail.com

Monthly calendar: on the Drive – vwhc.centre@gmail.com

New patient forms: additional ones in Room 1. We get them through BCWH – Let FE know when we are running low so she can ask for more

Paper (for printing): in office – Reminder: limit of 10 printed sides per person, per day

Paper bags (for baked goods or shower kits): for daily usage: in cupboard at front

for refills: back cupboard (past Room 4)

Paper napkins: back cupboard (past Room 4). Put out next to hot beverages instead of paper towels (rolls 'walk out'!)

Paper towel fro NPs: back cupboard (past Room 4)

Phones – main line (grey): to the left of the 3-in-1 printer at the back

- client line (silver/black): to the right of the 3-in1 printer at the back
- security/panic button (pink): in Room 4

Popcorn maker: above kitchen shelves

Posters for workshops: on the Drive – vwhc.centre@gmail.com

Recycling: * paper in small recycling bins at front and kitchen area, or in office.

No paper bags (or cups, etc...) with food stains, no wipes – those go in the garbage

* cardboard in blue container at back – pls cut boxes into smaller pieces

* empty containers and jars – keep in a box at the back. Staff will clear.

Sugar: back cupboard (past Room 4)

Soap or sanitizing hand foam: On top of cupboard in Room 4

Tampons or Pads: big drawers across from staff computers

Tea tree oil (good for cleaning): in spray bottle in office (yogis use it)

Toilet paper: back cupboard (past Room 4)

Tools: in office

Wipes: for daily usage: in cupboard at front

for refills: back cupboard (past Room 4)

Complaint Investigation

Policies and Procedures

All Patient complaints are investigated and acknowledged promptly by the appropriate program manager for the purpose of resolution, analysis, and quality improvement.

Staff/volunteers should treat all complaints in a sensitive and caring manner.

Complaints serve as an information source for quality improvement activities

Depending on the type of complaint information may be shared with the host agency in order to jointly identify improvements to the quality and safety of patient care. This will be up to the Program Managers discretion in consultation with the healthcare provider.

If the complaint is of a serious nature or may result in legal action the Program Manager will involve the Vice-President in the investigation and the response process, as well as inform the Risk Manager and where appropriate department of Medical Services.

Procedure

When a complaint is received the Staff/Volunteer Must:

Determine the type of complaint being made. Is it a complaint against a volunteer, staff member, or nurse practitioner?

1. Acknowledge the complaint with the claimant. Suggest that the claimant try to resolve the issue with the individual the complaint is being made for.
2. Engage the Executive Director in handling the complaint
3. The Executive Director will obtain as much accurate detail about the experience and document the persons involved.

If the complaint is made against a *nurse practitioner*, the Executive Director will share the complaint with the nurse practitioner and forward the details of the complaint to the Program Manager.

The Program Manager will handle complaints in an open, transparent manner, serving as a liaison between patients and health-care provider during the complaint process.

If the complaint is made against a *staff member or volunteer*, the Executive Director will share the complaint with the party involved and forward the details of the complaint to the Board of Directors.

The Board of Directors will review the complaint and work to resolve the complaint with all parties involved in a collaborative manner.

 <p>BC WOMEN'S HOSPITAL+ HEALTH CENTRE An agency of the Provincial Health Services Authority</p>	Title: Booking Appointments At Vancouver Women's Health Collective (VWHC)		
	Role: Booking clerks		
WORK STANDARD	Location: Clinic		Department: NP Clinic
	Document Owner:		
	Date Prepared: June 10, 2016	Last Revision: June 14, 2018	Date Approved: July 26, 2018

No:	Essential Tasks:
1	Log in to Google Calendar use Google Chrome Account: vwhc.vcn@gmail.com Password: schedulee29
2	Determine if client is "attached" to the clinic. " <i>Is this where you usually come for medical care?</i> ". If NO, go to #3 If YES, Determine if client is "attached" to a Most Responsible Provider (MRP) NP at VWHC by asking " <i>Who is your NP?</i> " or " <i>Who do you usually see?</i> " <ul style="list-style-type: none"> - If client identifies a primary NP, present first available appointment options with that NP, or inform of drop-in availability. See #5 - If client not able to identify a primary NP at the time of appointment booking, search the calendar to check which NP has been seen in the past and book with her. See #5 - If not able to identify a primary NP through a search, present first available appointment options with the NP seen the most or mention drop-in dates if no immediate appointments are available. See #5 - After booking, check name with an NP and update appointment schedule if necessary
3	How have you heard of us? If client identifies another organization or social/outreach worker (e.g. Watari, ...) go ahead with booking
4	Do you have provincial health/medical coverage in BC or in any other province? If YES, BC MSP -> present first available appointment options or drop-in if no immediate appointments are available. If YES, coverage in other province -> present first available appointment options or drop-in only for urgent and <u>non-routine medical care</u> (infections, injuries... excludes routine screening and chronic disease management) If NO -> How long are you planning on staying in BC for? - If for longer than 3 months, present first available appointment options or mention drop-in if no immediate appointments are available. - If for shorter than 3 months, redirect to other clinics for sexual health or to walk-in clinics (see Resource List on Google Drive)
5	When client confirms date & time they prefer to come in, create a new event in the Google Calendar and add the client's first & last name and phone number in the event line. Ask if is okay to leave a message at this number (make note if it is not) <ul style="list-style-type: none"> - Note "np" for new clients in front of name and ask client to come 10 minutes early. - Book only 2 new clients per ½ day and per NP - Note "PAP" if client is coming in for a Pap test - Note "IUD" if client is coming in for an IUD Insertion ie: "Jane Doe PAP – 604-123-4567"
6	All appointments are 30 mins, unless it's for an IUD Insertion or as requested by NP. IUD Appointments – see SOP for IUD inquiries
7	Confirm date and time of the appointment and the clinic address if it is a new client.
8	On the day of the booked appointment: Volunteers will mark an "A" in front of the client's name once the client is on site. If client isn't on site at the time of their appointment, volunteers will call to see if client is running late or wants to reschedule (see SOP for late/no show)

 <p>BC WOMEN'S HOSPITAL+ HEALTH CENTRE An agency of the Provincial Health Services Authority</p>	<p>Title: Booking IUD Appointments at Vancouver Women's Health Collective (VWHC)</p> <p>Role: Booking clerks; VW Volunteers</p>			
	<p>WORK STANDARD</p>	<p>Location: Clinic</p>	<p>Department: NP Clinic</p>	
<p>Document Owner:</p>		<p>Date Prepared: June 16, 2016</p>	<p>Last Revision: July 26, 2016</p>	<p>Date Approved:</p>

No:	Essential Tasks:
1	<p>Log in to Google Calendar use Google Chrome Account: vwhc.vcn@gmail.com Password: appointments29</p>
2	<p>Ask if appointment is to insert the IUD or to discuss IUD options and/ or get a prescription. If to discuss IUD/prescription, book a regular 30-minute appointment.</p> <p>If for insertion, book a 60-minute appointment and ensure she already has the IUD or has the prescription and will be obtaining the IUD before the appointment. Remind her to bring the IUD to the appointment.</p> <p>If the patient states she is leaving town, let her know that we recommend she be available for at least one week after insertion in case there are concerns post-insertion. The NP will counsel the patient on risks if she plans to leave town post-insertion.</p>
3	<p>Inform the patient the preferred time for IUD insertion is during menstruation, but this timing is not essential.</p> <p>If for insertion only, ask the patient if the prescriber reviewed preparation instructions with her and informed her of what pain medication to take before the insertion. If not, refer patient to the <i>Options for Sexual Health IUD Fact Sheet</i> online.</p> <p>Do not advise patient on what medication or dosage to take.</p>
4	<p>Ask the patient if she has a date range she prefers to come in and if she wants to see a specific NP; present the best available 60-minute appointment options according to patient's preferred date and NP</p>
5	<p>When patient confirms date & time they prefer to come in, create a new event in the Google Calendar and add the patient's first & last name and phone number in the event line.</p> <p>-confirm spelling of patient's name</p> <p>- Note "IUD" if patient is coming in for an IUD Insertion i.e.: "Jane Doe IUD – 604-123-4567"</p>
6	<p>Confirm date and time of the appointment and the clinic address if it is a new patient.</p>
7	<p>If the NP judges that a post insertion ultrasound is needed, she will fill out the requisition and give to the patient to book the appointment herself or NP will give to the program secretary to fax and arrange appointment.</p>
8	<p>The NP is to recommend the patient book a follow-up appointment.</p>

Updated March 4, 2018

 <p>BC WOMEN'S HOSPITAL+ HEALTH CENTRE <small>An agency of the Provincial Health Services Authority</small></p>	<p>Title: No show policy for patients at Vancouver Women's Health Collective (VWHC)</p> <p>Role: Booking clerks, NPs, volunteers</p>		
	Location: Clinic		Department: NP Clinics
	Document Owner:		
WORK STANDARD	Date Prepared: June 16, 2016	Last Revision: Oct. 25, 2016	Date Approved:

No:	Essential Tasks:
1	Volunteers are to phone the patient at the time of their appointment and notify them that they may not be seen if they are late.
2	If patient presents 10 minutes late for a booked appointment they will have to agree to a shortened appointment and may need to book another one for another day.
3	If it is a new patient that is 10 minutes late, there is a chance that the appointment will be an intake appointment only. A second appointment may be needed depending on the patient's needs. This will be at the discretion of the NP who will inform the patient of the need for follow up at the end of the visit.
4	Volunteers are responsible for updating the Google calendar for patients who are no-shows
5	Fit-in appointments: If a booked patient has not arrived and if Volunteers are unable to contact them, and there is 20 minutes remaining in the appointment slot, there is a chance to fit-in another patient. -The patient must not be a new patient, and must have been seen at VWHC before -VWHC staff will inform the patient that this is a " <i>fit-in</i> " appointment, and only 1 issue can be addressed -If the patient has multiple issues, they must wait for a 30min drop in spot or re-book on another day

 <p>BC WOMEN'S HOSPITAL+ HEALTH CENTRE <small>An agency of the Provincial Health Services Authority</small></p>	Title: Prescription (Rx) Renewals for patients at Vancouver Women's Health Collective (VWHC)	
	Role: Booking clerks, NPs, volunteers	
	Location: Clinic	Department: NP Clinics
WORK STANDARD	Document Owner:	
	Date Prepared: June 16, 2016	Last Revision: Dec. 14, 2016

No:	Essential Tasks:
1	Patient calls or drops in to ask for Rx refill. Book the patient in for the next available appointment and/ or inform when drop-in is available
2	If patient states refill is urgent i.e. she will run out of important medications before the next available appointment and drop-in is unavailable: 1. Book next available appointment 2. Advise patient to contact her pharmacy and ask for an emergency refill until the appointment. *Pharmacists can refill for continuity of care but this is considered 'the exception to the rule and not the normal practice' 3. If this is not successful the patient can call BCWH admin (604- 875-3290). BCWH admin will contact the appropriate NP and relay the request. *refill is still not guaranteed, it is at the discretion of the NP, and if the refill is done it will normally be only sufficient supply until the appointment
3	If patient insistent and does not want to come in. Advise patient to contact her pharmacy and ask for a faxed refill request to be sent to BCWH admin (fax #604-875-3009) *Fax medication refills are not the norm as NP normally needs to re-assess the patient. Fax refills will only be done at the discretion of the NP, and may take several days*
4	If the NP is scheduled at VWHC or is on site, VWHC staff may take a message including contact information (and how long the patient will be available at the contact). Volunteers will inform the patient that the NP will be notified and get back to them at some point in the next few days - No exact timeline can be provided. NPs will not take calls directly.

 <p>BC WOMEN'S HOSPITAL+ HEALTH CENTRE An agency of the Provincial Health Services Authority</p>	Title: Providing Results to VW Patients		
	Role: Booking clerks, VWHC Volunteers, NPs		
WORK STANDARD	Location: Clinic		Department: NP Clinic
	Document Owner:		
	Date Prepared: June 16, 2016	Last Revision: July 26, 2016	Date Approved:

No:	Essential Tasks:
1	The NP will notify the patient that normal results will not be communicated to them- i.e.- no news is good news.
2	<p>The NP will inform the patient that they will either be called about any abnormal results by the NP and a plan will be developed <u>OR</u> they will get a call from the NP Administrative Assistant asking them to make an appointment for a follow-up (If a timely appointment is not available, drop-in hours will be communicated to the patient). NP encouraged to request permission to leave minor abnormal results (e.g. low ferritin or minor PAP abnormality) on voicemail and document this plan.</p> <p>Anything serious will be communicated to the patient by the NP. If the patient is worried, she can feel free to call 604-875-3290 to speak with the NP Administrative Assistant.</p> <p>Patients with limited English should be asked to book a follow-up appointment before leaving the clinic for any investigations other than routine screening. For routine screening (e.g. PAP and STI screen) “no news is good news” approach applies. For unexpected results of routine screen NP will use PLS (Provincial Language Services) for 3 way telephone call to provide results or will ask clerk to use PLS to ask patient to book a follow –up appointment. Staff or other informal interpreters should not be used for this purpose.</p>
3	If a patient calls the VWHC volunteers for results over the phone, they are to re-direct to the BCWH number- 604-875-3290. No timeline will be provided by the VWHC volunteers
4	If a patient calls the BCWH number and asks for results, they will be informed that the NP will be notified and get back to them at some point in the next few days.
5	All patients will be encouraged by the NPs and VWHC volunteers to sign up for My E-Health so they can access their own labs (except PAP tests) [not available if no MSP]

Updated March 4, 2018

 WORK STANDARD	Title: Special Requests [forms or controlled drugs] At Vancouver Women's Health Collective (VWHC)		
	Role: Booking clerks; VW Volunteers		
	Location: Clinic	Department: NP Clinic	
Document Owner:			
Date Prepared: Dec 14 2016	Last Revision:	Date Approved:	

No:	Essential Tasks:
1	If you receive a call or appointment request, or question Re for nurse practitioners <ol style="list-style-type: none"> a) Completing a certain forms or b) Prescribing certain medications (i.e controlled medications example but not limited to morphine, Tylenol #3, Ativan)
2	Inform the client the Nurse practitioners will only <i>consider</i> these requests for their established patients. This means: <ul style="list-style-type: none"> • Not if they have a primary care provider elsewhere • We must be the primary source of care • Normally we will need at least 3 visits with an individual NP to establish the relationship, history and physical exam relevant to the condition in question must be complete and all relevant medical records must be received. Exact requirements will vary, but we would almost never be able to complete a form or prescribe controlled drugs on the 1st visit. • We will not accept patients transferring to our service from another NP or GP in Vancouver with the purpose of the transfer to receive controlled drugs or complete disability forms
3	There are certain medications we still are unable to prescribe and certain forms we are unable to sign
4	If in doubt, ask any of the NPs
5	You are not expected to ask the reason for visit, but when possible is preferable for clients to be informed in advance that we may be unable to fulfil their request, rather than being refused at the appointment. The client's time is also valuable.
6	*If there is a new patient with no other primary care provider and identifies VWHC as their primary care center, they will be required to see the <i>same</i> NP for at least 3 visits prior to completing the form.
	Once the patient is seen at their PWD form appointment <ul style="list-style-type: none"> -The patient provides the NP with the form -NP informs the patient it can take several weeks to get the form back -During this time, the patient may be asked to come into clinic or called on the phone to gather information for form completion. -Once the form is ready for pick up, the NP will call the patient in for an appointment to review

NP FAQ

See also SOP (standard operating procedures) for:

- Booking appointments (including new patients and unattached patients)
- IUD
- Prescription renewal (including emergency renewals by pharmacists)
- Special Requests (PWD (patients with disabilities) and other forms (including notes for work ICBC, etc...); CDSA (controlled drugs and substances), etc..)

RECORDS/ SCOPE OF PRACTICE/NEW PATIENTS & MSP

Question	Answer
How far back do the patients records go? (e.g. what about a patient who came 2 years ago?)	<p>* NPs have all records from 2010-present.</p> <p>* For existing patients who haven't seen an NP in the past 3 years, please ask them to fill out a form so their contact info/history can be updated if necessary. (Note: they are not considered new patients for booking purposes)</p> <p>* If a patient mentions a change in their contact info, pass it on to the NP (written note)</p>
Can an NP be a primary care provided/ most responsible provider (MRP)	Yes, (but VWHC can't guarantee NPs can take on new patients or patients willing to transfer)
Can records be transferred to an NP at VWHC?	<p>Before records can be transferred, the patient must see an NP and discuss with her. Records will be transferred to BCWH, not VWHC. (There is no guarantee that the NP will receive the records)</p> <p>The accepting office receives from the previous office. Patient's consent is required.</p> <p>Some offices charge a fee for record transfers.</p>
How is an NP different from a GP?	NPs and GPs have different educational backgrounds and different ways of looking at things. NP still have some limitations in their scope of practice (e.g. narcotics)
Are NPs comfortable/knowledgeable w/gender-neutral/trans* terminology?	NPs are familiar and they try their best to be gender sensitive.
Could a patient see an NP while she is in a recovery program instead of a Dr?	Yes, for primary care purposes. For addictions, the patient should see a specialist at their recovery program
Is ID required to see an NP?	No, but name, date of birth and contact info are required (given to the NP, not necessary when booking appointment)
Is BC MSP required?	<p>No, however, NPs are unable to provide care to vacationers. See Booking appointments SOP for script</p> <p>There is an agreement between BC and Alberta, so patients with AHCIP can be seen by an NP in BC</p>
For women waiting for MSP coverage, which procedures/tests are covered by BCWH or retroactively refunded by MSP?	<ul style="list-style-type: none"> - If newcomers, refer to BCWH's Newcomer's Clinic - Call to book appt for Wednesdays or Fridays Cheryl Nand - 604-875- 3137 - STI tests are free - NPs can refer for limited blood tests. - no other investigations are covered – i.e. no x-ray, no ultrasound and no specialist appointment -retroactive MSP coverage is theoretically possible if person was eligible for MSP (but just didn't have the number or card) at time of test or specialist visit, but this depends on billing practice of agency where test is done

CONTRACEPTION / GYNECOLOGY

Can NPs provide morning-after pills/Plan B?	Yes (during appointment)
Do NPs have sample birth tests that can be given away? What kind of pregnancy tests can NPs do? (urine, blood?)	No Urine – on site (during appointment) Blood - referred to lab (requires an appointment)
What injections can NPs perform? What about Depo-Provera?	If a patient already has a prescription, refer them back to the provider who wrote the prescription.
Is a prescription required for contraceptives?	Yes
How long after intercourse can plan B/morning after pill be prescribed?	ASAP and up to 5 days (efficiency rate will drop, though)
Where else is Plan B available?	Youth and STI clinics, Opt (lower cost)
Can NPs remove a sub-dermal contraceptive (from their skin)?	NPs do not provide that service but can provide a referral (requires seeing the NP)
What about IUD insertions? Who can/cannot do them? IUD removals?	See IUD SOP for appointments, follow-up and recommendations – Can do: All (book w/ Becca or Sarah Jane <u>only</u> when another NP is on site, in case they need back-up) Removals can be done by all (30 minute ‘regular’ appointment)
Is a local anesthetic used for IUD insertions? Why/why not?	No -- Research has shown this probably does not help with insertion pain. Also NPs don't have the equipment at this time. They suggest ibuprofen (Advil) or Naprosyn (Alleve) prior to appointment (see IUD SOP – it includes a reference to how to prepare for IUD insertion)
Can free IUDs be provided by NPs at VWHC?	Only Copper IUDs

PAP/STI

Can a PAP be done during menstruation? After intercourse?	No Yes
Can NPs do STI testing?	Yes (blood test requisition through a lab; vaginal swabs are done on site by NP) Other agencies offering STI testing: Opt, VIDC (pop-up clinics w/ mouth swab testing), BCCDC clinic or Get Checked Online (https://getcheckedonline.com – requires MSP + creating an account) - See Resource List on Google Drive
Sexual health for youth	Redirect to Opt or a Youth clinic (UNYA, Inner City Youth (Granville), Three Bridges...) – See Resource List on Google Drive

CHILDREN/MINORS

Do NPs see infants/children, especially well-child visits/check-ups?	NPs will be seeing children for <u>emergency</u> primary care only. NPs will be referring to other clinics such as BC Children's Hospital NP Clinic or RICHER or physicians accepting new patients
How old should a patient be in order to be seen? Unaccompanied minors?	Over 14 years old. If youth coming in for STI, contraception/abortion, etc... they can be redirected to Opt or a Youth clinic (UNYA, Inner City Youth (Granville), Three bridges...)

VACCINES/MEDICATION/FORMS/PRESCRIPTIONS

<p>What vaccines do NPs have in-stock? (and can inject)</p>	<p>* Check Immunize BC to find immunization clinics (immunizebc.ca/finder) Publicly funded vaccines available from NP: Hep B for high risk groups, Tetanus, MMR/Meruvax (measles, mumps, rubella), pneumonia (older adult); flu during season for existing patients. (Check w/ NP prior to booking appointment, to make sure it is in stock) *For Routine childhood vaccines. Refer to public health clinics at Immunize BC *For Travel vaccines or travel antibiotic prophylaxis. Refer to travel clinic e.g. VCH travel clinic 601 W Broadway 604-736-9244.</p>
<p>What other medication do NPs have on hand?</p>	<p>-STI meds are available - plan B (usually) - Very limited other meds and NPs don't accept patients looking for free medication - NO samples. Always double-check w/ an NP for availability</p>
<p>What do NP NOT prescribe/order/do?</p>	<p>-Adult ADHD meds -HIV meds -Marijuana and Cannabinoids - Controlled medications (narcotics) will be considered only for established patients, see Special requests SOP - TB tests. * For work or school, patients must see TB Clinic at 655 W 12th Avenue – ph. 604-707-2692. * For exposure or symptoms, NP can see patient and refer to DTES TB Nurse. - tests recommended by naturopath. The naturopath can order tests but patient must private pay. - Prescription refills or other management of an ongoing condition <u>managed by GP or NP from another centre/clinic/institution.</u> Refer the patient back to the practitioner who prescribed. - Cannot interpret <u>test results for tests ordered by physician or NP from another centre.</u> Refer the patient back to the practitioner who ordered the tests.</p>
<p>Can NPs fill in forms? See SOP</p>	<p>-see SOP Special requests at VWHC -No forms for anyone who has a GP or NP elsewhere. Must be attached to an individual NP here to consider form. Forms include but not limited to welfare, sick notes, EI, Worksafe, ICBC, sports, ability to work or attend school Yes, NPs can fill those forms</p>
<p>What about forms for eating disorder clinic?</p>	<p>Can be discussed w/ NP during appointment – no guarantee</p>
<p>Can NPs provide free blood tests?</p>	<p>Can be discussed w/ NP during appointment – no guarantee</p>