# APPENDIX A

## **MEMORANDUM OF UNDERSTANDING**

## **FOR SUPERVISED PRACTICE EXPERIENCE**

This Memorandum of Understanding (MOU) between Fraser Health Authority (Fraser Health) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert your name) (“you” or “your”) is entered into for the purpose of setting out the responsibilities of the parties during your Supervised Practice Experience at Fraser Health.

You confirm that you are not affiliated with any formal educational institution, and that you require \_\_\_\_\_ hours of Supervised Practice Experience in order to fulfill admission to, or re-licensure by your professional college.

Fraser Health will provide you with the Supervised Practice Experience subject to this MOU and provided that you comply with the terms of this MOU. Your failure to maintain or comply with any of the terms of this MOU may result in Fraser Health terminating your Supervised Practical Experience.

## **YOU AND FRASER HEALTH AGREE THAT:**

1. **You will**:
   1. Comply with the standards of practice, policies and procedures established by Fraser Health, particularly those involving patient confidentiality and patient safety;
   2. Upon request, supply evidence of current immunizations of concern to Fraser Health;
   3. Take reasonable measures to avoid exposure to any hazard or risk of harm during your Supervised Practice Experience;
   4. Respect each client’s right to privacy, and defer to any wish by a client or care provider that you not attend particular episodes of care;
   5. Only provide client care under direct supervision of the Fraser Health supervising staff member, as well as understand and follow Fraser Health’s clinical policies and Clinical Decision Support Tools. For SPE Candidates who are seeking to return to practice, you must also only provide care when such care is within the scope of your practice and meets your regulatory body’s professional standards.
   6. Assume all responsibility for the quality of your instruction at Fraser Health and for ensuring that all learning objectives, supervisors, and instructors meet your professional college’s requirements for the Supervised Practice Experience;
   7. Indemnify and hold harmless Fraser Health from and against all liability including, but not limited to claims, losses, damages, judgments, costs, expenses, actions and other proceedings made, incurred, sustained, brought, prosecuted or threatened to be brought or prosecuted that are based upon, occasioned by or arising out of any act, error, deed, matter, thing, negligence or omission on your part in conjunction with your Supervised Practical Experience or this Memorandum of Understanding;
   8. Obtain and maintain throughout your Supervised Practical Experience professional liability coverage in an amount not less than $5,000,000 per occurrence, naming Fraser Health Authority as an additional insured;
   9. Obtain and maintain throughout your Supervised Practical Experience third party liability coverage in an amount not less than $5,000,000 per occurrence, naming Fraser Health Authority as an additional insured;
   10. Obtain and maintain throughout your Supervised Practice Experience personal injury (death and disability) insurance in an amount not less than $500,000 each;
   11. Provide Fraser Health with evidence of the required insurance coverage;
   12. Complete and sign a Waiver and Release of Responsibility in the form attached as Attachment 1 to this MOU; and
   13. Complete and sign a Confidentiality Agreement in the form attached as Attachment 2 to this MOU.

## **Fraser Health will:**

* 1. Provide you with a Supervised Practice Experience within the scope of health care services provided at the facility;
  2. Maintain the quality of patient/resident/client care while offering you an opportunity to learn;
  3. Identify a liaison person for you with whom communications and feedback regarding the experience can be channeled;
  4. Provide you with a comprehensive site and program orientation, including the appropriate emergency procedures; and
  5. Make available to you the information necessary to comply with Fraser Health’s policies and procedures, especially those related to patient confidentiality and safety.

## You are and shall remain for the purposes of your Student Practice Experience an SPE Candidate throughout the entire duration of your Supervised Practice Experience, and you are not a Fraser Health employee or agent.

## Because you are not a Fraser Health employee, **you understand and acknowledge that you will not be covered by WorkSafe BC** for any injuries sustained by you during your Supervised Practice Experience.

## Fraser Health will not assume any liability for injuries sustained by you during your Supervised Practice Experience.

## This MOU may be executed and delivered in any number of counterparts with the same effect as if the parties had all signed and delivered the same document, and all counterparts will be construed together to be an original and will constitute one and the same agreement. The execution of this MOU by any party may be evidenced by way of an electronic transmission of a copy of such party’s signature, and the copy of such signature will be deemed to constitute the original signature of such party with the same force and effect as if the party had delivered an original of their signature.

## Date(s) of Supervised Practice Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## SPE Candidate’s Profession/Professional College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Fraser Health Practice Area and Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Name of the Fraser Health Leader (or designate) Signature of the Fraser Health Leader (or designate)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Name of the Fraser Health Supervisor Signature of the Fraser Health Supervisor**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Full Legal Name Your Signature**

Insert your full address, including postal code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insert your telephone number(s), including area code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR LEADER (OR DESIGNATE):**

☐ Ensure that MOU has been completed and signed by all parties.

☐ Ensure that Fraser Health received copies of the required insurance certificates, that they are in the correct amount, and that Fraser Health is named as an additional insured.

☐ Provide copy of fully signed MOU to the SPE Candidate.

☐ Send copies of the signed forms and supporting documentation to Professional Practice (student.placement@fraserhealth.ca).