

ST. JOHN CANADA INSTRUCTIONS

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VOLUNTEER INVOLVEMENT IN ST. JOHN AMBULANCE

GENERAL

1. The volunteer element of St. John Ambulance is comprised of Brigade members, Instructors, Board and Committee members, Members of the Order, Fellowship members, and others providing volunteer service.
2. *StJCI: Part 2 - Volunteers* replaces *StJCI: Part 2 - The Brigade (1989)*. It is broken into two main parts:
 - a. StJCI 2-1 and subsections relate to all volunteer members of St. John Ambulance, and comprise new material;
 - b. StJCI 2-2 to 2-12 and subsections relate specifically to Brigade members, and replace *General Regulations for the St. John Ambulance Brigade* and associated *Administrative Instructions*.

VOLUNTEER DEVELOPMENT COMMITTEE

3. The Volunteer Development Committee is a standing committee of Priory Council that is responsible for developing policy to promote excellence of all volunteer resources, and to achieve the following objectives of the St. John Canada Plan:
 - a. ensure excellence of volunteer resources necessary to carry out the mission of St. John Ambulance; and
 - b. ensure the growth and vitality of the Brigade so that it can continue to serve the communities and people of Canada
4. Recognizing community and work place needs as the criteria for St. John Ambulance services and products, the Committee's tasks are to:
 - a. identify the current resource base and future volunteer needs of St. John Ambulance;
 - b. identify and review existing policies on volunteer development;
 - c. facilitate, encourage and empower policy proposals at all levels regarding volunteer development; and
 - d. recommend policies with respect to leadership, recruitment, retention, training and development, measures of performance, recognition, responsibility and accountability, and protecting the rights of the volunteers.

VOLUNTEER RIGHTS AND RESPONSIBILITIES

GENERAL

1. Every member of St. John Ambulance has certain rights and responsibilities. This information should be made available to all members.

RIGHTS OF VOLUNTEERS

2. St. John Ambulance recognizes the diverse and multicultural composition of its volunteer environment and its workplace, and appreciates the dignity, worth and contribution of each member. Equal rights and opportunities are provided for all members.
3. All volunteers of St. John Ambulance have the right to:
 - a. be regarded as a person with individuality, uniqueness and value, regardless of race, ancestry, national or ethnic origin, citizenship, colour, religion, age, sex, sexual orientation, marital status, family status, pardoned offense, physical disability or mental disability;
 - b. equal treatment with respect to services, without discrimination;
 - c. equal treatment with respect to volunteer employment, without discrimination;
 - d. be carefully interviewed and to have programs clearly explained;
 - e. be appropriately assigned to a job that is rewarding to them;
 - f. expect training and supervision to enable them to perform their job well;
 - g. suggest to their supervisor ways to make their job more fulfilling;
 - h. discuss potential reassignment with their supervisor;
 - i. receive recognition for their services; and
 - j. be educated concerning health and occupational risks and how to minimize those risks.
4. Harassment on the basis of any items listed in paragraph 3(a) will not be tolerated within St. John Ambulance.
5. Employment-related obligations of the Canadian Charter of Rights and Freedoms (Part I of the Constitution Act, 1982) apply to volunteers as well as paid employees. This applies only to human rights legislation and not to other laws.

RESPONSIBILITIES OF VOLUNTEERS

6. Members of St. John Ambulance have the responsibility to:
 - a. provide service to St. John Ambulance to assist in fulfilling its mission, which is *to enable Canadians to improve their health, safety and quality of life by providing training and community service;*

StJCI 2-1-1

- b. be honest and open with other volunteers and with staff regarding their intent, goals, needs and skills;
 - c. understand the requirements of time and duties of assignments before accepting them, and once accepted, fulfill the commitment to the very best of their ability;
 - d. work as professionals and as respected members of a team;
 - e. take the commitment seriously and participate in the training and learning opportunities made available;
 - f. respect the confidentiality of St. John Ambulance and its members and clients; and
 - g. seek and accept honest feedback on performance.
7. Members of the St. John Ambulance Brigade are also expected to carry out the obligations stated in StJCI 2-9-3 (paragraph 2).

PRIVACY OF INFORMATION

GENERAL

1. St. John Ambulance National Headquarters maintains personal files on all members, who are entitled to know the purpose for which the information is collected, and to restrict the use of this information, as set out in the policy below.

POLICY

2. St. John Ambulance National Headquarters uses the personal information in member files:
 - a. to maintain and develop the relationship with them as a member of St. John Ambulance;
 - b. to assure their eligibility for and receipt of any national service or merit awards or honours;
 - c. to promote and market products, goods and services offered by St. John Ambulance, whether gratuitous or for consideration, including by means of direct marketing;
 - d. to solicit donations to support the charitable works of the Order of St. John;
 - e. to administer membership, billing and accounting services relating to their affairs and relationship with St. John Ambulance National Headquarters;
 - f. to provide anonymous statistical information to all levels of St. John Ambulance in Canada, for the purposes of planning and evaluation;
 - g. to maintain historical data for St. John Ambulance National Headquarters in Canada;
 - h. to include on lists traded or sold to third parties for the purpose of communication or solicitation by such third parties;
 - i. to respond to reference requests made by other organizations; and
 - j. for such other purposes as may be required by law.
3. This information may only be accessed by employees and volunteers of St. John Ambulance authorized to have access to the information in members' files, for the exclusive purpose of fulfilling the above-stated objects.
4. This information will be maintained and administered at St. John Ambulance National Headquarters, 312 Laurier Avenue East, Ottawa, Ontario, K1N 6P6.
5. a. St. John Ambulance National Headquarters will disclose to any member any and all personal information about them, with the exception of nomination for admission or promotion in the Order before nominations have been approved.

- b. Members have the right to access their files.
 - c. Should a member wish to obtain a copy of any personal information contained in their file, St. John Ambulance National Headquarters will inform them in advance of any charge which may be levied for doing so.
6. Members have the right:
- a. to have any personal information in their file which is inaccurate, incomplete or ambiguous corrected. In addition, they have the right to have deleted any personal information in their file which is out-of-date, or not in accordance with the subject file, with the exception of information required to maintain historical records and accurate statistics;
 - b. to have their name excluded from solicitation on behalf of the Order of St. John, and/or from lists traded or sold to third parties for the purpose of communication or solicitation by such third parties;
 - c. to have communications from St. John Ambulance National Headquarters sent to them in the official language of their choice;
 - d. to have their name excluded from all communication from St. John Ambulance National Headquarters.
7. Councils are expected to replicate and implement this policy with appropriate changes of terminology and address for each Council.

WORKFARE

GENERAL

1. **Workfare** is a program whereby able-bodied individuals currently receiving government assistance are required to perform unpaid community service in order to continue receiving financial assistance.

BENEFITS AND LOSSES

2. There are both positive and negative aspects of introducing workfare into St. John Ambulance:
 - a. Volunteer agencies will be asked to enlist workfare people as volunteers. This will include recruitment, training, placement and monitoring (to ensure continued eligibility for financial assistance). Within St. John Ambulance, these tasks are carried out mostly by volunteers. We run the risk of burning out already overloaded volunteers.
 - b. There are many qualified people receiving assistance who may be beneficial to our organization.
 - c. There is a big investment made with each individual joining St. John Ambulance as a volunteer, and once they are trained, we strive to keep them as active members. People joining St. John Ambulance through workfare are unlikely to remain when they no longer qualify for government assistance.
 - d. Individuals now on benefits who want to volunteer will be allowed to do so without having their benefits cut.
 - e. The public now has an image of St. John Ambulance volunteers who are trained to meet national standards, and who are there to help because they care about their community. Will this perception be jeopardized?

POLICY

3. St. John Ambulance agrees to collaborate on workfare under the following conditions:
 - a. St. John Ambulance does not exist to provide opportunities for workfare involvement. Rather, volunteer participation is valued because it helps St. John Ambulance accomplish its mission in the most cost-effective and compassionate manner possible.
 - b. Every individual applying for membership through the workfare program is subject to the same screening procedures as any other candidate.
 - c. St. John Ambulance has the right to deny membership or to dismiss any member of the workfare program according to policies and procedures followed for all other members.

- d. Workfare placements are at the sole discretion of each unit or Branch. Service agreements will be made at the local level.
- e. St. John Ambulance volunteers responsible for recruiting, training, placing and monitoring volunteers will not be subjected to a commitment of personal time or effort beyond the scope of normal responsibilities in the case of members coming through the workfare program.
- f. St John Ambulance may decide at any time to terminate participation in the program.

CONFLICT OF INTEREST

GENERAL

1. A conflict of interest is a situation in which a member has opposing loyalties or obligations, whether personal, philosophical, or financial.

POLICY

2. Volunteer board members are responsible for decisions affecting policy, and must exercise their duty of loyalty by avoiding any conflict of interest. A board member who has a conflict of interest, or a perceived conflict of interest (e.g. is also a board or staff member of a competing organization; is employed by a company doing business transactions with the Board), must declare this at the first possible opportunity. Once a conflict of interest is declared, the member may neither speak nor vote on any motion or amendment made concerning the matter in question. Those who abstain from participation or leave the meeting because of their declared conflict of interest are still counted when determining a quorum. All declared conflicts of interest at this level must be recorded in the Record of Proceedings.
3. Individuals holding a volunteer position with St. John Ambulance may hold a second volunteer position in the organization only when the appointing authorities are aware and consent to the appointment to the second position, having regard to potential conflict of interest. Conflict of interest, or perceived conflict of interest, may arise in situations where a volunteer is in a position to make decisions that are of benefit to another volunteer position that they hold within St. John Ambulance.
4. Paid staff may serve as St. John Ambulance volunteers within the following parameters:
 - a. the volunteer position is as a direct-service member (note that staff members may be required to serve on committees as a function of their paid employment);
 - b. the volunteer service provided is totally voluntary, and without coercion;
 - c. the duties are performed outside the usual working hours of the staff member;
 - d. paid staff choosing to volunteer as Brigade members do so in accordance with StJCI 2-3-1, paragraph 19; and
 - e. a perceived conflict of interest does not exist.

FELLOWSHIP

GENERAL

1. St. John Ambulance encourages all past and present members of the Order and its foundations to join the St. John Fellowship. It is comprised of former or current Brigade members, Instructors, board members, other volunteers and staff members.

OBJECTIVES

2. The objectives of the Fellowship are:
 - a. to enable people with an interest in St. John to keep in touch with the organization and with each other;
 - b. to form local chapters which will arrange meetings, social events and other activities as desired by the members;
 - c. to help former members in need, especially those who are house bound, in hospital or in a nursing home; and
 - d. to support the activities of the foundations of the Order of St. John.

ADMINISTRATION

3. Fellowship chapters are formed through and supported by the Provincial / Territorial Councils. Staff support at the national level is provided by the Secretary of the Order who acts as liaison between the Councils and the General Secretary of the St. John Fellowship at St. John's Gate in London, England.

HARASSMENT

GENERAL

1. St. John Ambulance is committed to the observance of the provincial human rights law as it applies to all members of St. John Ambulance, including volunteers, applicants for volunteer positions, employees, and applicants for employment.

DEFINITIONS

2. *Harassment* is any unwanted physical or verbal conduct that offends or humiliates an individual. Such conduct can interfere with a person's ability to do a job or obtain a service. Harassment is a type of discrimination, and can take many forms, such as:
 - a. threats, intimidation or verbal abuse;
 - b. unwelcome remarks or jokes about subjects such as the person's race, religion, disability or age;
 - c. displaying sexist, racist or other offensive pictures or posters;
 - d. sexually suggestive remarks or gestures;
 - e. unnecessary physical contact, such as touching, patting, pinching, punching;
 - f. physical assault, including sexual assault; or
 - g. threats, intimidation or discrimination against anyone who has either filed a complaint or who is providing evidence or assistance in complaint proceedings.
3. *Sexual harassment* is any conduct, comment, gesture or contact of a sexual nature:
 - a. that is likely to cause offense or humiliation to any member; or
 - b. that might, on reasonable grounds, be perceived by that member as placing a condition of a sexual nature on membership, employment, or any opportunity for training or promotion.
4. Harassment can consist of a single incident or several incidents over a period of time.
5. A *member* of St. John Ambulance refers to any volunteer or employee of St. John Ambulance. This policy also extends to applicants for volunteer positions or employment with St. John Ambulance
6. All references to St. John Ambulance include St. John Enterprises.

POLICY

7. Harassment is a form of discrimination and is prohibited by law. St. John Ambulance and its members shall not discriminate on any ground which is prohibited by provincial statute. St. John Ambulance will not tolerate or condone harassment in any way, including:
 - a. harassment of a St. John Ambulance member by another member;
 - b. harassment of a member of the public by a St. John Ambulance member; and
 - c. harassment of a St. John Ambulance member by a member of the public.
8. The policy contained in this document applies to every member of St. John Ambulance (see paragraph 5). Every member can expect any complaint involving alleged harassment to be taken seriously and dealt with promptly, thoroughly and fairly, with confidentiality and without fear of retaliation.
9. Any member of St. John Ambulance who engages in harassment, or who makes a frivolous or malicious complaint, is liable to disciplinary and/or administrative penalties, up to and including permanent dismissal from St. John Ambulance membership or employment.
10. All individuals in supervisory positions are obligated to notify the Executive Director/Vice President of any harassment situations of which they are aware, whether or not a complaint has been lodged.

RIGHTS OF PARTIES INVOLVED IN A HARASSMENT SITUATION

11. Every member has the right to:
 - a. file a complaint without fear of embarrassment or reprisal;
 - b. be represented and accompanied by a person of their choosing during the interviews related to their complaint;
 - c. ensure that their written complaint, or written comments related to the fact that they have lodged a complaint, be excluded from their personnel files; and
 - d. be kept informed throughout the process, and of the final outcome.
12. Any member who has had a complaint of harassment made against them has the right to:
 - a. be informed immediately that a complaint has been filed;
 - b. be given a copy of the complaint review process;
 - c. be presented with a written statement of allegations and be given an opportunity to respond to them in writing;

- d. be represented and accompanied by a person of their choosing during the interviews related to the complaint;
- e. receive fair treatment in an environment free of harassment and discrimination;
- f. be kept informed throughout the process; and
- g. be treated as innocent of all charges until an investigation reveals otherwise.

RESPONSIBILITIES OF PARTIES INVOLVED IN A HARASSMENT SITUATION

13. Any member who has been harassed has the responsibility to:
- a. make their disapproval or unease known to the offending individual immediately, and/or speak to their immediate supervisor if the harassment does not stop;
 - b. seek assistance from the Human Resources Manager or Executive Director/Vice President if the above measures are not successful, if there is no action within seven days by the immediate supervisor, or if circumstances make it difficult to take these measures; and
 - c. describe in writing as clearly as possible the nature of the harassment (if lodging a complaint), providing sufficient detail and description of the particulars to enable an investigation to be conducted (i.e. nature of the incident(s), including times, places and witnesses).
14. All members who have had a complaint of harassment made against them, or who have made a complaint, and any witnesses, are expected to participate in the process and to cooperate during the investigation of the complaint.
15. Upon completion of the investigation, any members involved in a harassment situation must follow any recommended corrective course of action as determined in the review process.

HARASSMENT COMPLAINT REVIEW PROCESS

Informal Complaint

16. Any member facing a situation involving harassment should initially try to resolve this complaint directly with the other party by defining the unacceptable behaviour and requesting that the behaviour be stopped.
17. If the initial attempt is not successful, the complainant must report the incident immediately to their immediate supervisor, who must deal with the complaint as expeditiously as possible. If no response is made within fifteen working days, then the complaint is to be dealt with as a formal complaint.

Formal Complaint

18. If the first two steps do not resolve the situation, the complainant must provide a written complaint to the Executive Director/Vice President, who will initiate an investigation to determine the facts, counsel both parties on their rights and responsibilities, and attempt to resolve the complaint and bring the parties to a settlement. The Executive Director/Vice President may choose to appoint an investigator or investigation team.
19. If the complaint can be justified and cannot be settled between the parties, the Executive Director/Vice President will review the facts with the investigator or investigation team and legal counsel to determine what corrective action will be taken. The decision will be communicated to both parties and a concise report and the outcome will be kept on file (see paragraph 22).
20. If the complaint involves the Executive Director/Vice President, the report should be made directly to the President of the Council, who will involve the Priory Secretary and Chief Executive Officer, and appoint an impartial investigator. If the complaint involves the Priory Secretary and CEO, the report should be made directly to the Chancellor.

CONFIDENTIALITY

21. All parties involved in a harassment complaint review process, including the complainant, the alleged offender, and witnesses, are expected to cooperate with investigations and to maintain confidentiality.
22. All documentation from the investigation, including the final report, will be held in a sealed envelope in the locked files of the Executive Director/Vice President. In all instances, such documentation will be kept separate from the member's personnel files. If there is disciplinary action, it will be recorded on the member's personnel file.

RESPONSIBILITY OF THE EXECUTIVE DIRECTOR/VICE PRESIDENT

23. The Executive Director/Vice President is ultimately responsible for all cases of harassment complaints within their jurisdiction. It is expected that the Executive Director/ Vice President will notify the President of the Council of all harassment complaints involving volunteers, and the senior Brigade Officer in their jurisdiction of all harassment complaints involving Brigade members. In all cases, the responsibility for carrying out an investigation will be under the authority of the Executive Director/Vice President, to ensure the appropriate procedure is carried out in a timely and consistent manner.

24. The Executive Director/Vice President is responsible to:
- a. ensure that immediate action is taken to inform the person against whom a complaint has been made, and advise both parties of their rights and responsibilities;
 - b. determine whether the complainant and the alleged offender should be separated for the period of the investigation;
 - c. appoint an investigator or investigation team to examine the specific complaint and underlying factors which may have contributed to the complaint;
 - d. ensure that the investigation is conducted fairly, sensitively, completely and with confidentiality;
 - e. assess the findings of the investigation and determine whether the complaint is justified;
 - f. ensure that the complainant and the alleged offender are advised of the result in writing;
 - g. implement appropriate corrective action with respect to the specific complaint and any general situation or practices that require attention;
 - h. monitor the situation regularly until corrective measures have been implemented satisfactorily;
 - i. ensure that the complainant is not subject to recriminations or embarrassment for lodging a justified complaint; and
 - j. ensure appropriate corrective action is taken if a harassment complaint was made unjustifiably.
25. Any potential harassment claim must be reported to the appropriate Claims Contact of St. John Ambulance's insurance carrier as soon as a Branch/Council becomes aware of any harassment complaint. The insurance carrier's Legal Counsel and Claims staff will review each situation. The only responsibility for the Branch/Council will be to inform the Claims Contact of the complaint.

INVESTIGATOR OR INVESTIGATION TEAM

26. The investigator or investigation team appointed by the Executive Director/Vice President must be impartial and capable of conducting the investigation thoroughly, sensitively, discreetly and with confidentiality. In appointing an investigator or investigation team, the following criteria must be used:
- a. investigators should be chosen from adult members outside the area in which the harassment is alleged to have occurred, with a preference for Human Resources Managers, experienced investigators or individuals with a human rights background; and
 - b. any team be composed of members of the opposite sex.

27. The investigator or investigation team should be instructed that they are responsible for assessing and reporting on the general situation under question. The purpose of such an assessment is to identify underlying factors that may have contributed to the complaint and have a negative effect on the work environment. These factors may include such things as knowledge of rights and responsibilities, attitudes, interpersonal relations, workplace practices and weaknesses in the system.
28. During the investigation of a harassment complaint, the investigator or investigation team must:
 - a. consult with the Executive Director/Vice President for briefing and guidance on how to proceed with the investigation;
 - b. interview both the complainant and the alleged offender as soon as possible;
 - c. review pertinent documentation, interview witnesses, document the situation accurately and completely, make a finding with respect to the complaint, and make written recommendations to the Executive Director/Vice President;
 - d. ensure all information concerning the case is kept;
 - e. ensure the complaint will be carried out confidentially and with sensitivity; and
 - f. caution members who are questioned that they must not discuss the case with anyone else.

CORRECTIVE ACTIONS

29. In cases where harassment is found to have occurred, or where a harassment complaint was made unjustifiably, the corrective actions which may be necessary to successfully resolve the situation may include:
 - a. disciplinary action against the offender, whether the offender is responsible for the harassment or responsible for making an unjustifiable complaint;
 - b. counselling, training and close supervision of the offender;
 - c. permanent separation of the offender and victim through the transfer of the former, or, at their request, the latter;
 - d. demotion, suspension or expulsion of the offender;
 - e. reporting of the offence to appropriate civil authorities for further action and charges;
 - f. awareness sessions, training or counselling for supervisors or other members;
 - g. disciplinary action against or performance counselling of a supervisor who was aware of the offence but failed to act on it; and
 - h. other such measures as may be needed to establish or re-establish a positive, productive environment, or to deal with lack of knowledge, poor attitudes or deficiencies within the system.

30. All factors should be considered when determining corrective action (eg. the nature of the offence, whether harassment or an unjustified complaint; the degree of aggression and physical contact in the harassment; the period of time over which harassment took place; the frequency of harassment; the vulnerability of the victim).
31. The chosen corrective action should result in a plan of action for appropriate action and follow-up.

ALTERNATIVE PROCESS

32. If the procedures outlined in this document do not get appropriate results and the harassment is based on one of the grounds of discrimination prohibited under provincial human rights laws, any member may wish to file a complaint with the Canadian Human Rights Commission.

ST. JOHN AMBULANCE IN CANADA

GENERAL

1. The Order of St. John maintains two foundations: the St. John Ophthalmic Hospital in Jerusalem, and the St. John Ambulance Association and Brigade (“St. John Ambulance”). The mission of St. John Ambulance in Canada is to enable Canadians to improve their health, safety and quality of life by providing training and community service. This is accomplished through the Association and the Brigade.

St. John Ambulance Association

2. The St. John Ambulance Association is the effector arm of development and delivery of training. It is a network of health professionals and program development specialists who develop first aid and health promotion courses, that are taught by trained volunteer instructors to hundreds of thousands of Canadians each year.
3. The St. John Ambulance Association is responsible for setting the standards for all first aid and health promotion courses, to ensure uniform levels of content, protocols and instruction nationally (see StJCI Part 4). The Brigade Training System meets or exceeds these standards.

St. John Ambulance Brigade

4. The St. John Ambulance Brigade is the effector arm of delivery of community service. It is a group of trained uniformed volunteers recognizing and responding to community based needs. They serve their community in a variety of ways, including provision of patient care at public events, Therapy Dogs, support in times of emergency or disaster, and youth programs that encourage community service and personal development.
5. The Brigade statement of purpose is:
Trained volunteers recognizing and responding to the community-based needs of all people.

NATIONAL GOVERNANCE

6. Priory Chapter is the governing body of St. John Ambulance in Canada and represents the membership across the country. Priory Chapter derives its authority from the Prior of the Order and from *the Royal Charters, Statutes and Regulations of the Order - 1993 Edition* and *By-Law No 1 and Priory Rules (1994)*.

7. Priory Council is the executive arm of Priory Chapter and derives its authority from the Prior in accordance with *By-Law No. 1 and Priory Rules (1994)*. Priory Council, comprised as a “board”, is concerned with policy and governance issues, and is invested with the power to authorize action in the name of Priory Chapter.
8. Priory Chapter and Priory Council depend on the work of several standing committees to develop policy recommendations for approval and adoption by Priory Council. The Volunteer Development Committee, chaired by the National Commissioner, is responsible for all aspects of the organization specific to volunteers (see StJCI 2-1 for details on the Volunteer Development Committee).
9. The National Brigade Committee, chaired by the National Commissioner and comprised of all National Brigade Officers and Provincial/Territorial Commissioners, develops policy recommendations specific to the Brigade, for approval and adoption by Priory Council, through the Volunteer Development Committee

NATIONAL OFFICERS

10. The National Commissioner represents every Brigade member at the national level of the organization. In this capacity, the National Commissioner is a member of Priory Chapter and Priory Council, chairs the Volunteer Development Committee and the National Brigade Committee, and is also a member of the national Executive Committee, Nominating Committee and Order Committee
11. The National Brigade Officers are the National Commissioner, Deputy National Commissioner, National Medical Officer, National Nursing Officer, National Cadet Officer, National Training Officer, National Planning Officer and National Administrative Officer. National Brigade Officers are members of Priory Chapter and of the National Brigade Committee. Maintaining personnel in any of these positions is at the discretion of the National Commissioner. (See StJCI 2-3-2 for details of the nomination process for National Brigade Officers.)
12. The Deputy National Commissioner is responsible for assisting the National Commissioner, and for taking the place of the National Commissioner if the incumbent is absent or unable to carry out their duties for any reason.
13. National Brigade Officers represent each functional area of the Brigade. They are responsible for advising the National Commissioner on matters within their functional jurisdiction, for developing a network of similar functional positions within the Brigade, and for communicating with their Provincial/Territorial counterparts.

14. National Staff Officer is an appointment by the National Commissioner to carry out one or more specific tasks. The incumbent is not a member of Priory Chapter or the National Brigade Committee, but is invited to attend Brigade meetings dependent on the meeting agenda.

PROVINCIAL/TERRITORIAL OFFICERS

15. A similar structure based on function exists at the provincial/territorial level. The Provincial/Territorial Commissioner is a member of the Provincial/Territorial Council (most often represented as a Vice-President of the Board) and presides over the other Provincial/Territorial Officers that comprise their Brigade Committee.

HISTORICAL OVERVIEW

16. The St. John Ambulance Association began giving first aid courses in Quebec City in 1882. The St. John Ambulance Brigade grew alongside the developing Association, and formed its first division for men in London, Ontario, in 1909. In 1912, a woman's nursing division was formed in Toronto. The first Cadet Division was established in Montreal in 1926.

THE BRIGADE LEGACY

17. The Brigade has a proud history of service and involvement in local events as well as those of national and international scope. In both World Wars, Brigade Members served at home as well as overseas, often in situations of danger and considerable risk. In Canada, the Brigade has responded to disasters and emergencies such as the Spanish influenza epidemic of 1918; the mine disasters of 1956 and 1958 in Springhill, Nova Scotia; the train derailment and subsequent evacuation of 250,000 people in Mississauga, Ontario in 1979; and the Westray Mine disaster in Pictou County, Nova Scotia, in 1992.
18. In recent years, the Brigade has continued to exercise its national scope, standardized training, and the willingness of its volunteer membership in the provision of patient care and emergency services at major events, whether annual or occasional. The Calgary Winter Olympics of 1988; the National Scout Jamboree in PEI in 1989; the Commonwealth Games in Victoria in 1994 and many large annual events such as the Abbotsford Air Show, Pacific National Exhibition, Canadian National Exhibition are examples of major events where Brigade members from across the country have provided and continue to provide service.

A VISION FOR THE FUTURE

19. Since the early 1990s, the Brigade has seen a gradual rise in membership, correcting the decline experienced during the 1980s. The largest areas of growth are in the Youth Programs and in the newly developed Therapy Dog Program. New ways of delivering the traditional Brigade services, as well as a number of innovative forms of service are being developed and tried in many communities.

BRIGADE ORGANIZATION

GENERAL

1. The St. John Ambulance Brigade has a structure that is based on the modern functions performed by its members at various levels. Some remnants of the formerly military structure have been retained where they have been found to be useful, and because they reflect the paramilitary origin and traditions of the Brigade.

UNITS

2. A **Brigade unit** refers to a group of Brigade members at any level, and within any of the membership categories (see StJCI 2-3-1 for membership categories). The different unit classifications are division, corps, area, provincial/territorial and national.
3. A **Division** is the basic unit of the Brigade and is responsible for community service. A division may be comprised of patient care providers, community care providers, youth (Juniors, Cadets or Crusaders), auxiliary members or any combination of membership categories.
4. While there is no specific minimum number of members required for the formation of a Division, Divisions must consist of sufficient numbers to be able to effectively provide community service, and provide or access appropriate member training, administrative support and financial resources. The formation of a Division must be supported by the local Branch (if one exists) and approved by the National Commissioner. This authority may be delegated to the Provincial/Territorial Commissioner.
5. Divisions having relatively small numbers must, as a minimum, have officers or members designated to perform the following functions: Superintendent, Training Officer, Community Service Coordinator. The Divisional Superintendent of a small Division may carry out the duties of the Administrative Officer.
6. A **Corps** is a group of Divisions formed within a geographic area, under the direction of a Corps Superintendent, for the purpose of administrative and operational efficiency. The formation of a Corps is dependent on function and need, and must be authorized by the National Commissioner. This authority may be delegated to the Provincial/Territorial Commissioner.
7. An **Area** is a geographic subdivision of a province, administered by an Area Commissioner, to assist Corps and Divisions under their jurisdiction both administratively and operationally. The formation of an Area is dependent on function and need, and must be authorized by the National Commissioner. This authority may be delegated to the Provincial/Territorial Commissioner.

8. A **Provincial/Territorial Headquarters**, under the direction of the Provincial/Territorial Commissioner, administers all Brigade units within their Provincial/Territorial Council. The Brigade is part of one of the two Foundations for which Councils are responsible (see StJCI 2-2-1, paragraph 1), and operates under the general supervision and control of the Councils. Provincial/Territorial Commissioners, therefore, are responsible to the President of their Provincial/Territorial Council, as well as to the National Commissioner, for the efficient operation of the Brigade within their jurisdiction.
9. Similarly, where **Branches** exist, Brigade units operate under the general supervision of Branch Chairpersons, who are responsible to the Councils for the conduct of the affairs of the St. John Ambulance Association and Brigade within their geographic area of responsibility. Where a Brigade headquarters overlaps more than one Branch area of responsibility, the Council should delegate responsibility for its operations to one specific Branch with due regard to the interest of all concerned.
10. Where Branches exist, Branch Chairpersons must recognize that the Brigade has its own hierarchy and infrastructure for operational purposes. While the Branch is responsible for providing the support and resources to enable the Brigade to deliver community service, the Brigade is responsible to the Branch for provision of appropriate information to enable the Branch to provide such support.
11. National Headquarters is responsible to the Priory for the efficient operation of the Brigade nationally, under the direction of the National Commissioner. (See StJCI 2-2-1 on national governance, the role of National Brigade Officers, and the relationship within functional areas.)

APPOINTMENTS AND DESIGNATIONS

12. Appointments within the Brigade hierarchy are determined according to level, followed by function. Suggested designation of appointments are outlined in Annex A.
13. Designation of ranks as used traditionally within the Brigade, remains an entitlement for all officers. At the discretion of the Provincial/Territorial Commissioner, other means of identifying the officer(s) in charge of a group of members performing community service, may be added or substituted, provided that consistency is maintained on a Provincial/Territorial or Area basis. On all other occasions, Brigade officers are entitled to wear their insignia or rank. See StJCI 2-12-2 for acceptable means of designating officer(s) in charge.

DESIGNATION OF RANKS

LEVEL	RANK	ACRONYM	RANK DESIGNATION
National	Commissioner	NC	XCS
	Deputy Commissioner	DNC	XC
	Medical Officer	NMO	XS
	Nursing Officer	NNO	XS
	Training Officer	NTO	XS
	Cadet Officer	NCO	XS
	Planning Officer	NPO	XS
	Therapy Dog Coordinator	NTDC	XS
	Administrative Officer	NAO	XS
	Deputy Medical Officer	DNMO	CSSS
	Deputy Nursing Officer	DNNO	CSSS
	Deputy Training Officer	DNTO	CSSS
	Deputy Cadet Officer	DNCO	CSSS
	Staff Officer	NSO	CS
Provincial/ Territorial	Commissioner	PC/TC	XS
	Deputy Commissioner	PDC/TDC	CSSS
	Medical Officer	PMO/TMO	CSS
	Nursing Officer	PNO/TNO	CSS
	Cadet Officer	PCO/TCO	CSS
	Training Officer	PTO/TTO	CSS
	Administrative Officer	PAO/TAO	CSS
	Planning Officer	PPO/TPO	CSS
	Chief Staff Officer	PCSO/TSO	CSS
	Therapy Dog Coordinator	PTDC	CSS
	Deputy Medical Officer	DPMO/DTMO	CS
	Deputy Nursing Officer	DPNO/DTNO	CS
	Staff Officer	PSO	CS, C, SSS, SS, S
Area	Commissioner	AC	CSS
	Medical Officer	AMO	CS
	Nursing Officer	ANO	CS
	Training Officer	ATO	CS
	Cadet Officer	ACO	CS
	Administrative Officer	AAO	CS
	Therapy Dog Coordinator	ATDC	CS
	Staff Officer	ASO	C, SSS, SS, S

Annex A
to StJCI 2-2-2

<i>LEVEL</i>	<i>RANK</i>	<i>ACRONYM</i>	<i>RANK DESIGNATION</i>
Corps	Superintendent	CS	CS
	Medical Officer	CMO	C
	Nursing Officer	CNO	C
	Training Officer	CTO	C
	Cadet Officer	CCO	C
	Administrative Officer	CAO	C
	Staff Officer	CSO	SSS, SS, S
Division	Superintendent	DS	SSS
	Medical Officer	DMO	SSS
	Nursing Officer	DNO	SSS
	Therapy Dog Coordinator	DTDC	SSS
	Staff Officer	DSO	SS,S
	Training Officer	DTO	SS
	Administrative Officer	DAO	SS
	Community Services Coordinator	CSC	SS
	A/Therapy Dog Coordinator	ADTDC	SS
Provisional Officer	PVO	S	

Designation Code: X = crossed stretchers
C = crown
S = star

MEMBERSHIP REQUIREMENTS

GENERAL

1. The St. John Ambulance Brigade is a group of volunteer members who have a mutual commitment to provide total patient care and other community services to the general public, and who are trained to standard levels to ensure efficient and effective service.

MEMBERSHIP TYPE

2. Brigade membership is divided into the following membership types:
 - a. Patient Care Services
 - b. Community Care Services (eg. Therapy Dog Program)
 - c. Youth (includes Crusaders, Cadets and Juniors)
 - d. Auxiliary Services
 - e. Retired

AGE REQUIREMENT

3. Brigade members in adult divisions (Patient Care Services or Community Care Services) must be at least 18 years of age. Supervision of members while providing services is dependent on the function they are providing, and the required training for that function. Youth (under age 18) may be attached to adult divisions as Cadets or Crusaders, but must, in all cases, be supervised while providing any form of service. Juniors (age 6 to 10) are not authorized to provide Patient Care Services or Community Care Services.

PATIENT CARE SERVICES

4. Patient care services refers to duties in which the Brigade is present for the purpose of responding to situations involving illness or injury. This may include traditional public duties, ambulance services, ski patrol, and search and rescue.
5. *Enrolment Qualifications* — Individuals wishing to enrol as patient care providers must:
 - a. agree to participate fully in the screening process for volunteers (see StJCI 2-9-2, paragraphs 2 to 5);
 - b. be physically capable of performing the public duties that are normal to the unit they join. A member who is physically incapable of performing public duties may put their skills and knowledge to work in other areas that will be of value to the Brigade;

StJCI 2-3-1

- c. hold, as a minimum, a valid St. John Ambulance Standard Level First Aid Certificate. For the purpose of enrolment only, certificates issued by the organizations listed below are acceptable, provided that the date of issue of the qualification is less than 3 years before the date of enrolment in the Brigade:

- Canadian Red Cross Society
- Industrial First Aid Certificate
- Canadian Ski Patrol System
- Royal Lifesaving Society of Canada
- Emergency Medical Technician/Emergency Medical Responder
- First Aid in the Workplace (CSST) (Québec)

Members enrolled with any of the above qualifications must acquire, within the first twelve months of service, as a minimum, a valid St. John Ambulance Standard Level First Aid Certificate. Note that new members may only provide supervised patient care duties until successful completion of BAP Level 1 (see StJCI 2-4-2).

Approval for enrolment qualifications other than those listed, may be sought through a request in writing to the National Training Officer, with a copy of the course outline (including number of hours of instruction) of the course in question.

- d. Enrolment equivalency will be considered for an MD/RN in active clinical practice combined with a thorough and proficient knowledge of BTS, with no requirement to actively participate in public duties. An equivalency request must be submitted in writing to the Provincial/Territorial Medical or Nursing Officer. In the case of a request for equivalency for the Provincial/Territorial Medical or Nursing Officer, the request must be made in writing to the National Medical or Nursing Officer.

6. *Retention of Membership*— The conditions for maintaining status as a patient care provider of the Brigade vary according to the position held:

- a. members in administrative positions with no patient care are encouraged to renew Standard Level First Aid certification every three years;
- b. members who perform patient care duties only under direct supervision must, as a minimum, renew Standard Level First Aid certification annually;
- c. members who perform independent patient care duties must, as a minimum, successfully complete the Brigade Training System and Brigade Assessment Process (Level 1) annually;

- d. equivalency may be sought for an MD/RN in active clinical practice combined with a thorough and proficient knowledge of BTS, with no requirement to participate in the Brigade Assessment Process (BAP). Equivalency requests must be submitted in writing to the Provincial/Territorial Medical or Nursing Officer. In the case of a request for equivalency for the Provincial/Territorial Medical or Nursing Officer, the request must be made in writing to the National Medical or Nursing Officer. Equivalency granted for BTS supersedes the membership requirement for Standard Level First Aid;
- e. other health professionals in active practice combined with a thorough and proficient knowledge of BTS, and with no requirement to participate in the BAP, may seek equivalency through a request in writing to the National Training Officer.

COMMUNITY CARE SERVICES

- 7. Community care services refers to duties in which members are present for the purpose of serving the community in non-traditional ways, such as the Therapy Dog Program.
- 8. *Qualifications*— Individuals wishing to enrol as community care providers in adult divisions must:
 - a. agree to participate fully in the screening process for volunteers (see StJCI 2-9-2, paragraphs 2 to 5);
 - b. be physically capable of performing the public duties that are normal to the unit they join. A member who is physically incapable of performing public duties may put their skills and knowledge to work in other areas that will be of value to the Brigade;
 - c. hold, as a minimum, any training that may be required to join the specific community care service (see StJCI 2-5 for details). Although they may not be required to hold a valid Standard Level First Aid certificate, they are encouraged, as members of St. John Ambulance, to obtain one.

YOUTH MEMBERS

- 9. Youth (under age 18) may be attached to adult divisions (Patient Care or Community Care Services) as Cadets or Crusaders, but must, in all cases, be supervised while providing any form of service. All youth members (under age 18) require the written consent of their parent or guardian. Members age 16 to 17 who are not residing with their parent or guardian may sign on their own behalf.
- 10. *Crusaders*— The Crusader component is for youth 16 to 20 years of age. Qualifications for enrolment and retention are the same as for adults. At age 18, Crusaders have the following options:

StJCI 2-3-1

- a. become an adult member in an adult division,
- b. become an adult member as an officer in a St. John Ambulance youth program, or
- c. maintain Crusader status

Members may remain as Crusaders until they reach age 21, at which time they must transfer to an adult division.

11. *Cadets*— The Cadet component is for youth 11 to 15 years of age. Candidates for enrolment must hold, as a minimum, a valid Emergency First Aid Certificate. Members must qualify at the Emergency First Aid level annually to retain their membership status.
12. *Juniors*— The St. John Junior Program is for children 6 to 10 years of age.

AUXILIARY MEMBERSHIP

13. *Qualification*— People interested in assisting the Brigade may be enrolled as Auxiliary members through a Brigade unit. Although they are not required to hold a valid Standard Level First Aid Certificate, they are encouraged, as members of St. John Ambulance, to obtain one. Auxiliary members are entitled to wear the badge of an Auxiliary.
14. *Duties*— Auxiliary members may undertake various forms of service, such as:
 - a. general assistance in duties not requiring specific Brigade;
 - b. assistance as honorary auditors, solicitors, treasurers or secretaries;
 - c. instructors and examiners in Cadet Proficiency Subjects;
 - d. assistance in public relations and publicity, and in fundraising;
 - e. performing supervised public duties in the event of an emergency (only if the Auxiliary member holds valid first aid qualifications).
15. *Reporting*— Auxiliary members are attached to a Brigade unit and report to the supervising Brigade officer. Records of their service will be maintained by the appropriate Provincial/Territorial Headquarters.
16. *Auxiliary Chaplains*— Clergy may be enrolled as Auxiliary members to provide spiritual assistance within the Brigade. Their title will be “Auxiliary Provincial/Area/Divisional Chaplain” as applicable, and they will be entitled to wear the badge of an Auxiliary. Auxiliary Chaplains are not Chaplains, Sub-Chaplains or Assistant Chaplains of the Order, as these are specific grades of appointment within the Order to which membership is by selection.

17. *Presidents*— A Brigade President may be appointed to any unit, in order to obtain the active support of a prominent member of the community or to retain the prestige and experience of a long-serving active Brigade member. This appointment is neither an administrative nor an executive position. Appointments are made for a period of three years, renewable for a further term, and will not be from among serving members of the Brigade.

RETIREMENT

18. Mandatory retirement from the Brigade does not exist. In order to encourage maintenance of a close relationship between the Brigade and retired members who have been active, a retired list will be maintained by each Provincial/Territorial Headquarters. Members who have retired are encouraged to join the Fellowship.

PERMANENT STAFF

19. Certain paid employees of St. John Ambulance at various organizational levels are by virtue of their employment members of the Brigade. In all instances, their appointment as a Brigade officer is a staff appointment and neither an actual nor an implied Brigade line position must be assumed. In addition, they must comply with all membership requirements to be a Brigade member.

OFFICERS IN ADMINISTRATIVE POSITIONS

20. Officers in administrative positions have specific qualifications they must meet and maintain within their capacity (see (StJCI 2-11 on Position Descriptions). Although they do not require first aid skills as a qualification, it is highly commendable for them to obtain certification in Standard First Aid.

BRIGADE OFFICERS

GENERAL

1. Brigade Officers hold a unique position of trust within the organization. In this position, they are charged with exercising, in a responsible manner, both administrative and operational authority over the Brigade Unit and members they have been appointed to manage. It is the primary responsibility of all Officers to ensure that their Brigade Unit and members meet the requirements of the organization as set out in the St. John Canada Instructions and function in support of the objectives of the St. John Ambulance Brigade.

QUALIFICATIONS

2. The continued growth, stability, and success of the Brigade requires that those appointed to Officer positions are of high character and possess superior (volunteer) management skills and leadership qualities.
3. It is understood that certain Officer positions, such as Medical and Nursing Officer, hold their own set of special professional qualifications. Similarly, those Officers appointed to manage Brigade Cadet Units require the knowledge and skills necessary to meet the objectives of the youth program (see StJCI 2-3-4). To identify the individual and unique skills and qualifications for each functional Officer position, see appropriate sections of StJCI 2-11.
4. All Brigade Officers must meet the requirements of basic membership (see StJCI 2-3-1) prior to appointment. These requirements will vary depending on the membership type of the Brigade Unit they are managing.
5. Length of Brigade service alone is not to be utilized as a deciding factor in the recommendation process for Brigade Officers. However, it may be appropriate, as a prerequisite qualification for certain Officer positions, that the candidate have experience in varied positions and/or at varied levels within the organization.

SENIOR OFFICERS

6. The following Senior Officers of the Brigade in Canada are Honorary Officers of Priory, and therefore members of Priory Chapter:
 - a. National Commissioner
 - b. Deputy National Commissioner(s)
 - c. National Medical Officer
 - d. National Nursing Officer
 - e. National Cadet Officer

- f. National Training Officer
- g. National Planning Officer
- h. National Administrative Officer

APPOINTMENT OF SENIOR OFFICERS

7. The appointment of all Senior Officers is made triennially on St. John Day (24 June) by Priory Council, to be approved by Priory Chapter.
8. The following nomination process is used to facilitate the appointment of all Senior Officers:
 - a. Six months prior to the time at which a Senior Officer candidate is required, the National Commissioner will notify members of the National Brigade Committee (Provincial/Territorial Commissioners and Senior Officers). The appropriate position description will be circulated, and names and curricula vitae of individuals who meet the prerequisites of the appointment will be requested.
 - b. The National Commissioner will provide nominees' curricula vitae to the Senior Officers and three previously selected Provincial/Territorial Commissioners, seeking advice on the selection of candidates to be nominated by the National Commissioner, as a member of the Priory Nominating Committee.
 - c. A National Commissioner Designate may be appointed one year prior to the expiry of the term of the incumbent National Commissioner, with the express intention to succeed as the National Commissioner.
 - d. Deputies to all other Senior Officers will be appointed only as the line responsibility Senior Officer requires assistance, and only with the approval of the National Commissioner. Any such Deputy Senior Officer may or may not be nominated as a Senior Officer. Deputy Senior Officers are not Honorary Officers of Priory, and are therefore not members of Priory Chapter. They are otherwise accorded all rights and privileges of a Senior Officer for the duration of their appointment.
9. The Grand Prior will be advised in writing through the Commissioner-in-Chief for any change in the appointment of National Commissioner.
10. All appointments expire on the eve of 24 June of the year in which their triennial appointment terminates. Appointments may be renewed for any period of from one to three years, not to exceed two three-year appointments.

11. When a vacancy occurs in a Senior Officer position before the normal expiry date, the National Commissioner may appoint another Officer to the vacant position in an acting capacity. Approval of Priory Council/Chapter will be sought as soon as practicable, thus confirming the appointment.

OTHER NATIONAL APPOINTMENTS

12. The National Commissioner may, at any time, appoint one or more National Staff Officers, whose function will be to carry out specific assigned duties (e.g. National Competitions Chairperson). National Staff Officer positions are not subject to the approval of Priory Council/Chapter. National Staff Officers are not Honorary Officers of Priory and are therefore not members of Priory Chapter. They are otherwise accorded all rights and privileges of a Senior Officer for the duration of their appointment.
13. To ensure an orderly transition of officers to the appointment of Senior Officer, the National Commissioner may appoint deputies to any or all of the functional appointments at his discretion. Appointed Deputies will perform duties prescribed by the Senior Officer to whom they have a line responsibility. (See paragraph 8.d.)
14. The group of Senior Officers, National Staff Officers and Deputies to Senior Officers are referred to collectively as National Brigade Officers.

APPOINTMENT OF PROVINCIAL/TERRITORIAL COMMISSIONERS

15. Provincial/Territorial Commissioner appointments will be made by their Provincial/Territorial Council, and approved by the National Commissioner on the endorsement of the candidate's Council President.
16. Provincial/Territorial Commissioner appointments will be for a term of three to five years; to be mutually decided upon and placed in writing prior to the appointment. This will ensure sufficient turnover to draw on new leadership and vision, and enable other deserving candidates to seek upward mobility.
17. Provincial/Territorial Commissioner appointments may be renewed for any period of from one to three years, not to exceed a total of six years.

APPOINTMENT OF OFFICERS

(Other than National Brigade Officers and Provincial/Territorial Commissioners)

18. All Officer appointments are subject to approval by the National Commissioner, who may delegate some or all of this authority to one or more Provincial/Territorial Commissioners. This delegation of authority will be automatic unless otherwise stated.

19. Any recommendation for appointment to a functional Officer position (see StJCI 2-11) must be accompanied by the endorsement of the Provincial Territorial Brigade Officer responsible for that portfolio (i.e. Training, Medical, Nursing, Cadet, etc.).
20. Upon an individual's first appointment as an Officer in a leadership position, they must undergo the screening process (see StJCI 2-9-2), regardless of their previous Brigade membership.
21. Members will be appointed in a probationary capacity for the first year of their initial Officer appointment. Officers holding probationary status wear the uniform and the appointment designation, carry out the required duties, and have the same privileges and precedence as if their appointment was confirmed. During this one-year period, the probationary Officer will be assessed by their next senior Officer(s) as to their suitability for the recommended appointment. Such assessments will be formally conducted and documented a minimum of twice during the probationary year. Probationary Officers who are not successful at meeting the required standards will be provided with remedial learning opportunities prior to their final assessment.
22. At the end of the probationary year, Officer appointments will either be confirmed by the National Commissioner or relinquished. Confirmed appointments will be documented showing the date of appointment as the first day of the probationary appointment.
23. Dual Officer appointments are not permitted. Upon being promoted or transferred, Officers automatically vacate the appointment previously held.

RELINQUISHING APPOINTMENT

24. Except for Senior Officers and Provincial/Territorial Commissioners, there is no specific chronological term for Officer appointments. Such a provision may, however, be mutually agreed upon prior to the appointment of an Officer if the appointment is to meet the requirement(s) of time specific projects, or if the Officer being appointed requests it.
25. Officers must request their appointment be relinquished if:
 - a. they can no longer fulfill the obligations required by their appointment; or
 - b. they can no longer fulfill the obligations of basic Brigade membership.
26. Requests for relinquishment of appointment must be made in writing outlining the reason(s) and forwarded to their Provincial/Territorial Commissioner through normal communication channels. All such requests must be dealt with as priority items, and must not be unduly delayed.

27. Officers who have requested permission to relinquish their appointment are expected to remain in that appointment until such a request is approved. It is the responsibility of every Officer to provide assistance in finding a suitable candidate to replace them.

PERFORMANCE APPRAISALS

28. Every Brigade Officer, including Senior Officers and Provincial/Territorial Commissioners, will undergo, as a minimum, an annual Performance Appraisal. This process will utilize an approved Performance Appraisal instrument and will provide opportunity for individual remedial action designed to permit the Officer to improve their performance. The Performance Appraisal will be conducted and documented by the Officer's next senior Officer, and will be treated with confidentiality.
29. If it is determined through this process that the Officer (excluding Senior Officers and Provincial Commissioners) is no longer able to meet the obligations of their appointment and that the required improvement in performance is not reasonably attainable, then a recommendation will be made that the Officer's appointment be relinquished, regardless of any specific term of appointment agreed upon or assigned. The decision of the National Commissioner with regard to such a recommendation is final and binding. The National Commissioner may delegate this authority to the Provincial/Territorial Commissioner operationally (see StJCI 2-9-3, paragraph 13).
30. The recommendation, based on the Performance Appraisal process, that a Senior Officer relinquish their appointment will be made by the National Commissioner to Priory Chapter and include the endorsement of Priory Council. Failing the endorsement of Priory Council, the National Commissioner may make application to Priory Chapter to hear the recommendation for the removal of a Senior Officer. The decision of Priory Chapter will be final and binding.
31. The recommendation, based on the Performance Appraisal process, that a Provincial/Territorial Commissioner relinquish their appointment may be made by either the President or the National Commissioner to the appropriate Provincial/Territorial Council. If the President does not endorse the recommendation for the removal of their Provincial/Territorial Commissioner, the National Commissioner may act alone. It is, however, recommended that the President and National Commissioner reach a consensus.
32. For Senior Officers and Provincial/Territorial Commissioners, the recommendation for relinquishing appointment is not affected by the specific term of the appointment.

BRIGADE NON-COMMISSIONED OFFICERS

GENERAL

1. It is of great importance that members who are appointed as Non-Commissioned Officers (NCOs) are of good character, knowledgeable of Brigade practices and procedures, and possess leadership ability.
2. The Brigade recognizes the following NCO positions:
 - a. Sergeant-Major
 - b. Staff Sergeant
 - c. Sergeant
 - d. Corporal
3. The position of Cadet Leader ranks above that of Cadet (Youth) NCO but is not an Officer appointment.

QUALIFICATIONS

4. All Brigade NCOs must meet the requirements of basic membership (see StJCI 2-3-1) prior to appointment. These requirements will vary depending on the membership type of the Brigade Unit to which they are attached.
5. Length of Brigade service alone is not to be utilized as a deciding factor in the recommendation process for NCOs.
6. Youth members must be at least 16 years old before being appointed to the position of Cadet Leader. The Cadet Leader is responsible to their Divisional Superintendent and/or other adult Youth Leader (see StJCI 2-3-4, paragraphs 20 and 21).
7. Sergeants may be appointed to the position of Staff Sergeant provided they have demonstrated diligent performance of their duties, as a Sergeant, during the preceding five years.

APPOINTMENTS

8. All NCO appointments are subject to approval by the National Commissioner, who may delegate some or all of this authority to one or more Provincial/Territorial Commissioners. This delegation of authority will be automatic unless otherwise stated.
9. Upon a member's first appointment as a NCO, they must undergo the screening process (see StJCI 2-9-2).

10. There is no specific compliment for the joint appointment of youth NCOs and adult NCOs within the same Brigade Unit. Appointments must be based upon membership and organizational needs within each of the age categories.
11. NCOs will be appointed in a probationary capacity for the first year of their initial NCO appointment. NCOs holding probationary status wear the uniform and the appointment designation, carry out the required duties, and have the same privileges and precedence as if their appointment was confirmed. During this one-year period, the probationary NCO will be assessed by their Officer(s) as to their suitability for the recommended appointment. Such assessments will be formally conducted and documented a minimum of twice during the probationary year. Probationary NCOs who are not successful at meeting the required standards will be provided with remedial learning opportunities prior to their final assessment.
12. At the end of the probationary year, NCO appointments will either be confirmed by the National Commissioner or relinquished. Confirmed appointments will be documented showing the date of appointment as the first day of the probationary appointment.
13. Dual NCO appointments are not permitted. Upon being promoted or transferred NCOs automatically vacate the appointment previously held.

RESPONSIBILITY

14. Superintendents with one or more NCOs attached to their Unit are responsible for informing the NCO of their duties. The NCO is responsible for seeking direction from their Superintendent.

RELINQUISHING APPOINTMENT

15. There is no specific chronological term for NCO appointments. Such a provision may, however, be mutually agreed upon prior to the appointment of a NCO if the appointment is to meet the requirement(s) of time-specific projects, or if the NCO being appointed requests it.
16. Cadet (Youth) NCOs, on becoming Crusaders (age 16), but who remain with their original Brigade Unit, retain their NCO appointment. Such appointments are, however, relinquished when the youth member:
 - a. reaches their 21st birthday, or
 - b. transfers to another Brigade Unit.

17. NCOs must request their appointment be relinquished if:
 - a. they can no longer fulfill the obligations required by their appointment, or
 - b. they can no longer fulfill the obligations of basic Brigade membership.
18. Requests for relinquishment of appointment must be made in writing outlining the reason(s) and forwarded to the Provincial/Territorial Commissioner through normal communication channels. All such requests must be dealt with as priority items and must not be unduly delayed.
19. NCOs who have requested permission to relinquish their appointment are expected to remain in that appointment until such a request is approved.

PERFORMANCE APPRAISALS

20. Every NCO will undergo, as a minimum, an annual performance appraisal. This process will utilize an approved performance appraisal instrument and will provide opportunity for individual remedial action designed to permit the NCO to improve their performance. The performance appraisal will be conducted and documented by the Officer-in-Charge of the NCO's Brigade Unit and will be treated with confidentiality.
21. If it is determined through this process that the NCO is no longer able to meet the obligations of their appointment and that the required improvement in performance is not reasonably attainable, then a recommendation will be made that the NCO's appointment be relinquished; regardless of any specific term of appointment agreed upon or assigned. The decision of the National Commissioner with regard to such a recommendation is final and binding. The National Commissioner may delegate some or all of this authority to the Provincial/Territorial Commissioner operationally (see StJCI 2-9-3, paragraph 13).

YOUTH PROGRAM

GENERAL

1. As a component of the St. John Ambulance Brigade, the Youth Program was established to give young people between the ages of 6 and 20 the chance to join in the work of the St. John Ambulance Brigade. The Youth Program provides opportunities for personal development, as well as training for first aid, health care and safety skills.
2. The youth component of the St. John Ambulance Brigade is intended to meet the needs of Canadian youth and provide opportunities for social, educational and personal development through community service, special events and leisure activities.
3. The St. John Ambulance Youth Program is comprised of Juniors (age 6 to 10 years), Cadets (age 11 to 15 years) and Crusaders (age 16 to 20 years).

OBJECTIVES OF THE YOUTH PROGRAM

4. The objectives of the Youth Program are:
 - a. to develop team spirit and encourage personal development through challenges that promote self-sufficiency;
 - b. to provide young people with the opportunity to learn and practice first aid and safety skills and to support their community;
 - c. to encourage youth to follow the ideals set out in the “Cadet Code of Chivalry” by being involved with local community issues;
 - d. to promote health and healthy lifestyles;
 - e. to encourage young people to participate fully in the range of activities offered by the Youth Program and in the decision-making process of their Unit;
 - f. to provide support and role models to young members; and
 - g. to encourage youth to become Adult members and future leaders of the St. John Ambulance Brigade.

SCREENING

5. St. John Ambulance has an obligation to provide safe, well-managed services to the community and to their membership. All applicants aged 18 years and up, and upon their first appointment to a leadership position, must be screened according to the procedures in StJCI 2-9-2.

MEMBERSHIP

6. St. John Junior, Cadet and Crusader programs together form the Youth Program. Refer to StJCI 2-3-1, paragraphs 9 to 12 for membership requirements.

ST. JOHN JUNIORS

7. The St. John Junior Program is an activity program designed for children between the ages of 6 and 10. It focuses on having fun and earning badges while learning about St. John Ambulance and why we care for others. Personal development, home safety skills, how to make new friends, and first aid training are strong components of the program.
8. Participants must have written consent of a parent or guardian to participate.
9. St. John Ambulance Juniors are not authorized to provide Community Care Services or Patient Care Services.

ST. JOHN CADETS

10. The Cadet component is designed for young people between 11 and 15 years of age. Candidates for enrollment must hold, as a minimum, a valid Emergency First Aid Certificate, and must have written consent of their parent or guardian.
11. The focus of the Cadet program is on the expansion of personal skills and knowledge through work on Proficiency Subjects and training in Emergency First Aid. Cadets are encouraged to achieve sufficient Proficiency Subjects to attain the Grand Prior's Award (see StJCI 2-6-1, paragraphs 11-14).
12. Cadets 14 years of age and older, by the nature of the program, may choose to participate in the Duke of Edinburgh's program. Camping and other fun activities are also included in the training, and Cadets are taught the importance of working in groups, while giving due consideration to individual growth and input. Some Cadets excel and can take on Junior leadership roles. Cadets may also participate at community service events under the guidance of a Crusader or adult member who has attained at least BTS Level 1.

ST. JOHN CRUSADERS

13. The Crusader program is designed for young people between 16 and 20 years of age. The Crusader component is for the more senior youth members. Candidates for enrollment must hold, as a minimum, a valid Standard First Aid Certificate.

Participants under age 18 must have the written consent of their parent or guardian. Members age 16 to 17 who are not residing with their parent or guardian may sign on their own behalf.

14. The Crusader program provides more advanced patient care training and an emphasis on individual leadership qualities and performing community service. Crusaders are encouraged to continue the Proficiency program leading to the Grand Prior's Award, continue to participate in the Duke of Edinburgh's program, and undertake the Brigade Training System (BTS). Crusaders can participate in the same activities as Cadets and can take on leadership roles with Juniors or Cadets.
15. Crusaders must be proficient in BTS Level 1 and be at least 18 years of age to perform independent patient care duties (see StJCI 2-4 for details on the BTS). Crusaders not attached to a division offering BTS training and assessment (Brigade Assessment Process or BAP) may "challenge" the BAP. See StJCI 2-4-5 paragraphs 5 to 7, for details on challenging the BAP.
16. At the age of 18, Crusaders have the following options:
 - a. become an adult member in an adult division;
 - b. become an adult member as an officer in a St. John Ambulance Youth Program;
or
 - c. maintain Crusader status until they reach age 21, at which time they must transfer to an adult division.

STRUCTURE

17. The Youth Program is an element of the existing Brigade organizational structure. Refer to StJCI 2-2-2, paragraph 5.
18. St. John Junior, Cadet and Crusader programs function as either separate Units, or in certain circumstances, as sections of existing Brigade Units. Where Branches exist, they are responsible for providing support to the local youth Unit in the same manner that they provide support to adult Brigade Units.
19. When a request for the program is made from the community, and such factors such as geography or logistics limit the possibility of Branch alignment, then independent youth Units may be established. These Units must deal directly with their respective Council for support.

LEADERSHIP

20. Youth Units are managed by Divisional Superintendents, and have other adults assisting with the efficient operation of the program. *Youth Leader* includes any individual given responsibility of youth within the St. John Ambulance Youth Programs. All Youth Leaders should make use of tools such as the *St. John Ambulance Youth Leaders' Manual* to assist them.
 21. Youth Leaders are responsible for the overall administration and training of the Unit. Youth Leaders work closely in cooperation with Divisional Officers, Cadet NCOs and youth members to ensure the smooth, efficient operation of the program.
 22. Coordinators for Cadet or Junior Programs are responsible to the Divisional Superintendent for the efficient implementation, administration and operational support of the Program.
 23. Responsibilities of Youth Leaders include:
 - a. ensuring reasonable measures are taken to care for and protect young, vulnerable and impressionable people in accordance with StJCI 2-9-2;
 - b. liaising with the local Adult Division to encourage joint activities;
 - c. planning an annual training schedule and submitting it to the appropriate Officer;
 - d. planning, scheduling, coordinating and directing effective weekly meetings;
 - e. maintaining accurate and up-to-date records for attendance, individual youth progress records and recognition, and submitting them to the appropriate Officer;
 - f. ensuring that all records and reports are completed accurately and submitted on time to the appropriate level in accordance with StJCI 2-8;
 - g. planning meetings with St. John Ambulance volunteers to receive input into the training schedule, to plan upcoming meetings, and to discuss concerns, problems or issues;
 - h. assisting and advising the Divisional Superintendent on policy within the youth program;
 - i. supporting and encouraging officers and youth in all activities undertaken by the Division;
 - j. teaching youth in the Division;
 - k. ensuring that each volunteer helper is aware of weekly expectations;
 - l. ensuring that youth members have access to adequate resources;
 - m. maintaining appropriate discipline;
 - n. ensuring that there is adequate and appropriate leadership for each youth group;
-

- o. ensuring that all leaders or instructors are aware of their responsibilities and are consistent with disciplinary control and action;
 - p. ensuring adequate and appropriate supplies are available;
 - q. ensuring that members have access to adequate resources and space;
 - r. attending scheduled meetings for the Division; and
 - s. other duties as assigned by the Divisional Superintendent.
24. Leaders or instructors for the Cadet or Junior Program may include adult, Crusader or Cadet members of the Brigade, and non-Brigade personnel such as parents, health care professionals, teachers or other interested community members.

ESTABLISHING A YOUTH PROGRAM

25. Brigade units seeking to establish a St. John Ambulance Youth Program locally are encouraged to follow the procedure in Annex A.

MAINTAINING A YOUTH PROGRAM

26. The St. John Ambulance Youth Program is grounded in the philosophy that young people are valuable resources who can make a significant contribution to St. John Ambulance and the community they serve.
27. Whenever possible, young people should be offered a range of options so that they can choose meaningful and challenging tasks that best meet their needs, interests and abilities. These assignments should attempt to meet real needs in the community and have real consequences.
28. Youth volunteers must be recruited, placed, trained, oriented, supported, and supervised in roles that are appropriate to their interests and abilities. This process should include motivation, recognition and assessment of their efforts.

PREVENTATIVE SUPERVISORY PRACTICES

29. St. John personnel assisting youth must take measures to avoid high risk situations. See StJCI 2-9-2 for the screening policy and procedures.
30. A balance between protecting the young person and guarding the reputation of the supervising adult must be established.

31. Brigade personnel in charge of youth Units are encouraged to adhere to the following guidelines for ratio of adult to young member:

- a. Juniors in group meetings 1 : 6
- b. Junior on field trips 1 : 5
- c. Cadets in group meetings 1 : 12
- d. Cadets on field trips 1 : 10 (ideal is 1 : 6)
- e. Cadets on camping trips 1 : 10 (ideal is 1 : 6)

32. Practices to be adopted include:

- a. avoid one-on-one situations with a young person; where such a situation is unavoidable, keep a door open or ensure another person is nearby;
- b. avoid managing a division with only one adult present;
- c. ensure an appropriate balance and number of male and female helpers;
- d. where circumstances dictate, do not allow males to enter female rooms/tents or vice versa;
- e. be aware of individual and personal sensitivities during first aid practical work: give prior notice so that young people wear suitable clothing; avoid touching the young person; demonstrate on a colleague with their pre-arranged permission or ask an experienced young person to demonstrate or practice with a peer;
- f. where physical contact is unavoidable, ensure another adult is present;
- g. when a young person is upset, seek ways to provide comfort and support without an unnecessary degree of physical contact;
- h. do not leave the premises until all youth are accounted for;
- i. do not drive or walk a young person home without prior parental permission;
- j. do not take an unaccompanied young person to your home;
- k. involve Cadets and Juniors in establishing their own list of rules, outlining what is and what is not acceptable in their Division;
- l. do not dismiss or trivialize bullying;
- m. avoid showing favoritism or singling out individuals on a regular basis;
- n. avoid inappropriate language and subject matter.

UNIFORMS

33. The Provincial/Territorial Commissioner in each province is responsible for the design of the working uniform for Brigade members including youth members. See StJCI 2-12-2 on Uniforms. Separate membership badges are available for the Cadet and Junior Programs.

CADET AND CRUSADER AWARDS

34. St. John Ambulance recognizes the valuable contribution young people make to the organization and has an established awards program to recognize their efforts. Crusaders follow the same guidelines as set for adults. Refer to StJCI 2-6-1.

JUNIOR PROGRAM AWARDS

35. Recognition is particularly vital at the Junior age level. Although a formal badge system has been developed, Junior Leaders are encouraged to provide other creative recognition as well.
36. The Junior coloured level badges and certificates provide a means of recognition on completion of each level of the program. Although there is flexibility in relation to age at entrance, level 1 is intended for the six-year-old, level 2 for the seven-year-old, etc. Each Junior member is encouraged to complete each level of the program, earning the appropriate coloured level badge.
37. Junior certificates can be produced locally and coloured level badges may be purchased through Ontario Council Stores.
38. The badges may be worn either on the sash or the uniform, as determined by the Provincial/Territorial Commissioner.

LEVEL	AGE	BADGE COLOUR
1	6	white
2	7	blue
3	8	yellow
4	9	red
5	10	green

GRAND PRIOR'S AWARD (CADET PROFICIENCY SUBJECT PROGRAM)

39. The Proficiency Program exists as a way to motivate youth in the Brigade, as a vehicle for developing a broad range of skills, and to encourage Cadets to achieve proficiency in a number of subjects. It is designed to occupy the interest of Cadets over a number of years and to help develop individual competence and confidence. Refer to StJCI 2-6-1, paragraphs 11 to 14, and StJCI 1-4-3 for detailed information on the Cadet Proficiency Program leading up to the Grand Prior's Badge.

LINK BADGE PROGRAM

40. The Link Badge program is to recognize the service and continuity of youth members from one program to another. There are three link badges: Link One recognizes membership completed in the Junior program, Link Two in the Cadet program, and Link Three in the Crusader program. Refer to StJCI 2-6-1, paragraphs 15 to 18 for detailed information on the Link Badge Program.

CADET CAMPS

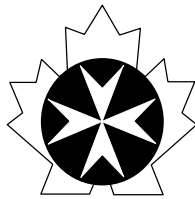
41. Effective 1 January 1999, Camp Leaders must hold a National Camp Accreditation Certificate Program to operate a St. John Ambulance Youth Camp (see Annex B). Preventative Supervisory Practices (refer to StJCI 2-3-4, paragraphs 29-32) must be adhered to.
42. A National Camp Accreditation Certificate signed by the National Commissioner is given to Adult and Crusader members who have completed the National Camp Accreditation Certificate Program (see Annex B).
43. Councils administer the Program and send a written request to NHQ for the certificates. Councils must provide NHQ with a list of persons who have completed the program, indicating recipient's name and unit number. NHQ will then send the certificates to the Council for distribution.
44. Camping brings youth members together to have fun and learn in a different environment, and in a spirit of co-operation. It is an opportunity for youth to learn how to get along with others, to share and to do their share. It is an excellent opportunity for leaders to get to know their youth members.
45. Divisions may have a regular schedule of small camps to help youth qualify for the Camping Proficiency Badge or may run one or two camps a year either by themselves or in collaboration with other youth Divisions. Provincial/Territorial Councils may run larger camps (100-300 or more), where different activities can be programmed because of the numbers involved.
46. It is important for the safety of all involved to ensure a ratio of at least one adult to ten Cadets is maintained in all camp settings. The ideal ratio is one adult to six Cadets.

PROCEDURE TO ESTABLISH A ST. JOHN AMBULANCE YOUTH PROGRAM

1. Initial requests to form a Youth Program should be forwarded to the Provincial/Territorial Council who in consultation with the local Branch, will review and assess local needs and resources. See StJCI 2-7-1 for Assessing and Meeting Needs of the Community.
2. The Provincial/Territorial Commissioner will review and assess local needs and resources, in consultation with the local Branch or Council.
3. Once the assessment is completed and the need is identified, the following steps are implemented by the local Branch in cooperation with the intended leader:
 - a. determine appropriate levels of the program to operate according to the corresponding ages of interested members;
 - b. initiate a membership recruitment campaign for leaders, in cooperation with the local Branch or Divisional Superintendent;
 - c. identify, recruit and train sufficient Youth Leaders for the Program;
 - d. initiate a membership recruitment campaign for youth members;
 - e. arrange an information/registration seminar for interested youth and their parents, and obtain parental consent
 - f. develop and implement initial training plans and schedules;
 - g. determine a meeting location;
 - h. complete paperwork to register the Division (see StJCI 2-8-2 for Registration of a Division);
 - i. confirm insurance coverage for members and for equipment through the Provincial/Territorial Council;
 - j. determine financial support and a realistic budget;
 - k. obtain supplies, equipment and uniforms;
 - l. begin a public relations campaign.

ST. JOHN AMBULANCE

**NATIONAL CAMP ACCREDITATION
CERTIFICATE PROGRAM**



**National Headquarters
312 Laurier Avenue East
Ottawa, Ontario
K1N 6P6**

NATIONAL CAMP ACCREDITATION CERTIFICATE PROGRAM

GENERAL

1. Cadets enjoy camping and throughout this country many St. John Ambulance Cadet Camps take place. To ensure proper training standards for our youth leaders, the National Camp Accreditation Course is designed to train competent leaders who will operate a successful, safe camp for their members.

GENERAL INSTRUCTIONS

2. **Age requirements:** Youth leaders or adult members 18 years of age or over, may run a cadet camp where cadets or crusaders are attending.
3. **Standards:** As of 1 January, 1999, all youth leaders wishing to conduct a cadet camp will require national accreditation. Provinces/territories that have a program now in place may continue to use it. However, it must meet or exceed minimum standards.
4. **Testing:** Testing to the standard of this course will be the responsibility of the provincial/territorial Cadet Officer or their designate.
5. **Time requirements:** The time requirement for accreditation is 18 hours, as outlined in paragraph 8 of this document.
6. **Certificate:** Upon successful completion provinces/territories may apply for the National Camping Accreditation Certificate. See Annex D for a sample certificate.
7. **References**
 - i. St. John Ambulance Camping Manual
 - ii. Boy Scout Camping Manual
 - iii. Girl Guide Camping Manual
 - iv. Armed Forces Cadet Camping Manual

TIME AND EXPECTATIONS OUTLINE

8. The following indicates the topics and time expectations for the Camp Accreditation Course. Course details can be found in paragraph 9. See Annex A for a detailed sample time outline for the course.
 - a) **Introduction**

Describe the purpose and functions of a Cadet Division and how camping can become an integral part of any Divisional program.

b) ***Administration - 2½ hours***

Discuss the Provincial Commissioner's directives that apply to camping. Instruct the participants on the correct procedures for generating forms, and the required paperwork for camping. Discuss available resource information.

c) ***Program Planning - 6 hours***

Instruct the participants on how to set up a camp program. Give sample program outlines. Do exercises on designing and running specific program items.

d) ***Kitchen, Food and Menu Planning - 2 hours***

Instruct the participants on the different considerations for preparing a camp menu. Supply resource information on acquiring food for camp. Demonstrate the different forms of kitchen layouts. Supply information on sanitary concerns, hygiene, and washing procedures.

e) ***Equipment Planning - 6 hours***

Show the participants different forms of camp sites and facilities. Teach the practical skills on a variety of types of equipment. Discuss and demonstrate various pieces of other training and recreational equipment.

f) ***Emergency and Medical Procedures - 1 hour***

Discuss and instruct participants on proper medical procedures and other emergency procedures and considerations for camps. Discuss personnel considerations, vehicles and equipment.

g) ***Transportation - ½ hour***

Discuss different forms of transportation to get to and from camp, as well as forms of transportation while at camp. Special consideration (watercraft).

GENERAL OUTLINE

9. The following indicates the general outline and course details for the Camp Accreditation Course. Time expectations are given in paragraph 8.

a) ***Introduction***

- Course overview and introductions
- Purposes and functions of a Cadet Camp
- Provincial Commissioner's directives

b) ***Administration***

- St. John Ambulance regulations for camping within Canada
- Resources
 - facilities
 - people
 - camping manual

- Choosing and booking a campsite
 - time requirements
 - program considerations
 - associated costs
 - Paperwork (see Annexes B and C)
 - provincial application to hold a camp
 - participant permission forms
 - participant medical information forms
 - sample kit lists
 - sample covering letters
 - general rules for campers
 - Budgeting for a camp
 - capital equipment planning and budgets
 - cost recovery and capital equipment increases
 - donations, fund raising, other sources of revenue
 - Camping Committees
 - forming a Camp Committee
 - positions and responsibilities
 - time lines and communications
 - Camp Staff
 - briefing and debriefing
 - communications and problem solving
 - decision making process
- c) **Program Planning**
- How to design a program
 - training
 - flexibility
 - proficiencies
 - free time
 - camp fires
 - water program; special considerations
 - other activities
 - age of camper considerations
 - Alternate programs for different weather conditions
 - Resources
 - printed materials: Scouts, Guides, Outward Bound, etc.
 - personnel: St. John and non-St. John staff
 - equipment: purchase, borrow, rent
 - Religious obligations

d) **Kitchen, Food and Menu Planning**

- Creating a menu
 - Canada's Food Guide
 - special dietary requirements/allergies
 - quantity and variety
- Program and weather considerations affecting menu, group outings
- Purchasing and storage of food
 - guide to food storage
 - animals and your camp site
- Setting up the kitchen area
 - physical set-up
 - access
 - clean-up patrols and scheduling
- Food preparation; patrol cooking versus group cooking
 - staff rotation
 - full time staff
- Sanitation
 - garbage disposal
 - grease and solid food disposal
 - water purification, testing procedures
- Dishes
 - washing, drying and storage
 - posting rosters, ensuring proper clean-up

e) **Equipment Planning**

- Accommodation
 - permanent, temporary or mobile
 - type, size, quantity, suitability and location
 - gender and number of occupants
 - pitching and striking a tent
- Cooking
 - types of stoves, fuels and fires for cooking
 - filling, lighting, extinguishing and maintenance
- Lighting
 - lanterns, types, fuels, storage
 - filling, lighting, extinguishing and maintenance

- Personal hygiene
 - washrooms (temporary or fixed)
 - washing facilities and frequency, natural soaps
- Training equipment
 - planning, purchase, borrow, rent, different types
- Recreational equipment
 - types
- Equipment resources
 - rent, purchase, borrow
 - tents, stoves, lanterns, clothes lines, crafts
 - wood collection and storage; wet weather
 - dining flies, overhead tarps, canopies
 - swimming equipment, area and rules

f) **Emergency and Medical procedures**

- Fire drills
 - water bucket and fire extinguisher types
 - location of extinguishers, charging, discharging
 - evacuation procedures and routes
- Finding the nearest hospital, phone number and best route
- Nearest ambulance station, phone number and response time
- Medical staff
 - positions and roles
 - locations of medical kits and contents
 - medication dispensing and charting
- Camp emergency procedures
 - missing child, resources, time, other campers
 - criminal offenses, calling the authorities
 - broken camp rules, discretion and reporting
- Short term versus long term camp consideration
- Number of campers; program and logistics considerations
- Getting special medical training to meet the needs of special campers

g) **Transportation**

- Types and routes
- Booking and paperwork
- Procedures and other considerations; emergency contact person with list

- Modes of transportation while at camp; canoes, row boats, motor boats, etc.
- Rent, borrow, acquire services

BRIGADE TRAINING SYSTEM FOR PATIENT CARE SERVICES

GENERAL

1. The Brigade Training System (BTS) has been developed specifically for Patient Care Services to ensure that the training received and the qualifications maintained by each member are appropriate for the functions they undertake on behalf of St. John Ambulance. It ensures uniform standards of training throughout the Brigade in Canada and sets out the minimal guidelines and expectations for each level of care in keeping with the expectations of the communities in which the Brigade serves.
2. The BTS is a comprehensive system of training and evaluation designed for Brigade members who wish to perform independent patient care duties. These are duties in which the Brigade is present for the purpose of responding to situations involving illness or injury. The term *independent* refers to the situation in which a member of the Brigade is assigned as the person responsible for a patient care duty or part of a duty where there may be no other BTS-qualified Brigade member present.
3. Members may take part in the BTS and its assessment program as Adult or Crusader members (age 16 and over), however only Adult members (age 18 and over) may perform independent patient care duties.
4. The BTS has been designed so that the required skills, knowledge and attributes are demonstrated by each member as they progress through subject requirements. The BTS is designed as a cyclical process which provides for the acquisition of skills by Brigade members in an efficient but flexible manner to suit the specific needs and circumstances of the local community. This flexibility allows the Brigade to respond and adjust to the ever-changing needs of the community in which they serve.
5. The BTS integrates all modules of the St. John Ambulance Standard Level First Aid course and certain essential elements of Family Health Care, and includes Level C CPR training. It uses a logical approach to total patient care. All patient care protocols are approved by the national Professional Advisory Committee.

RESPONSIBILITY

6. The Divisional Training Officer (DTO) has the task of planning, organizing, managing and monitoring the ongoing training of the individual Brigade member and the training program as a whole. It is the responsibility of the DTO to arrange for appropriate Instructors and Evaluators for their respective units, and to ensure that all remedial requirements are undertaken.
7. Commitment to the Brigade Training System as an Instructor or Evaluator requires a high level of involvement and time to ensure that all aspects of the BTS materials are covered. Remedial needs of the members must be recognized and specific steps

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recommended and implemented so that each Brigade member has the opportunity to complete the requirements of the BTS and prepare for the Brigade Assessment Process (BAP).

8. Monitoring of the Brigade Assessment Process is an important element in Instructor/Evaluator development and quality assurance. The monitoring of quality assurance is the responsibility of the Provincial/Territorial Training Officer.
9. The BTS System Reference Text details the minimum acceptable training standards and includes a complete checklist of the skills and knowledge required for each level of certification.

TRAINING LEVEL

10. There are three training levels to the Brigade Training System, each one different in some ways from the one preceding it. In addition, there are specialized training modules that suit the specific requirements of the community in which the Brigade serves.

BTS Level 1

11. Level 1 is the minimum training level for all Patient Care Services provided by the members of the Brigade who wish to perform independent patient care duties. It consists of all the modules of the traditional subjects of Standard Level First Aid, specified core modules of Family Health Care and Level C CPR.
12. Although members are encouraged to develop their skills and expertise as far as they can, Level 1 training remains the minimum standard required for all members who perform independent patient care services.

BTS Levels 2 and 3

13. Levels 2 and 3 offer members the opportunity to review their basic skills and develop additional expertise in particular areas. These levels set out the standards for optional, advanced training which may be required to meet the specific requirements of divisions or members serving their local community. These levels of training may be completed in total as outlined, or subjects may be selected as required to provide emphasis in a particular area to suit the needs of the patient care service provided or required by the community. The order of subjects may be changed to suit the local needs and time constraints.

Brigade Specialized Training Modules (formerly BTS Level 4)

14. Optional Brigade Specialized Training Modules (BSTM) can be selected as the needs of the community dictate in order to provide the level of patient care required for specific public duties. They are separate subjects that may be taken to supplement the skills at any level attained. Brigade Specialized Training Modules carry their own prerequisite qualifications, performance standards, requirements for certification and recertification, and regulations for applications.
15. These specialized training modules were previously known as BTS Level 4. Brigade Specialized Training Modules should not be confused with Levels 1 through 3.

TRAINING STANDARDS

16. The training standards for the BTS are contained in the Brigade Training System Reference Text and the applicable supporting St. John Ambulance documents recommended for each level of training, and are based upon St. John Ambulance training standards.
17. Before any patient care training program (at any level, including BSTM) can be implemented, it must be approved by the National Training Officer.

EVALUATION

18. The evaluation or assessment phase of the BTS is known as the Brigade Assessment Process (BAP). It involves the evaluation of the Brigade member's practical patient care skills and theoretical knowledge and the evaluation of Instructors, course content and instruction.
19. An integral part of the BTS is an annual assessment process which evaluates all aspects of patient care skills and knowledge required by Brigade members to meet the varied needs of their patients. Through this annual assessment, St. John Ambulance, as a responsible health care delivery agency, is able to protect the public and the Brigade member alike by ensuring that the quality of care provided is of an appropriate standard.
20. The BTS has been designed to provide continual evaluation of the Brigade member's skills and knowledge throughout the training process, and allows for remedial sessions to meet identified deficiencies. The continual review of material and the progressive building of skills help to ensure that the Brigade member is competent in the delivery of patient care.

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21. Assessment of the Brigade member, or the measuring of training effectiveness, is the responsibility of a qualified Evaluator. This is accomplished by administering comprehensive theoretical written assessments and practical assessments in total patient care. Brigade Assessment Process materials are provided annually for the specific level being assessed.

22. Development of the assessment tools necessary to meet the requirements for BAP is the responsibility of St. John Ambulance National Headquarters.

BRIGADE ASSESSMENT PROCESS

GENERAL

1. Within the medical community, the provision of emergency medical care is seen as a specialty that begins with treatment at the location of an incident, illness or injury, and continues to the care given at a medical facility. Members of the St. John Ambulance Brigade are a vital link in this emergency health chain. Often first on the scene, Brigade members are responsible for decisions which will affect the emergency and continuing care a patient receives.
2. The BTS has been designed to ensure that our patient care providers are qualified to provide competent patient care services as expected by the challenges of today's society. The evaluation or assessment phase of the BTS, known as the Brigade Assessment Process (BAP), enables St. John Ambulance to protect the public and the Brigade member alike by ensuring that the quality of care provided is of an appropriate standard and is suited to meet the needs of the communities in which we serve. The BAP involves the evaluation of the Brigade member's practical patient care skills and theoretical knowledge and the evaluation of Instructors, course content and instruction.
3. Knowledge required for successful completion of the BAP will be gained as Brigade members attend patient care training sessions as defined in the Brigade Training System Reference Text for Patient Care Services at the specific level.
4. The BAP is designed to measure the quality of instruction a Brigade unit provides as well as the competency of each Brigade member. The BAP addresses remedial learning needs of the individual Brigade member, and determines corrective action for Brigade units with inferior training practices.
5. Remedial learning opportunities are an integral part of adult education. By allowing the Brigade member the chance to improve on identified weaknesses in theoretical knowledge or practical skills and then be reassessed, the BAP may be used as an individual learning tool. It is this opportunity for improvement and reassessment that can help to remove many of the stress factors felt by Brigade members during their initial assessment. To assist the Brigade member in successful completion of the BAP, and the related sense of accomplishment, Training Officers and Evaluators must be sensitive to the individual learning needs of all Brigade members within their unit.
6. The Brigade Assessment Process must be completed each calendar year. Adult Brigade members affirming their patient care competency through the BAP are entitled, pending any other restrictions, to provide independent patient care

services. Those members who are unable to do so remain entitled, pending any other restrictions, to provide patient care services, but only under direct supervision.

MINIMUM REQUIREMENTS

7. As a minimum, a candidate for membership as a patient care provider must hold a valid St. John Ambulance Standard Level First Aid Certificate or equivalent (see StJCI 2-3-1). Each member who intends to provide independent patient care services must re-affirm their competency through successful completion of the BAP each calendar year.
8. Members who are unsuccessful in meeting the requirements of the BAP must maintain as a minimum St. John Ambulance Standard Level First Aid certification. They will be permitted to provide patient care services only under direct supervision, provided they successfully completed the Standard Level First Aid course and examination annually, until they have had the opportunity for remedial learning sessions and a re-assessment resulting in successful completion of the BAP.
9. Members in administrative positions in patient care service units, Officers of youth units, and Crusaders may choose to maintain a valid St. John Ambulance Standard Level First Aid Certificate through a process of annual re-examination as minimum membership qualifications. Members so choosing will be permitted to provide patient care services under direct supervision only.
10. Direct supervision means supervision by an adult member (age 18 and over) who has successfully completed the BAP within the past calendar year.

EVALUATION

11. The ongoing delivery and monitoring of the BTS will confirm that the training being given is meeting the needs of the community. The evaluation step involves both evaluation of the Brigade member and of the instruction, course content and course components.
12. Evaluation of the member and the effectiveness of training are responsibilities of the Unit Training Officer. These responsibilities are carried out by administering the skills and knowledge as listed in the Brigade Assessment Process.

ADMINISTRATION

13. All BAP materials will be produced and issued to each Council by National Headquarters on an annual basis.

14. The BAP will be administered by the Provincial/Territorial Training Officer under the authority of the Provincial/Territorial Commissioner.
15. Each Council will maintain policies and procedures with reference to the administration of the BAP which will incorporate the following:
 - a. The maximum number of assessment sessions permitted in each Brigade unit, dependent upon the human and physical resources available in each geographical region of the Council.
 - b. Identification of accredited Supervising Evaluators who will be assigned to supervise the administration and delivery of the BAP. Such Supervising Evaluators should not be from the Brigade unit being assessed.
 - c. Identification of accredited Evaluators who will be assigned to implement the BAP. Ideally, such Evaluators should not be from the Brigade unit administering the BAP. If however, due to geography or available human resources, this is not practical, the Provincial/Territorial Training Officer may, on a unit by unit basis, authorize the use of internal Evaluators.
 - d. As the BTS certificate is issued by the Council Headquarters, such Headquarters may develop and use their own internal tracking systems for this purpose. However, a copy of the Assessment Summary Report as well as the Individual Practical Assessment Report must be provided to the Brigade unit Training Officer. This will allow the Training Officer to determine the remedial needs of the individual Brigade member or reassess the delivery of the course content as may be required.

BTS INSTRUCTORS

1. In order to maintain the uniform standards of training throughout the Brigade in Canada, we must carefully select, train and develop the Instructors who will be imparting their knowledge and skills to the Brigade member. In their relationship with the Brigade members under their instruction, Instructors influence the development of the Brigade members' skills and knowledge and how well prepared they will be to provide service to their community.
2. Instruction of various aspects of the Brigade Training System will be carried out by qualified individuals, as identified in paragraph 4, who have been oriented to the method of instruction and the minimum level of skills and knowledge that must be demonstrated by the Brigade member upon completion of the BTS.
3. Responsibility for the organization of training for Brigade members rests with the Unit Training Officer who will be actively involved in the selection, training and monitoring of the Instructors chosen.
4. Instructors may include the following:
 - a. Qualified First Aid and CPR Instructor, NITDP trained (National Instructor Training and Development Program - See StJCI 4-3);
 - b. Registered Nurses;
 - c. Lay Instructors in Family Health Care;
 - d. Physicians;
 - e. Ambulance Officers, Emergency Care Specialists;
 - f. Respiratory Technicians; and
 - g. Other suitably trained and authorized health care providers.
5. It is recommended that successful completion of a BTS orientation program including particular teaching techniques and administrative procedures related to the subject being presented be a prerequisite to instructing within the BTS.
6. The Provincial/Territorial Training Officer may delegate, but retains accountability for the following:
 - a. selection of instructors;
 - b. assessment;
 - c. monitoring of quality assurance.

7. Potential Instructors should possess the following attributes:
 - a. the mental and physical ability to teach the requirements of the theoretical and practical skills of the BTS;
 - b. motivation and dedication to carry out the requirements for subject completion and to ensure that the Brigade member receives any ongoing remedial learning in order to successfully complete the subject;
 - c. maturity and integrity to ensure that the Brigade members' best interest is uppermost in their mind;
 - d. ability to captivate and motivate the Brigade members to develop skills to the best of their ability;
 - e. full understanding and commitment to provide adequate instruction and remedial learning sessions as required.

8. The quality of instruction will be continually monitored and assessed to determine individual strengths and weaknesses.

BTS EVALUATORS

1. Evaluators are charged with the responsibility of assessing individual Brigade member's skills, knowledge and attributes to provide independent patient care services to the community. Evaluators should monitor their own assessments to maintain the dignity of the individual Brigade member, and to keep all assessments confidential within stated parameters.
2. Evaluations for the Brigade Assessment Process will be carried out by suitably qualified individuals, as identified in paragraph 3, who have been oriented to the methods of instruction and are aware of the minimum level of skills and knowledge that each member must demonstrate in accordance with the BTS Reference Text.
3. Evaluators may include the following:
 - a. Qualified First Aid and CPR Instructors, NITDP trained (National Instructor Training Development Program - see StJCI 4-3);
 - b. Registered Nurses;
 - c. Lay Instructors in Family Health Care;
 - d. Physicians;
 - e. Ambulance Officers, Emergency Care Specialists;
 - f. Respiratory Technicians; and
 - g. Other suitably trained and authorized health care providers;

Note: Qualified NITDP First Aid and CPR Instructors are preferred.

4. Potential Evaluators should possess the following attributes:
 - a. be well regarded by their peers, well trained and motivated, and able to provide leadership;
 - b. the mental and physical ability to demonstrate the requirements of the theoretical and practical skills of the BTS;
 - c. motivation and dedication to carry out the critical requirements of the BAP to ensure that the Brigade member is given constructive feedback to their demonstrated skills and receives any ongoing remedial learning in order to accomplish the completion of the BAP if unsuccessful;
 - d. maturity and integrity to ensure that the Brigade member's best interest is the uppermost in their mind;
 - e. ability to help alleviate any fear and apprehension the Brigade member may feel and to reinforce their partnership in the development of the Brigade member's skills to the best of their ability;
 - f. full understanding and commitment to give the hours necessary to provide adequate assessment and recommendations for remedial learning sessions as required;

- g. empathy to the needs of the individual Brigade member who also derives their livelihood from serving their community with first aid or patient care services.
5. The delegation of instruction, assessment and monitoring of quality assurance is the responsibility of the Provincial/Territorial Training Officer.
6. Potential Evaluators should:
- a. have a full understanding of the Brigade Training System and the BAP as the final step in completion of the training cycle;
 - b. currently meet or exceed the requirements of the BTS Level being evaluated;
 - c. attend an annual orientation program that reviews the expectations of the Brigade member and covers the appropriate level BAP materials for the current year;
 - d. attend Instructor workshops to monitor the ongoing process of the BTS and Brigade members' developing abilities;
 - e. review any Instructor evaluations that may indicate individual strengths and weaknesses of the Evaluators.

EVALUATORS' RESPONSIBILITIES

7. Evaluators for the Brigade Assessment Process are the key to the successful assessment of Brigade members' knowledge, attitudes, and skills of the Brigade Training System. These skills are required to care for the communities in which they serve. Evaluators have the following set of responsibilities:
- a. Assessment of the knowledge, attitude and skill levels of members;
 - b. Completion of all necessary forms and records from the BAP for submission to the appropriate administrative officer;
 - c. Make recommendations for all necessary follow-up training requirements before any re-evaluation of unsuccessful Brigade members;
 - d. Make recommendations for any deficiencies noted within the training program administered by the unit;
 - e. Improve and maintain the quality of teaching of the Brigade Training System;
 - f. Ensure that all programs being delivered by the BTS are of the highest quality in all respects;
 - g. Facilitate consistency and improvements within the BTS.

Date of Issue: December 1997

St. John Canada Instruction 2-4-5

BTS CERTIFICATION

Training Officer determines that the member's qualifications are equivalent or superior to the BTS Level 1, arrangements will be made for a Comprehensive Challenge Assessment (CCA).

6. The CCA consists of a battery of comprehensive theoretical assessment and a minimum of three practical patient care assessments encompassing all of the major skills of the BTS Level 1. The estimated time to complete a CCA is three to four hours. A member may attempt a CCA **only once in a calendar year**.
7. The only level of the BTS that can be challenged is Level 1. In order to achieve accreditation at BTS Levels 2 and 3, a member must actively participate and complete the training with a Brigade unit.
8. Colour-coded pins may be worn in a visible location by members to indicate their competency level within the BTS. If a member's level of competency changes, either up or down, this pin is to be replaced with the appropriate level pin. The pins for each level are colour-coded as follows:

BTS Level 1	Red
BTS Level 2	Green
BTS Level 3	Gold

9. Certification for Brigade Specialized Training Modules (BSTM) will be issued on an individual subject basis. Such certificates will be valid for a period as outlined in the individual subject certification requirements.

BTS QUALITY MANAGEMENT

GENERAL

1. Standards and protocols for training have been established to meet the goal of maintaining and improving the quality of patient care community service. An integral activity in meeting this goal is implementation of the BTS through ongoing training, continuing evaluation of BTS through the BAP, and regular monitoring of the process and its implementation.
2. The quality of the BTS and its associated standards and protocols is maintained by carrying out the following:
 - a. all parties responsible for the delivery of the BTS must act with high integrity through the disciplined and efficient use of the BTS Standards and Reference Guide to ensure all subject content and criteria are met;
 - b. feedback is provided on the delivery of subject content and the quality of instruction and assessment, through the use of monitoring mechanisms;
 - c. Instructors involved with the instruction of the BTS have a full understanding of the knowledge and skills that each Brigade member is expected to demonstrate, and are NITDP trained whenever possible;
 - d. Evaluators fully understand their role in the assessment of the Brigade member and have been thoroughly oriented to the annual BAP materials prior to being assigned the responsibility of assessing a Brigade unit;
 - e. all results are monitored by the Provincial/Territorial Training Officer to ensure that all BTS and BAP criteria are being met within the units under their charge; and
 - f. feedback is provided to the members, indicating their strengths and weaknesses, and allowing opportunities for remedial training.
3. Everyone involved in the process of the BTS, beginning with the Brigade member who progresses through the requirements of the BTS, has a responsibility with respect to quality management. The ultimate goal of quality assurance is the ongoing enhancement of the level of care we provide and the St. John Ambulance image as perceived by our clients. This goal can only be achieved through a combined commitment to quality, and attention to details by all members of the St. John Ambulance Brigade.

RESPONSIBILITY

4. The standards and protocols for training must be conducted without bias and based upon observable facts and results to be effective. They are designed to maintain and improve the BTS and BAP to ensure that Brigade members are able to provide the highest level of patient care to the communities in which they serve.

QUALITY MANAGEMENT - INSTRUCTORS AND EVALUATORS

5. Instructor monitoring is an essential component of the BTS. Every effort must be made to have appropriately qualified Instructors in each area of instruction, using the best available expertise. For a suggested list of Instructors, see StJCI 2-4-3.
6. Instructor supervision is essential to maintain quality and consistency in the deliverance of the Brigade Training System. Councils must have planned programs to monitor and evaluate Instructors and Evaluators. Instructor and Evaluator development can be achieved by using methods such as:
 - a. course monitoring;
 - b. refresher training by means of annual workshops; and
 - c. Brigade member evaluations.
7. Instructors and Evaluators must be kept apprised of the annual Brigade assessment materials and changes in protocols.
8. Workshops for Instructors and Evaluators should be specifically designed to thoroughly cover all current BAP theoretical assessment and practical scenarios prior to assessing any units.
9. Specific criteria must be developed by each Council to review the performance of all Evaluators and set criteria for re-certification based upon the BAP level performed.
10. Evaluators must be competent in the relevant aspects of patient care as taught in the BTS. It may be necessary to have two or more evaluators, depending on individual knowledge and area of expertise.

RISK OF VIRAL INFECTION

GENERAL

1. Since the 1980's, there has been a heightened interest in, and concern about, the threat posed by viral infections such as Acquired Immune Deficiency Syndrome (AIDS) and Hepatitis B. Questions have been raised about the risks posed to Brigade members during the provision of patient care procedures, and the steps that may be taken to limit this risk.

RISK

2. The provision of patient care by a member of the St. John Ambulance Brigade may pose a risk of disease transmission to the caregiver or the patient. It is important that the caregiver be aware of and minimize the risk of infectious disease transmission.
3. The viruses responsible for the transmission of AIDS and Hepatitis B are found in body fluids and the risk to the caregiver is directly related to the exposure to these contaminated fluids. Blood, blood products, semen, breast milk, sputum, saliva, tears and urine are potential sources of contamination for the AIDS (HIV) and the Hepatitis B (HBV) virus. It is therefore mandatory that all members of the Brigade, who by the nature of their service, be trained in the appropriate methods of reducing exposure to potential contamination.

ACTIONS TO LIMIT RISK

4. There is a low risk of infectious disease transmission when providing care. This risk can be further reduced by:
 - a. good personal hygiene (e.g. handwashing);
 - b. the use of appropriate barrier devices as warranted;
 - c. prompt decontamination following possible exposure; and
 - d. immunization (for Hepatitis B).
5. Refer to the Reference Text for the Brigade Training System for the details of these actions.

RISK ASSESSMENT

6. Patient care providers must be prepared to assess the risk of infectious disease transmission as a direct consequence of treating an injured or ill person. The following factors must be considered in determining the procedures and specific actions to be taken in limiting the risk of exposure:

- a. Are body fluids present, and are they likely to be a source of contamination? If so, take specific precautions as listed below.
- b. To what degree will introduction of appropriate barriers increase the risk to the ill or injured person? The caregiver must immediately assess the increased risk to the injured or ill person that may result from the use of appropriate barrier devices and any delay in instituting appropriate care. The insertion of barriers between the caregiver and the casualty may decrease the effectiveness of first aid procedures, and will be a function of:
 - i. the time taken to apply a barrier; and
 - ii. the degree to which a barrier reduces the Brigade member's ability to provide effective care, ie. impairment of sense of touch, and the use of resuscitation devices during artificial respiration.

The severity of the injury and the consequences of delay, judged against the risk to the patient care provider not using mechanical aids, will determine whether or not the use of mechanical barriers is warranted.

PRECAUTIONS

7. It is important for the caregiver to limit the potential for contamination. The two principle methods are:
 - a. the introduction of appropriate barrier devices between the caregiver and the potential contaminant; and
 - b. the use of hygienic procedures.

BARRIER DEVICES

8. As disease transmission results from the transfer of infected body fluids it follows that the introduction of an appropriate barrier device that reduces or inhibits the transfer of fluids will reduce the risk to the caregiver. Barrier devices that have proven to be effective in limiting exposure to body fluids are:
 - a. disposable latex or vinyl gloves; and
 - b. faceshields and masks with one-way valves.
9. Patient care providers must have access to, and training in the use of these appropriate barrier devices. The use of barrier devices will be the member's responsibility and should be consistent with their assessment of the degree of risk posed to them by the patient.

HYGIENE

10. Good personal hygiene following exposure to body fluids by a caregiver will significantly reduce the risk of disease transmission. Skin that has been exposed to potentially contaminated body fluids must be thoroughly washed (but not scrubbed with a stiff brush) at the earliest practical opportunity following exposure. Abrasions and breaks in the skin should be thoroughly and carefully washed preferably with soap and water, any cuts or lacerations being allowed to bleed freely for a few moments first. Note that it is the mechanical action of washing properly that is more important than the type of soap or disinfectant which is used.
11. Clothing and other non-disposable items that may have been contaminated with body fluids should be decontaminated. At the earliest opportunity following exposure, use a disinfectant such as a 1:10 solution of sodium hypochlorite in water. This is made by diluting one part of a 5-6% solution of sodium hypochlorite (household bleach) with ten parts of water. The item may then be washed in the normal manner.
12. Disposable items such as soiled gloves, bandages, dressings, tissues, etc. should be placed in a sturdy plastic bag, sealed and then bagged again in a second plastic bag and sealed before disposal. Where available, use biohazard disposal.
13. Following the handling of potentially contaminated clothing or equipment, and after the removal of disposable gloves, hands and exposed parts of the body should be carefully washed. If a Brigade member is splashed in the eyes with blood, the eyes and face should be rinsed immediately with running water.

IMMUNIZATION

14. Hepatitis B is a relatively common disease which can have serious consequences. It is strongly recommended that members eliminate this danger by taking advantage of the three-stage immunization procedure as soon as possible. To assist in this, National Headquarters has facilitated an immunization program. Details of the Hepatitis B Immunization Program are available in the manual prepared for this purpose, which is available from each Provincial/Territorial Council.

SETTING STANDARDS AND PROTOCOLS FOR NEW PROGRAMS

GENERAL

1. Standards and protocols for training and service delivery have been established to meet the goals of maintaining and improving the quality of community service while ensuring that all programs being delivered are of the highest possible quality. An integral part of meeting the needs of the community is the ongoing development of new training and service delivery programs and continuing evaluation through regular monitoring of the programs and their implementation.
2. St. John Ambulance's responsibility is to provide competent community service to the people in the communities we serve. Only by ensuring that Brigade members receive the highest level of training and assessment can this be assured.
3. New programs must reflect the development of services ensuring uniform standards of training and service delivery throughout the Brigade in Canada. They must set out the minimal guidelines and expectations for the Brigade members' level of service in keeping with the expectations of the communities they serve.
4. New programs may be developed either as a Brigade Specialized Training Module (see StJCI 2-4) or as a new community care service, outside of patient care services. They must be developed only as the needs of the community dictate to provide the level of care or service required for specific community services.

REGISTERING NEW PROGRAMS

5. The St. John Ambulance name and logo immediately lend credibility and legitimacy to any program or service offered to the public. Every program bearing the St. John Ambulance name or logo must be legitimized through registration with either National Headquarters or Provincial/Territorial Headquarters (see paragraphs 8 and 9). New programs not appropriately registered run the risk of having the St. John Ambulance name and logo removed from them.
6. Training and service delivery standards for new programs must be submitted in writing with the following applicable supporting documents:
 - a. course objectives;
 - b. target group;
 - c. needs assessment that has been completed (see StJCI 2-7-1);
 - d. course content and standards;
 - e. prerequisites;
 - f. reference materials; and
 - g. assessment criteria and evaluation process.

7. Training and service delivery standards for new programs may be based upon readily available materials and recognized published certification criteria.
8. New community service programs being adopted by only one or two Councils must be approved through the Provincial/Territorial process set up for this purpose, and the Provincial/Territorial Professional Advisory Committee, if applicable, where one exists.
9. Before any new community service program can be adopted nationally, it must be approved by the National Training Officer, who is responsible for ensuring the program's standards are reviewed and submitted to the National Professional Advisory Committee (PAC) for additional review, if applicable. A new program must be adopted for use by at least three Councils to be considered a National program.
10. Insurance coverage of community service programs and their participants will be arranged only after appropriate approval (Provincial/Territorial or National) has been given. If the program is within only one or two Councils, confirmation of Provincial/Territorial approval must be sent immediately by the appropriate Council(s), in writing, to the Director of Volunteer Support at National Headquarters so that adequate insurance coverage can be arranged.

PREREQUISITES

11. To ensure consistency in training and prerequisites, members must complete any pre-course materials identified for the program. This is to ensure the member has obtained the minimal level of skills and knowledge required to take part in any specialized training.
12. To be eligible to attend instruction in the use of specialized patient care equipment or techniques, members must be at least sixteen years of age and be currently certified to at least BTS Level 1 (see StJCI 2-4).

ROLE OF THE TRAINING OFFICER

13. Training Officers must ensure that suitably qualified instructors are used for training in all St. John Ambulance programs. The members must have the opportunity to practise their skills to make the program effective and beneficial to both the member and the community in which they are expected to perform their skills.
14. The Divisional Training Officer (DTO) or equivalent is responsible for arranging appropriate instructors and evaluators for their respective units, and to ensure all remedial requirements are undertaken.

ROLE OF THE INSTRUCTOR

15. The Instructor is responsible for assisting the member through the most effective use of the course materials and the creation of an atmosphere that is conducive to learning. Comprehensive course materials, the willingness of the member to learn and the competency of the instructor are the ingredients required to make learning a valuable and effective experience.

EVALUATION PROCESS

16. To be certified in the specific use of specialized equipment or techniques, or to deliver a new community service, members must undergo an evaluation process that follows the standards laid out in the program. The standards to be followed when conducting an evaluation must contain the standards in the reference material provided for the program and should include a thorough review of the training standards, review of administrative procedures and paperwork, both theoretical and practical assessments of skills, and remedial work for areas of weakness.

***THE THERAPY DOG PROGRAM
NATIONAL OPERATIONAL STANDARDS***

GENERAL

1. The St. John Ambulance Therapy Dog Program began in Peterborough, Ontario in 1992. The program provides dog visitation to comfort the lonely, sick and elderly. It has been proven that the petting, affection and regular visitation of a dog can be beneficial to hospitalized patients. The St. John Ambulance Therapy Dog Program is unique in that the same dog and handler visit the same place, at the same time each week.
2. Hospitals and nursing homes are comfortable accepting the program because it addresses a need and is safe. Dogs are checked for temperament, health and cleanliness.

STRUCTURE

3. The Therapy Dog Program, as a community care service, is an element of the existing Brigade organizational structure. All policies and procedures outlined in the StJCI for other Brigade members apply equally to members of the Therapy Dog Program, with the exception of StJCI 2-4 on Patient Care Training Systems.
4. Therapy Dog Units function as separate units, and Program Coordinators are appointed to each unit level. Generally, units are aligned with Branches which are responsible for providing support to the local Therapy Dog Unit in the same manner that they provide support to other Brigade units.
5. When a request for the program is made from a community (ie. dog clubs, hospitals), and factors such as geography or logistics limit the possibility of Branch alignment, then independent Therapy Dog Units may be established. These units should be self-supporting and deal directly with the local community and their respective Council on all financial support issues.
6. The following positions have specific roles and responsibilities (see Annex A) to ensure the efficient running of the Therapy Dog Program:
 - a. Provincial/Territorial/Area Therapy Dog Coordinators
 - b. Unit Therapy Dog Coordinators
 - c. Evaluators and Assistant Evaluators
 - d. Chief Evaluators
 - e. Dog and Member (Handler)
 - f. Auxiliary Member

ESTABLISHING A THERAPY DOG PROGRAM

7. Consultation must be made with the National Therapy Dog Coordinator before establishing a Therapy Dog Program provincially. The National Therapy Dog Coordinator will provide assistance through advice and the provision of materials.
8. Arrangements must be made for initial evaluations to be carried out by a national representative or identified consultant. This will be done at the expense of the Council.
9. Branches seeking to establish a Therapy Dog Program locally should follow the process as laid out in Annex B.
10. Once the program is established provincially, it is the responsibility of the Council to maintain the standards of the program through ongoing evaluations. This may be done internally or through the original evaluator, at the expense of the Council. Neighbouring Councils may choose to collaborate and share the costs.

MEMBERSHIP REQUIREMENTS

11. Membership requirements for members of the Therapy Dog Program are as stated in StJCI 2-3-1. Personnel administration for members of the Therapy Dog Program are as stated in StJCI 2-8-1. Personnel administration at the local or Council level may also include the name of each member's dog(s) to facilitate recognition of service for the dogs.

RECOGNITION

12. Members of the Therapy Dog Program are eligible for all the awards as listed in StJCI 2-6-1. Note that Councils may choose to use *Service Pins* for Therapy Dog Members as an alternative to *Service Bars*, as referred in StJCI 2-6-1, paragraph 6. If the Service Pin is used, it is to be worn on the left lapel of the blazer or jacket, or on the left breast of the work shirt, above the pocket if one exists.
13. Councils may choose to provide coloured tags or certificates as recognition to the dogs for their accumulated number of visits (eg. after 75, 150 and 250 visits). Records of dog visitations must be kept at the unit level. The Coordinator must then request the appropriate awards from their Council and arrange for their presentation.

STANDARDS

14. All testing of dogs for admittance to the Therapy Dog Program must be conducted using the national Therapy Dog Evaluation. To ensure the preservation of national standards, deviation from this evaluation may not occur. The responsibility for all national Therapy Dog standards rests with the National Therapy Dog Coordinator.
15. Initial evaluations for a Council will be under the guidance of the National Therapy Dog Coordinator. The Provincial Evaluator will in turn train others to the required standards. Evaluators are expected to complete all necessary forms, which are to be held at the Council Headquarters for reference. Actual tests will not be released to a Council wishing to set up an initial program until authorization by the National Therapy Dog Coordinator.
16. Handlers will provide St. John Ambulance with veterinarian-signed verification of current immunization and health status.

UNIFORM

17. Therapy Dog members wear approved shirts with the St. John Ambulance logo, and black or grey pants/skirt. This makes them easily identifiable by both the residents and staff and also gives the residents in health care settings confidence to know that the person belongs to a credible organization. Dogs wear a St. John Ambulance ID tag, and may also wear a Therapy Dog kerchief.

INSURANCE COVERAGE

18. All volunteer dog handlers are covered under St. John Ambulance's liability and accident insurance.
19. The dogs are covered under St. John Ambulance's liability insurance in case they cause an injury or damage while on duty. In the event the dog's owner is sued, this would first be applied to their personal homeowner's insurance, and then the national insurance carrier for St. John Ambulance. If the dog's owner does not have homeowner's insurance, the national insurance carrier will become the primary insurer.
20. If the dog is injured while on duty, the owner is wholly responsible for expenses (e.g. vet bills). Coverage for this is not available through our insurance carrier.

ROLES AND RESPONSIBILITIES

A. Provincial/Territorial/Area Therapy Dog Coordinators

1. Provincial/Territorial/Area Therapy Dog Coordinators are senior volunteers responsible to the Provincial/Territorial/Area Commissioner for the efficient implementation, administration and operational support of the Therapy Dog Program within their physical jurisdiction. Councils are responsible for providing appropriate resources to support the operation of Therapy Dog Coordinators.
2. Provincial/Territorial/Area Therapy Dog Coordinators are responsible for ensuring the continuity of the Therapy Dog Program within their jurisdiction. This includes overseeing operational matters within their jurisdiction, coordination of meetings and work groups, development of reports as requested, and liaison with the Chief Evaluator and other Coordinators.
3. By liaising with Therapy Dog Units on a regular basis, the Provincial/Territorial/Area Therapy Dog Coordinators assist Brigade Units with:
 - a. identification of community needs and resources as they relate to the program;
 - b. assistance and advice on the policies and procedures for establishing new Therapy Dog Programs;
 - c. assessment and acquisition of Therapy Dog training/testing resources including the assessment and training of evaluators;
 - d. development and implementation of community relations initiatives as they relate to the program;
 - e. coordination of evaluator activities.

B. Unit Therapy Dog Coordinators

4. The Unit Therapy Dog Coordinator is responsible for the overall organization, administration, and training of the Unit. Unit Therapy Dog Coordinators work closely in cooperation with their Provincial and Area counterparts and local Branches to ensure the smooth, efficient operation of the program.
5. Responsibilities of the Unit Therapy Dog Coordinator include:
 - a. ensuring that members/dogs are fully qualified and that every member has the opportunity to obtain St. John Ambulance Brigade and Therapy Dog training as required;
 - b. liaising with the local Branch or Council on relevant administrative support issues such as financial management, fundraising and service territory;

- c. liaising with and arranging scheduled visits to hospitals, nursing homes, etc, in their region;
- d. monitoring new handlers with and without their dogs on first visits, and new dogs with their handlers on first visits;
- e. assisting in the coordination of Therapy Dog testing, workshops and seminars;
- f. coordinating and/or assisting with public relations initiatives;
- g. scheduling and chairing semi-annual unit meetings;
- h. ensuring that members have access to adequate resources;
- i. identifying community needs and resources as they relate to the program;
- j. providing uniforms and dog tags to appropriate volunteers in a timely fashion;
- k. orientating members to program policies and procedures;
- l. coordinating, tracking and reporting all honours and awards; and
- m. ensuring that all records and reports are completed accurately and submitted on time to the appropriate level in accordance with StJCI 2-8.

C. Evaluators and Assistant Evaluators

6. Evaluators are individuals who are qualified to provide St. John Ambulance Therapy Dog testing to members and their dogs. They are responsible for ensuring that all certification records and reports are completed accurately and submitted to the Chief Evaluator within 14 days of testing. Evaluators are required to up-date their qualifications by attending seminars as required, and must recertify annually.
7. Evaluator prerequisites include:
 - a. considerable experience with a variety of breeds of dogs;
 - b. a good understanding of basic dog behaviour (theory and practice); and
 - c. attendance at an initial training seminar.
8. Evaluators are often qualified Canadian Kennel Club Judges, Obedience School Trainers, groomers or other people with extensive hands-on canine experience
9. It is recommended that all Evaluators enter the program as Assistant Evaluators, graduating to full Evaluator status after a minimum period of one year in which they are active visitors in the Therapy Dog Program and have acquired a strong knowledge of the program and the testing procedure.
10. Assistant Evaluator is the first level of training to be obtained when entering the program. A résumé of their qualifications and canine experience must be sent to the Chief Evaluator.

11. Assistant Evaluators are expected to attend training sessions and seminars, assist Evaluators, assist local Coordinators and be recertified annually.
12. Potential evaluators must complete an application to be a Therapy Dog Evaluator (see Annex C).

D. Chief Evaluators

13. The Chief Evaluator is appointed by the Provincial Commissioner on the advice of the National Therapy Dog Coordinator, and is ultimately responsible for all decisions in relation to Evaluators.
14. The Chief Evaluator is responsible for:
 - a. ensuring conformity to national Therapy Dog standards;
 - b. supervising testing for Assistant Evaluators and Evaluators;
 - c. scheduling all Evaluator tests, seminars and recertifications;
 - d. assisting and advising local Coordinators on the policies and procedures for establishing a new Therapy Dog Program, in conjunction with the Provincial Coordinator; and
 - e. overseeing Evaluator procedures.

E. Dog and Member (Handler)

15. Therapy Dog Program members and their dogs provide companionship to those who are lonely and ill through regular visits to hospitals and nursing homes.
16. Any individual and their dog may join the program provided:
 - a. the individual is successfully screened according to the policy in StJCI 2-9-2, and meets the requirements for Brigade membership as outlined in StJCI 2-3-1. Note that Standard First Aid certification is not required for membership as a St. John Ambulance Therapy Dog volunteer, however such certification is encouraged.
 - b. the dog is of sound temperament (assessed through St. John Ambulance Therapy Dog testing).
17. New members are accompanied by a qualified Therapy Dog Evaluator or Coordinator without the dog for one visit to ensure that they are comfortable with the environment they are visiting. The dog is then introduced on the next two accompanied visits. If these visits are successful, a regular visitation schedule is established.

F. Auxiliary Members

18. Auxiliary members are invited to assist as "actors" in evaluation scenarios, and may be attached to local Therapy Dog units or other Brigade units.

***ESTABLISHING A ST. JOHN AMBULANCE
THERAPY DOG PROGRAM LOCALLY***

1. Initial requests to form a Therapy Dog Unit should be forwarded to the Provincial/Territorial/Area Therapy Dog Coordinator who in consultation with the local Branch or Council will review and assess local needs and resources.
2. Once the assessment is completed and the need is identified, the following steps are implemented by the Provincial/Territorial/Area Therapy Dog Coordinator in cooperation with the local Branch or Council and the Chief Evaluator:
 - a. a Unit Therapy Dog Coordinator is identified, recruited and trained;
 - b. a membership recruitment campaign is initiated in cooperation with the local Branch or Council by the Provincial/Territorial/Area Therapy Dog Coordinator (eg. newspapers, local dog obedience clubs and veterinary clinics);
 - c. an information/registration seminar is arranged;
 - d. an evaluation workshop for interested candidates and their dogs is arranged (St. John Ambulance Therapy Dog testing). At this time visiting rules will be reviewed and handlers will provide St. John Ambulance with veterinarian-signed verification of current immunization and health status.
 - e. hospitals and nursing homes are informed about the program being started in their area by direct contact from the Provincial/Territorial/Area/Unit Therapy Dog Coordinators;
 - f. initial visit schedules are developed and implemented;
 - g. initial visits are assessed and evaluated;
 - h. visitation schedules are developed and implemented and member/dog dress items are provided;
 - i. Provincial/Area/Unit Therapy Dog Coordinators visit each area quarterly to assess the visitation program.

St. John Ambulance Therapy Dog Program

Application for Therapy Dog Evaluator

A. PERSONAL INFORMATION (TO BE COMPLETED BY APPLICANT)

SURNAME	GIVEN NAMES	SJA I.D. NUMBER
HOME ADDRESS		CITY/TOWN
PROVINCE	POSTAL CODE	AREA CODE & PHONE NUMBER
<p>I will undertake to evaluate all dogs in accordance with the policies set out by St. John Ambulance</p> <p style="text-align: center;">SIGNATURE: _____ DATE: _____</p>		

B. PERSONAL HISTORY

Include personal dog experience: years involved with dogs, training history (Obedience Instructor, Assistant, number of dogs titled) confirmation experience, grooming, etc. Use reverse if more space is needed.

C. RECOMMENDATION FOR CERTIFICATION

The above information has been verified and the applicant:

MEETS ALL THE REQUIREMENTS

IS RECOMMENDED

EVALUATOR COURSE NUMBER	SUPERVISING EVALUATOR	DATE
BRIGADE UNIT	AREA EVALUATOR	DATE
	PROVINCIAL EVALUATOR	DATE
POCKET CARD ISSUED BY PROVINCIAL EVALUATOR		DATE

AWARDS

ELIGIBILITY FOR SERVICE AWARDS

1. Eligibility for service awards is the requirement for a Brigade member to qualify for a year of credit towards the Service Medal of the Order. Changes in eligibility are retroactive only to 1 January 1996. Eligibility is determined as follows:
2. *Qualification Procedures*— in order to earn eligible status, members must perform at least sixty hours of Brigade service annually. Brigade service includes voluntary hours spent on community service of any type, administration duties on behalf of the Brigade, and training sessions. Brigade service for Cadets includes voluntary community service of any kind and training sessions, which may consist of First Aid training, leadership training and work on Cadet Proficiency Subjects.
3. *Eligibility for Year of Enrolment*— members must meet the criteria of active participation as described in paragraph 2 within the calendar year.
4. *Leave of Absence*— Members who are unable to carry out their Brigade duties for a period of three to twelve months, because of sickness, travelling, personal business, employment or education, may apply to the Provincial/Territorial Commissioner for a leave of absence.

SERVICE AWARDS

5. National Headquarters is financially responsible for badges for all national service awards, the Cadet Proficiency program, and the Grand Prior's Badge program. Service Bars may be processed by either National or Provincial Headquarters. The Service Medal of the Order, Bars to the Service Medal and the Grand Prior's Badge will be issued by National Headquarters. The Cadet Proficiency Badge and numbers, the Cadet Service Stripes and Stars and the Special Service Shield are issued in bulk to Provincial Headquarters by NHQ Stores.
6. A *Service Bar* is given to Adult and Crusader members for each completed three years of eligible service. The award is one bar for three years, two bars for six years, and three bars for nine years.

Councils may choose to administer the three, six and nine year Service Bars. If they do so, they must forward a list of all Service Bar recipients to NHQ, indicating the recipient, the recipient's unit number, and the level of the award received. NHQ will then ship the appropriate number of bars to the Council for distribution.

7. The *Service Medal of the Order* will be awarded to Brigade members who have completed twelve years of eligible service. The final recommendation for awards of the Service Medal of the Order to Brigade members whose twelve years of eligible service is comprised solely of Brigade service rests with the National Commissioner.
8. *Silver and Gilt Bars to the Service Medal* are awarded for each successive five years of eligible service. The Service Medal, Bars, medal ribbon and crosses are worn as follows for years of eligible service:

12 years	Service Medal, Ribbon
17 years	Service Medal and 1 Silver Bar, Ribbon and 1 Silver Cross
22 years	Service Medal and 2 Silver Bars, Ribbon and 2 Silver Crosses
27 years	Service Medal and 3 Silver Bars, Ribbon and 3 Silver Crosses
32 years	Service Medal and 1 Gilt Bar, Ribbon and 1 Gilt Cross

For every 5 years additional service, add 1 Gilt Bar, 1 Gilt Cross

These awards will be presented free of charge by National Headquarters, but if they are lost there will be a charge for replacement.

9. *Service Stripes and Stars* are awarded to Cadets for each year of eligible service:

1 year	one black and white Stripe
2 years	two black and white Stripes
3 years	a Service Star (removal of two previously awarded Stripes)
4 years	a Service Star and one Stripe
5 years	a Service Star and two Stripes
6 years	two Service Stars (removal of two previously awarded Stripes)
7 years	two Service Stars and one Stripe

Eligible Cadet service qualifies for service to the Service Medal of the Order upon transfer to Adult/Crusader status. However, Cadets may not wear the Adult/Crusader awards. Crusaders may continue to wear the Cadet Service Stripes and Stars up to the time they receive the one bar Service Award (removal of Cadet awards).

THE ORDER AND PRIORY AWARDS

10. Brigade members, as a result of their service performed in support of the Order, may be recommended for Order or Priory Awards. These awards are described in StJCI 1-4.

CADET PROFICIENCY PROGRAM

11. The Proficiency Program exists as a way to motivate youth in the Brigade, as a vehicle for developing a broad range of skills, and to encourage Cadets to achieve proficiency in a number of subjects. It is designed to occupy the interest of Cadets over a number of years and to help develop individual competence and confidence.
12. Cadets and Crusaders may obtain Proficiency Certificates by qualifying in any of the subjects listed (see Annex A). No more than four Proficiency Certificates may be awarded in any calendar year.
13. Provincial/Territorial Headquarters will issue the Proficiency Certificate and retain the counterfoils. When the individual has successfully completed twelve proficiency subjects, the counterfoils will be forwarded to National Headquarters to support an application for the award of the Grand Prior's Badge. For detailed information on the Grand Prior's Badge, see StJCI 1-4-3.
14. Upon earning the first Proficiency Certificate, Brigade youth are entitled to wear the Proficiency Badge. Each additional Certificate earned is indicated by wearing the appropriate numeral above the Proficiency Badge. Once the individual qualifies for the Grand Prior's Badge, the Proficiency Badge and numerals will no longer be worn.

LINK BADGE PROGRAM

15. The Link Badge program is to recognize the service and continuity of youth members from one program to another. There are three link badges: Link One recognizes membership completed in the Junior program, Link Two in the Cadet program, and Link Three in the Crusader program.
16. **Eligibility:** To be eligible for a link badge, a Brigade member must serve a minimum of at least one year of active service in the corresponding portion of the youth program. It is not necessary for a member to take part in all portions of the youth program to qualify (eg. someone joining the Brigade as an adult, who at one time spent a minimum of a year as a Junior, is eligible to receive the Link One badge). Any currently active Brigade member is eligible to apply for receipt of a link badge(s).
17. **Process:** Anyone with a minimum of at least one year active service in any of the three youth programs (Juniors, Cadets, Crusaders) may apply to their Council using the *Application for Link Badge* (see Annex E) or written verification. Application should not be made unless transition from one youth program to another, or to the Adult program, has taken place. The Council will issue the appropriate link badge(s) for presentation, which should be carried out during an awards night, inspection or other appropriate occasion.

18. **The Award:** The link badge is comprised of three separate small badges, each with three links (one white, two red) embroidered on it from left to right. Link One's white link is on the left, Link Two's white link is in the middle, and Link Three's white link is on the right. The award is worn on the right side of the uniform, centered immediately above the name tag. Individuals earning this award are entitled to wear the badge(s) on their uniform for as long as they remain entitled to wear the Brigade uniform.

SPECIAL SERVICE SHIELD

19. The Special Service Shield is awarded by the Provincial/Territorial Commissioner to Cadets who have completed a minimum of 200 voluntary hours of service to the community as a Cadet. The badge is red, printed with the number 200. On completion of each additional 200 hours of voluntary service, a service shield badge will be awarded as follows:

400 hours	green, printed with the number 400
600 hours	blue, printed with the number 600
800 hours	bronze, printed with the number 800
1000 hours	silver, printed with the number 1000
1200 hours	gold, printed with the number 1200

20. The Special Service Shield is awarded only to Brigade youth from 11 to 15 years of age. It may not be worn by members of Adult divisions or by Cadet Officers.
21. All forms of service must be arranged or approved by the Cadet's own Divisional Superintendent. Cadets may qualify for service as indicated in paragraph 2.

VOLUNTARY COMMUNITY SERVICE CERTIFICATES

22. Voluntary Community Service Certificates recognize the accumulation of specific periods of voluntary Brigade service by adult or crusader members of volunteer services.
23. Upon completion of the first 100 hours of service, a certificate signed by the Provincial/Territorial Commissioner will be issued by the Provincial/Territorial Headquarters. A sticker for 100 hours will then be affixed to the certificate. Additional stickers will be issued by the Provincial/Territorial Headquarters for 250, 500, 750, 1000, 1500, 2000, 2500, 3000, 3500, 4000 and 4500 hours of service.

24. Upon completion of 5000 hours of service, a certificate signed by the National Commissioner will be issued by National Headquarters. A sticker for 5000 hours will then be affixed to the certificate. Additional stickers will be issued by the Provincial/Territorial Headquarters for 5500, 6000, 6500, 7000, 7500, 8000, 8500, 9000 and 9500 hours of service.
25. Upon completion of 10000 hours of service, a certificate signed by the Chancellor will be issued by National Headquarters. A sticker for 10000 hours will be affixed to the certificate. Additional stickers will be issued by the Provincial/Territorial Headquarters in increments of 500, beginning with 10500 hours of service, and up to 14500 hours
26. Special certificates will be issued by National Headquarters in increments of 5000, beginning with 15000 hours of service. Stickers will not be affixed to these certificates.

PRIORY SUPERIOR PERFORMANCE CERTIFICATE

27. Priory awards, in the form of an illuminated certificate, may be awarded annually to the outstanding Adult and Cadet divisions of each council. Divisions comprised mainly of Crusaders may compete for either the Adult or Cadet award at the discretion of the Provincial/Territorial Commissioner.
28. As awards are made on a council basis, Provincial/Territorial Commissioners must establish their own standards and criteria for judging the winner in each category. If all divisions in any one category fail to meet the minimum standards, no winner need be declared in that category.
29. National Headquarters must be informed by 15 March of each year of the division number, name and location for the winning divisions in each category. Awards will be issued by Priory to the Provincial/Territorial Commissioner for presentation on an appropriate occasion.

UNIT RECOGNITION

30. The long service of Brigade units at the Area and Divisional levels is recognized officially following the completion of each 25-year period of service to the community.
31. Recognition is in the form of a certificate, sponsored at intervals as follows:

25 years	Provincial/Territorial Commissioner
50 years	National Commissioner
75 years	Chancellor
100 years	Prior

32. It is recommended that each 25-year milestone be used as a publicity vehicle to promote St. John within the community, and to attract, motivate and retain members in the Brigade.
33. Provincial/Territorial Commissioners are requested to apply to National Headquarters on behalf of units with sufficient accumulated service, up to six months prior to the official date. The date from which qualifying service is calculated for units that have been created from two or more units is the earliest registration date of the former units. Application can be made using the memorandum at Annex B.

THE ALICE ALBERTA RITCHIE AWARD

34. The Alice Alberta Ritchie Award is awarded to a Division or for combined effort by a group of Divisions or Areas (adult and/or youth) for exceptional service, possibly in the event of a major disaster, emergency, epidemic or for a particularly enterprising and successful form of public service.
35. Application must be made no later than 30 April of the year following the calendar year in which the incident occurred. Late entries will not be considered. Application must be in the form of a written request to the National Commissioner, signed by the appropriate Provincial/Territorial Commissioner, and accompanied by supporting documentation.
36. The selection committee for this award will be comprised of the National Commissioner, one or more of the National Officers of the Brigade as appointed by the National Commissioner, and the Director of Volunteer Support.
37. The Alice Alberta Ritchie Award is a silver bowl, which was presented in 1953 by Mrs. Thomas (Kathleen) Gilmour, MBE, GCStJ, in memory of her mother, Mrs. Harold Ritchie, DStJ, a former member of the Ontario Council, and District Superintendent (N) for the Toronto District. The silver bowl will be engraved with the name of the winning unit, and will be sent, together with a keeper plaque, to the appropriate Council for presentation at a suitable occasion. The silver bowl must be returned to NHQ c/o the Director of Volunteer Support, no later than 30 April of the year following presentation.

RETIREMENT

38. Members of the Brigade who have earned the Service Medal of the Order, and/or served at a senior level may be recognized for their dedicated service when they give up Brigade membership.

39. *Retirement Letter* — the National Commissioner will recognize the contribution of every member who has accumulated a minimum of twelve years eligible service (earned the Service Medal of the Order) during their Brigade career through a personal letter. The Provincial/Territorial Commissioner should apply on behalf of the retiree to the National Commissioner, at least two months prior to the retirement date. Submissions for retirement letters should be made on the form at Annex C, including pertinent honours and appointments, and any other specific items of interest that may help the National Commissioner to personalize the letter to the retiring member.
40. *Retirement Certificate* — the National Commissioner will recognize the contribution of any member, on their retirement, who has served the Brigade in the ranks of CSS and above. The Provincial/Territorial Commissioner should submit a written request to the National Commissioner on behalf of the retiree, being sure to include their name, last office within the Brigade, Area or Council, date and language preference (English/French) of the retiree.

COUNCIL AND LOCAL AWARDS

41. Provincial/Territorial Councils are encouraged to develop additional awards for Council and local levels, in order to promote excellence of service and retention of members.

LAURIN SUGGESTION AWARD PROGRAM

42. The explanation and procedures for the Cyrille and Elaine Laurin Suggestion Award Program are outlined in Annex D. They were formerly issued as StJCI 4-6.

CADET PROFICIENCY SUBJECTS

CATEGORY	TITLE	SUBJECT
A	Knowledge of the Order	
B	Hobbies	Astronomy Collector Crafts I Crafts II Electronics Fine Arts/Art Appreciation Gardening/Horticulture Home Repair Knowledge and Care of Animals Music Appreciation Music Performance Theatrical Arts Visual Media
C	Outdoor Activities	Camping Environmental Awareness Map Using Recreational Boating Voyageur Wilderness Survival
D	Sports and Physical Fitness	Dance Individual Sports Physical Fitness Self Defence Swimming and Lifesaving from Water Swimming and Water Safety Team Sports
E	Health and Safety	Child Care in the Home/Babysitting Cooking and Nutrition Family Health Care Firearms/Hunter Safety Fire Safety Hygiene Road and Home Safety Snowmobile Safety

CATEGORY	TITLE	SUBJECT
F	Community Service	Basic First Aid Course Leader Basic Rescuer I - Search and Rescue Basic Rescuer II - Technical Casualty Simulation Citizenship Flight Safety Fundraising Leadership Multiculturalism Voluntary Service
G	Communications	Creative Writing Communication with Persons with Disabilities Computer Literacy Computer Technology International Friendship Interpretership Journalism Public Relations Public Speaking Radio Communications

REQUEST FOR UNIT RECOGNITION

File:
Date:

MEMORANDUM

To: National Commissioner
St. John Ambulance Brigade
312 Laurier Avenue East
Ottawa, Ontario
K1N 6P6

Re: *Official Recognition* _____
(Unit)

It is requested that Official Recognition of _____ years service be accorded to _____ effective _____. The qualifying service for this unit commenced _____, the date upon which _____ was registered as a unit of the St. John Ambulance Brigade.

For planning purposes, it is intended to recognize this occasion by:
date and type of occasion: _____

location: _____

The coordinator of the local recognition event is:
name: _____
address: _____
telephone: _____

Provincial Commissioner

MEMORANDUM

To: National Commissioner

Subject: *Retirement Letter* - _____
(member's full name)

Ref.: _____ of _____

1. In accordance with StJCI 2-6-1, this is to advise that
_____ has/will resign(ed)/retire(d) from the Brigade on
_____. Enrolment Date: _____
Years of Service: _____ Years Efficient: _____

2. Ranks/Appointments held: _____

Achievements/Awards: _____

3. It is requested that a letter of appreciation from the National Commissioner be sent to
Current address please: _____ Address where letter will be sent: _____

Provincial/Territorial Commissioner

***THE CYRILLE AND ELAINE LAURIN
SUGGESTION AWARD PROGRAM***

PURPOSE

1. This instruction provides the policy and procedures pertaining to the CYRILLE AND ELAINE LAURIN SUGGESTION AWARD PROGRAM, hereafter referred to as the Laurin Award Program.

GENERAL

2. The Laurin Award Program is designed to develop new and progressive ideas and stimulate interest in promoting greater efficiency and effectiveness in training, the marketing of training courses, and the provision of community service.
3. The Program provides for Suggestion Award Certificates and cash awards in an amount determined by the Awards Committee. Cash awards plus administrative expenses in any one year will not exceed the income derived from the principal provided by Cyrille and Elaine Laurin.

DEFINITION

4. A suggestion is a practical idea (not necessarily original) involving training, marketing or community service. A suggestion will result in one or more of the following improvements:
 - a. increased efficiency in training operations;
 - b. improved standards of training;
 - c. improved methods of instruction;
 - d. improved marketing techniques;
 - e. improved service or operation of community service;
 - f. monetary savings; or
 - g. other benefits.
5. Examples of subjects for suggestion may range from new and exciting ideas in course design, innovative ideas for new forms of community service, improved reference and instructional material, utilization of new audio-visual or other support aids, imaginative marketing techniques or savings in time, materials, supplies or equipment.

AWARD CRITERIA

6. The following conditions apply to the Laurin Award Program:
 - a. Members of St. John Association, Brigade, Special Centres, volunteers or staff, may be considered for an award for any suggestion that is adopted. Applications for suggestion awards may be submitted by individuals or by other St. John members on their behalf.
 - b. Persons whose normal paid duties include making suggestions on specific subjects, are not eligible for awards for such suggestions. However, paid staff should not refrain from submitting suggestions if they are in doubt as to their eligibility or if their suggestions pertain to an idea which is outside their normal project responsibilities.
 - c. Although most applications will probably pertain to suggestions that have not been implemented, an application for an award for a suggestion that has been implemented can be submitted within 90 days of the date of implementation, unless it is established that the proposal was implemented on a trial basis only and a longer period of time was required to assess its value.
 - d. A suggestion may be submitted by one person, or by two or more persons jointly. When submitted jointly, the suggestion should indicate how any cash award is to be divided (by percentages). In the absence of such direction any cash award will be evenly divided.
 - e. Although members of the general public are not eligible for awards, suggestions from the public received by St. John Ambulance agencies should be forwarded to the Secretary of the Awards Committee for acknowledgment and appraisal. A member of the general public may be presented with a Certificate of Appreciation for an adopted suggestion.
 - f. Once submitted, all suggestions are the property of St. John Ambulance.

AWARDS

7. Awards will be calculated on a basis of the estimated value of the suggestion in fostering improvement in St. John training, marketing or community service across Canada. The cash awards may range from \$100.00 to a maximum of \$5,000 at the discretion of the Awards Committee.

8. All cash awards will be accompanied by a Suggestion Award Certificate. Awards in cash may be subject to deductions for income tax, Canada Pension Plan and Quebec Pension Plan.
9. The authority to approve awards rests entirely with the Awards Committee.

AWARDS COMMITTEE

10. The Awards Committee will be established and meet at the call of the Chairperson at National Headquarters, Ottawa. The Awards Committee will consist of:

Chairperson	- a designated Vice Chancellor;
Permanent Member	- Priory Secretary;
Members-at-large	- three members chosen by the Chairperson;
Secretary	- the National Director of Volunteer Support
and such non-voting advisors as may be required.	

11. Four members present at a meeting of the Awards Committee constitutes a quorum.

ADMINISTRATION

12. Suggestions are to be mailed to the Secretary (Director of Volunteer Support, National Headquarters) not later than 30th June annually.
13. Suggestion submissions must be in accordance with the application form at Appendix A which is available through Councils and Special Centres. The submission must include:
 - a. a brief descriptive title;
 - b. a clear and concise statement of the suggestion or idea and the results of any trials or tests which may have been carried out in developing the idea;
 - c. appropriate sketches or drawings; and
 - d. any additional material which helps to explain the suggestion.

Note: The name(s), address, and St. John organization of the originator is to be enclosed in a separate, sealed envelope and included with the submission. No reference to the suggester's name or organization is to appear on the submission.

14. The Administrator of the Laurin Award Program is the Priory Secretary and in all matters pertaining to these terms of reference and the allocation of total funds for awards, his decision is final.

15. This Laurin Award Program Instruction is issued under Part 2 - Volunteers for administrative purposes, but applies to the fields of Training, Marketing and Promotion and Brigade services equally and may be amended as required by the Priory Secretary with the approval of the Awards Committee.

PRESENTATION OF AWARDS

16. The presentation of an award should be made with suitable ceremony as arranged between the Secretary of the Awards Committee and the Provincial President or Chairperson, Special Centre. To this end all awards will be announced annually at the October Priory Council meeting.

INSURANCE

GENERAL

1. St. John Ambulance provides a comprehensive national insurance policy for **all** St. John volunteers.

SUMMARY OF COVERAGE

2. The national insurance policy includes both a Commercial General Liability Policy and a Blanket Accident Insurance Policy. This insurance covers all St. John Ambulance patient care providers, community care service providers, instructors, juniors, cadets, crusaders, other volunteers, as well as employees of St. John Ambulance.
3. The national insurance policy provides liability insurance for all volunteers of St. John Ambulance while on official St. John duties. This insurance covers volunteers for liability, court representation and loss of hours of work, if injured while on duty (up to \$400 per week). An official St. John duty is any duty or event approved by St. John Ambulance.

PATIENT CARE SERVICES

4. The national insurance policy covers patient care providers and instructors in any instance in which first aid assistance is provided. Brigade members performing patient care duties, with only Standard Level First Aid certification, are permitted to perform only supervised public duties. However, in the event of an emergency or if BTS-trained supervision is unavailable, an individual performing independent, unsupervised public services is still covered by the national insurance policy, regardless of their level of qualification.

PROFESSIONAL MEDICAL PERSONNEL

5. The national insurance policy covers professional medical personnel (i.e. doctors, nurses and emergency medical personnel) while they are volunteering for St. John Ambulance. However, the national insurance policy does not include any Professional Malpractice protection. This means that no matter what other qualifications a person may have, they must rely on their professional or personal liability insurance if they choose to exceed the mandate of St. John Ambulance community services while volunteering as a member of St. John Ambulance.

THERAPY DOG PROGRAM

6. All volunteer dog handlers are covered under St. John Ambulance's liability and accident insurance. The dogs are covered under St. John Ambulance's liability insurance in case they cause an injury or damage while on duty. If the dog is injured while on duty, the owner is wholly responsible for expenses.

PROPERTY

7. The national insurance policy does not provide coverage for property insurance. This must be arranged separately by each Council.

FIRST AID CERTIFICATION AND LIABILITY INSURANCE

8. In addition to insurance for members of St. John Ambulance, the national insurance policy provides general liability insurance for possible claims that may result from giving first aid, for any individual with certification in one of the following St. John Ambulance courses:
 - a. Standard Level First Aid
 - b. Emergency Level First Aid
 - c. Advanced Level 1
 - d. Advanced Level 2

Certificates for each of these courses provide detailed information about the insurance coverage on their reverse.

MARKETING SUPPORT

GENERAL

1. Marketing personnel at the Branch, Council and National levels provide marketing support to the Brigade membership by assisting in marketing, promotion, public relations, and internal and external communications.

PROMOTION

2. Brigade-specific promotional materials are developed by all levels of the organization, based on standards in the *Corporate Graphic Standards Manual*. It is the responsibility of personnel receiving bulk materials to distribute them to Brigade units for their use.
3. Promotional materials include brochures, flyers, posters and videos. Brigade specific public service announcements (PSAs) may also be produced. Where possible, promotional materials produced at the national level will be based on limited consultation with the field.
4. If the local level chooses to produce additional promotional materials, they must follow the standards in the *Corporate Graphic Standards Manual*, ensuring that permission is granted for use of the corporate logo. This is done by submitting a Permission to Reprint form (see *Corporate Graphic Standards Manual*) to the Provincial/Territorial Council Marketing Department.
5. Details of the *Corporate Graphic Standards Manual* are available through Councils and Branches.

INTERNAL COMMUNICATION

- 6.. *St. John Canada Today* is published for the entire volunteer and staff membership of St. John Ambulance in Canada. The purpose of this magazine is to applaud the achievements of St. John Ambulance members in Canada and to inform readers about the national and international activities of the organization. *St. John Canada Today* has been an important conduit through which members of the Brigade are advised of the activities of other Brigade units and members across Canada.
7. The submission of articles and items for publication in *St. John Canada Today* by units and individual members of the Brigade is encouraged, within the following parameters:
 - a. articles should be timely and of general interest with wide appeal to the readers of *St. John Canada Today* (ie. volunteer recognition, special events, life-saving stories)

- b. all articles or suggestions must be sent to:

The Editor
St. John Canada Today
St. John Ambulance National Headquarters
312 Laurier Avenue East
Ottawa, Ontario
K1N 6P6
Fax: (613) 236-2425
email: jfenn@nhq.sja.ca

- c. copy must be legible (preferably typewritten) and must be accompanied by the author's name and daytime telephone
- d. photographs are welcome. Black and white are best for reproduction, good quality colour photos with high levels of contrast are acceptable. Photographs must be accompanied by an accurate listing of persons in the photo (from left to right). Specify if the photos are to be returned, and if so tape the name and return address on the back of the photo
- e. deadlines for the next issue are published in each edition of *St. John Canada Today*
- f. the publisher reserves the right to edit for the purpose of length, general interest and good taste.
8. *St. John Canada Today*, is printed a minimum of twice annually, and is mailed to every active member of St. John Ambulance in Canada. If active members in any unit are not receiving the magazine, or if members change their permanent address, the Provincial/Territorial Headquarters is responsible for notifying National Headquarters, c/o Department of Volunteer Support.
9. Newsletters are produced by some Branches and Councils for distribution within their geographical jurisdiction. Copies of local newsletters should be provided to National Headquarters, c/o The Editor, *St. John Canada Today*.

CORRESPONDENCE

10. The *Corporate Graphic Standards Manual* provides detailed guidance for production of correspondence for external communication.

PUBLIC RELATIONS FOR BRIGADE MEMBERS

11. The Brigade's success in public relations is directly linked to the overall success of the Brigade, and is essential to attract and maintain public support and funds. Brigade members are the most visible members of St. John Ambulance, and have a responsibility to enhance the image of St. John Ambulance in Canada.
12. Positive public relations and good impressions are made through friendly, prompt and efficient performance of duties; a display of honesty, integrity, credibility and enthusiasm; and impeccable personal appearance. Each member of the Brigade is part of a team, and should extend their rules of courtesy and consideration in dealing with the public to relationships with fellow Brigade members.
13. Identify one person in each unit to be responsible for dealing with the media, to ensure a consistent message is given. Ensure this person is up-to-date about statistics and ongoing projects. Where Branches exist, this person should work with the Branch to ensure a consistent message.

ASSESSING AND MEETING THE NEEDS OF THE COMMUNITY

GENERAL

1. St. John Ambulance members serve their communities by providing training in various health care programs to individuals and groups, and through direct service using volunteers skilled in first aid, health care and health promotion. St. John Ambulance is a non-profit organization, and to remain viable, relevant and strong, it must be operated in a business-like manner. Each functional unit, whether provincial/territorial, area, branch or division, should have a business plan. The resources and actions necessary to meet the needs of the community and the objectives of St. John Ambulance must be stated. Once formulated and implemented, the plan must be evaluated from time to time to make sure that it is on track. Ultimately, the outcome must be compared to the stated plan.
2. This instruction offers step-by-step guidance to assessing the needs of the community in which your unit operates. The objective is to provide community service relevant to the community's needs.

DEFINITIONS

3. A *need* is a circumstance, requirement or potential problem that requires some course of action.
4. *Needs assessment* is an attempt to find out what people need or want, and how St. John Ambulance can best address them. It is a systematic process for finding out who has the need, how important it is that the need be filled, and how many people are experiencing the need. Needs assessment should also examine why a particular need exists to help determine some possible solutions for meeting identified needs.
5. *Evaluation* is the systematic and objective assessment of performance. It is necessary to carry out evaluations throughout a project, to ensure goals are being met, to determine what works and what doesn't, and to provide guidance for developing the most appropriate next steps. Evaluations determine whether the project is successful, both throughout its development and after its completion.
6. The *business plan* addresses three questions:
 - a. Where are we now?
 - b. Where do we want to go?
 - c. How can we get there?

OVERVIEW OF THE NEEDS ASSESSMENT PROCESS

7. Effective implementation of needs assessment within your community involves progress through five phases: entry, needs assessment, planning, action, and evaluation and renewal

ENTRY PHASE

8. Focus on the existing situation: *Where are we now?* Areas to cover are:
 - a. *Historical Background*
Determine what programs are currently offered by St. John Ambulance, what services are provided, and how they are provided.
 - b. *Client Analysis*
Determine:
 - i. those clients presently receiving St. John Ambulance services;
 - ii. other client groups not being served;
 - iii. whether the size or composition of these client groups will be changing;
 - iv. what services might be expected and what demands might be made.
 - c. *Competitor Analysis*
Ascertain which competitors are servicing the client base, and what programs or services they offer. Determine if the competition is effective, and what their marketing strategies are (price, promotion, etc.).
 - d. *Environment of the Target Community*
Learn as much as possible about the environment in which you want to introduce a new program. Look for:
 - i. physical characteristics (area layout, visible barriers, where people gather);
 - ii. population (proportion of age groups, seniors, families with children);
 - iii. economy (prosperous, level of unemployment, etc.);
 - iv. power structure (the most powerful and influential people in the community, and how they react to social and health concerns. How can they best be approached? What are the appropriate communication channels? How can the power structure help or hinder? How is St. John Ambulance perceived in the community?).

NEEDS ASSESSMENT PHASE

9. Focus on health needs and public acceptance: *Where do we want to go?* The following tasks should be undertaken during this phase:
 - a. Identify the issue and initiate action;

- b. Gather facts, opinions and perceptions about community health needs. Whenever possible, involve people in gathering information about themselves to heighten their commitment to supporting your project;
- c. Determine community priorities;
- d. Learn what skills and resources already exist, including people, services, facilities, materials, programs and funding available in the community;
- e. Ensure acceptance of the proposed project from key individuals, to gain legitimacy for it;
- f. Decide which issues to tackle first. Choose a priority and identify the target group;
- g. Increase public awareness of the issue. Convince others that the problem exists;
- h. Gain commitment to action;
- i. Move to the planning phase.

PLANNING PHASE

10. Focus attention on how to respond to the needs: *How can we get there?* Explore and choose methods of responding to health needs, and acquire necessary resources. It is essential to ensure the groundwork is done, that both the entry and needs assessment phases are complete before planning specific strategies.
11. The planning phase has three major tasks:
 - a. Develop an initial business plan. Include:
 - i. statement of need, with background information about the focus of the proposed project;
 - ii. basic values upon which the plan is based;
 - iii. overall goal of the plan;
 - iv. target group to receive the service;
 - v. objectives: the desired behaviour change or awareness to be achieved;
 - vi. roles, tasks and timelines required to carry out the plan;
 - vii. budget and other resource requirements, and how they will be acquired;
 - viii. evaluation plans.
 - b. Review the business plan with relevant individuals and groups. Involve people who are helpful and interested, people with influence, and people from the target group to keep the plan realistic and relevant.
 - c. Finalize the business plan, based on the review. Include:
 - i. *tasks and timelines*:
 - who is responsible for what;
 - dates for completion of steps of the project;
 - how the service will be provided.

- ii. *resource plan:*
 - how many volunteers;
 - recruitment and retention strategies;
 - volunteer training (type of training and how to carry it out);
 - materials;
 - facilities;
 - financial impact of the plan, and necessary funds;
 - budget preparation, including who has spending authority;
 - how to acquire resources.
- iii. *evaluation plan:*
 - marker for completion of plans;
 - staying within resource limits;
 - accomplishment of goal;
 - client satisfaction.

ACTION PHASE

- 12. During the action phase, attention is focused on community action.
- 13. The major task is implementing the plans developed during the planning phase. It is now time to call in the commitments people made, and to mobilize resources so that the plan can be carried out.

EVALUATION AND RENEWAL PHASE

- 14. This phase focuses on evaluation and rejuvenation. After each phase, ongoing evaluation provides answers to what has been done, what the next immediate objective should be, and alternative methods for reaching the objective. The final evaluation examines the new existing situation, determining where the project is currently, and where it should go in the future.
- 15. Evaluations should lead to a re-examination of the new situation, which may result in changes and renewal of some aspects of the project.

SETTING UP A FIRST AID POST

GENERAL

1. The first aid post is the central area from which Brigade members perform most of their patient care services. A well-organized first aid post will improve efficiency, and will enhance the image of the Brigade for those visiting the post.

ARRANGING PATIENT CARE SERVICE

2. When the client requests patient care coverage, have them complete the *Request for Brigade Coverage for Community Service* form (see Annex A), either over the telephone, in person, or by mail/fax.
3. Essential information to be supplied includes the date and time of the event, the location of the event, the expected number of people, and any other expectations of the client. From this information, the Community Services Coordinator should be able to determine the number of Brigade members required, as well as specific equipment.
4. The Community Services Coordinator should then contact members to arrange coverage of the event, and call the client to confirm the arrangements. This is the ideal time to inform the client of an appropriate level of donation, by providing the flyer *How much is your peace of mind worth?*, available from your Provincial/Territorial Council.
5. Determine whether the event organizer is providing meals or snacks for volunteer Brigade members. Encourage the event organizer to inform the public present that volunteer community services are being provided by the St. John Ambulance Brigade.

INDOOR FIRST AID POST

6. A room is usually set aside for the First Aid Post (eg. in an arena, school, commercial hall, etc.). There should be good signage to let all participants know where the First Aid Post is located.
7. All Brigade members on duty should arrive early, to become oriented to the facility and to the first aid post. Specifically, they should determine the following:
 - where is the nearest phone?
 - what supplies are available?
 - where are the supplies located?
 - is ice/running water available, and where?
 - where are emergency numbers posted?
 - is there a doctor or nurse available, and how can they be reached?

- are radios or a telephone available for emergencies?
- where are the emergency exits and the fire extinguishers?
- where are the public washrooms?
- what is the nature of the event?
- how many people are expected at the event, and where will they be located?
- who else is on Brigade duty?

OUTDOOR FIRST AID POST

8. With very few exceptions, Brigade vehicles are used as mobile first aid posts / patient care stations, and not for patient transport. Sometimes a tent is provided for additional shelter when the vehicle is used as an outdoor first aid post. When Brigade vehicles are used to transport patients, special arrangements must be made. See StJCI 2-7-3 on Property and Equipment for details on the use of Brigade vehicles.

ON DUTY

9. It is important to maintain a professional bearing while providing community service. The following checklist will help ensure this happens:
 - a. remember that the safety of the caregiver is the number one priority;
 - b. use the list of suggested first aid supplies in Annex B, and ensure all members use protective gloves and masks where required (see StJCI 2-4-7 on Risk of Viral Infection);
 - c. wear appropriate dress, especially for outdoor duties;
 - d. discuss emergency plans, determining procedures for possible emergencies specific to the event being covered, and the exact procedure for obtaining additional emergency assistance (ie. ambulance, fire, police);
 - e. ensure that both you and the first aid post are clearly visible and identifiable as St. John Ambulance Brigade;
 - f. prepare the first aid post:
 - i. make sure the location is as clean as possible;
 - ii. ensure there is adequate lighting, ventilation, water supply, heating and toilet facilities;
 - iii. check your communication devices; set up the treatment area(s);
 - iv. check availability and working order of all equipment
 - g. greet casualties/patients immediately, and remain calm, efficient, firm and friendly;
 - h. ensure the privacy of every casualty/patient;
 - i. ensure all appropriate documentation is completed accurately and in full; keep records confidential and safe (see StJCI 2-7-4 on Patient Care Records);

- j. at the conclusion of the duty, clean and pack away the equipment and secure the location as appropriate. Ask the client to complete the *Evaluation of Brigade Coverage for Community Service* (see Annex C) to seek feedback on the services you provided.

PERSONNEL ON DUTY

10. a. See StJCI 2-9-3, paragraphs 5 to 8, on Seniority, to determine the appropriate person to be responsible for the duty. The person in charge is responsible for:
 - i. the establishment and operation of the physical resources assigned;
 - ii. conduct of all members at the duty;
 - iii. the prompt and accurate maintenance of all reports required to support the duty;
 - iv. crowd control.
 - b. A Medical Officer on-site has the entire charge and control of the First Aid Post only as far as medical matters are concerned. If present, the Medical Officer will give instructions to the officer in charge as necessary for the medical treatment of patients.
 - c. A Nursing Officer on duty where a Medical Officer is not present is in charge only as far as medical matters are concerned.
 - d. The performance of patient care procedures by a Brigade member other than a nurse or doctor is limited to those procedures that are specified in the courses of instruction authorized by St. John Ambulance, to the level to which the individual is qualified.
 - e. Youth, through their Officers, may arrange to attend community service, for the purpose of assisting and learning. Youth (under age 18) may not perform unsupervised public duties. They must be accompanied by an adult member or Youth Officer to whom they are accountable. The tasks performed by Cadets and Crusaders on public duty should be similar to those performed by adult members, except that they will be under supervision.
11. In the case of Brigade units being asked to take part in a public duty outside their Council, the Provincial/Territorial Commissioners of both Councils concerned should be consulted and approve the duty.
 12. A public duty is an opportunity to recruit potential Brigade members, to educate the public about St. John Ambulance, and to encourage members of the public to take a St. John Ambulance course or purchase St. John Ambulance products. Uniformed volunteers are the most visible part of St. John Ambulance, and should have an ample supply of promotional materials for distribution at all events.

13. It is the duty of members of Brigade who are patient care providers to render patient care, when necessary, irrespective of time or place and whether in uniform or not. Membership in the Brigade does not, however, confer upon the individual the right to take up a position in public for the purpose of rendering patient care, or to force their services upon persons who may be injured or in need of assistance.

PROTECTION UNDER THE LAW

14. As front-line caregivers, Brigade members are legally protected from being successfully sued as long as:
 - a. they identify themselves as first aiders and get permission to help the injured or ill person before touching them (this is called consent);
 - b. they use reasonable skill and care while helping the person;
 - c. they do not abandon the person.
15. The law says everyone has the right not to be touched by others, and caregivers must respect this right. After identifying themselves to their patients, caregivers must ask for permission to help. If the patient says yes, the caregiver has consent and can proceed to help. If the patient does not answer, or does not object, the caregiver has implied consent and can proceed to help. Some specific situations follows:
 - a. If the patient is unresponsive and relatives are present, the caregiver must ask the consent from a member of the patient's immediate family.
 - b. If the patient is an infant or young child, the caregiver must ask for consent from the child's parent or guardian. If there is no parent or guardian at the scene, the law assumes the patient would give consent if they could, and the caregiver has implied consent to help.
16. A person has the right to refuse an offer of help and not give consent. In this case, the caregiver must not force assistance on a conscious casualty. Instead, other actions may be taken, such as controlling the scene or calling for medical help.

REPORTING

17. Members are encouraged, for their protection, to report in writing to their Divisional Superintendent every instance of patient care rendered by them, whether they were on or off duty. (See StJCI 2-7-4 on Patient Care Records.)
18. Be sure to document consent. Refusal of care should be recorded on the Patient Care Record.

19. Any incident occurring in the course of normal voluntary service which is deemed to be newsworthy, or any exceptionally meritorious act of service of a Brigade member, should be communicated through proper channels to the Provincial/Territorial Commissioner, to ensure appropriate recognition takes place. Instances of life-saving performed by Brigade members may warrant formal recognition (see StJCI 1-4-1 on Life-saving Awards).



Request for Brigade Coverage for Community Service

Please Print

Name of Group/Organization		
Contact Person	Address	
City	Province	Postal Code
Residence Phone # ()	Business Phone # ()	Fax # ()

EVENT

Name			
Type			
Location			
Date(s)	Alternate Date (Rain)	Time Start: Finish:	Brigade Arrival: Brigade Departure:
		Time Start: Finish:	Brigade Arrival: Brigade Departure:
		Time Start: Finish:	Brigade Arrival: Brigade Departure:
Attach the following if available or applicable: <input type="checkbox"/> Proposed Route Map <input type="checkbox"/> Tentative Site Layout <input type="checkbox"/> Schedule <input type="checkbox"/> Rain Out Plans			
Are the following available on site? <input type="checkbox"/> First Aid Room <input type="checkbox"/> Clean Drinking Water <input type="checkbox"/> Telephone <input type="checkbox"/> Parking			
Special Equipment requested:			
Coverage is requested for: (Please give approximate numbers) Age Group: _____ <input type="checkbox"/> Participants: _____ <input type="checkbox"/> Spectators: _____ <input type="checkbox"/> Both: _____			
If the event is longer than four (4) hours or at meal time(s), is food available on site?		Is complementary food available for our volunteers? Please specify (i.e. coffee, lunch, etc.)	
Will your organization/group provide us with a donation?		Will you require a charitable receipt?	
Additional information/special comments:			

Signature	Date
-----------	------

Mail request to:	OR FAX :
Attention:	

For best service, please place your request early.

The minimum notice required is: _____

FOR OFFICE USE ONLY

Date request received:	Assigned Division(s):
Confirmed Division(s) With: _____ Date: _____	Event Confirmed: With: _____ Date: _____
<i>Request Denied</i> <input type="checkbox"/> No personnel available <input type="checkbox"/> Too many events on this date <input type="checkbox"/> Request received too late to fill <input type="checkbox"/> Other: _____	

Brigade Request Form sent for next time? <input type="checkbox"/> YES <input type="checkbox"/> NO Evaluation of Coverage Form sent: (Date) _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	Donation Form sent out: (Date) _____ Donation Received: <input type="checkbox"/> YES <input type="checkbox"/> NO Amount: \$ _____
--	---

**FIRST AID SUPPLIES
GUIDELINES REQUIRED PER POST/UNIT**

Post or Mobile Post Unit No.: _____

Date of Inventory Inspection: _____

Quantities	List of Supplies	Stock No.
4	adhesive dressings - 10 cm x 6 cm	*
8	non-adhesive dressings - 7.5 cm x 5 cm	*
2	first aid dressings - 17 cm x 17 cm	*
1	first aid dressing drainage - 25 cm x 40cm	*
3	elastic gauze bandages c/w clip - 3 m x 8 cm	*
30	cleansing wipes - benzalkonium chloride	
24	sterile gauze pads - 7.5 cm x 7.5 cm	
8	triangular bandages	*8580-4
2	rescue blankets	*8580-5
10	safety pins - various sizes	
1 pair	scissors	
1 roll	adhesive tape - 2" roll	
1 roll	adhesive tape - 1/2" roll	
small bottle	antiseptic solution (hand rinse)	
6 pairs	latex/vinyl gloves (large size - 3 pairs of each)	
25	adhesive bandages (plastic) various sizes	
	casualty report forms	
1	note pad	
1	pen	
1	small flashlight	
1	folding knife - 2" blade	
1	splinter forceps	
1	resuscitation mask	*8580-7
2	plastic garbage bags	

Notes:

- a. This list is the minimum required for a first aid post. When determining additional items or quantities, take into account the size of the venue, the type of venue, and the level of training of the Brigade unit(s) covering the duty. Brigade members may not use supplies or attempt procedures that have not been included in the training standard to which they have been qualified.
- b. Brigade members are encouraged to obtain and use St. John Ambulance supplies. Items marked * are available through the St. John supply system and have been rigorously reviewed and presented as the most cost effective items available. They may be obtained as elements of the Modular Packs as follows:

Annex B
to StJCI 2-7-2

**No. 1 Stock #8580-1
(Small Wounds)**

- 6 plastic adhesive dressings 7.5 cm x 2 cm
- 2 plastic adhesive dressings 7.5 cm. x 2.5 cm
- 2 elastic adhesive dressings 10 cm x 6 cm
- 4 non-stick adhesive dressings 7.5 cm x 5 cm
- 6 cleansing wipes

**No. 2 Stock #8580-2
(Medium Wounds)**

- 1 pressure dressing with elasticized ties 17 x 17 cm
- 2 gauze dressings 10 cm x 17 cm
- 2 cleansing wipes

**No. 3 Stock #8580-3
(Large Wounds/ Burns)**

- 1 non-stick absorbent dressing
- 2 elasticized bandages with fastening clips

- c. If supplies other than St. John supplies are used, the quality must be confirmed by a Medical Officer as being at least equal to that contained in the St. John packs.
- d. The preferred container for Brigade members to carry supplies is the fanny pack, available from Councils, either empty (stock #8576) or partially filled (stock #8575).
- e. A face mask and valve is a recommended optional item for the kit. If a mask and valve are carried, St. John stock No. 8580-7 is the preferred item.



St. John Ambulance

Evaluation of Brigade Coverage for Community Service

St. John Ambulance is a national, voluntary agency. Our mission is to enable Canadians to improve their health, safety and quality of life by providing training and community service. We try to offer the most reliable first aid coverage at public events and community health promotion services. Please take a moment to let us know how you feel about our coverage of your community event. (Attach sheet if more space is needed).

1. Did our Brigade team arrive at your event on time? yes no

Comments: _____

2. Did you receive sufficient first aid coverage for your event? yes no

Comments: _____

3. In your opinion, did our Brigade provide first aid coverage for your event in a safe and responsible manner? yes no

Comments: _____

4. Do you have any suggestions that might make our Brigade first aid coverage service better for your event participants.

5. Has the availability of our Brigade first aid coverage service made a difference to your event?

6. Overall, how do you feel about our service?

highly satisfied satisfied dissatisfied

7. Is there anything else you would like us to know?

Name (please print): _____

Signature: _____ Date: _____

Please return this form to:

THANK YOU VERY MUCH. YOUR OPINIONS WILL HELP US BETTER SERVE OUR COMMUNITY.

PROPERTY AND EQUIPMENT

GENERAL

1. Brigade property and equipment can be classified into three distinct groups: immovable property, vehicles, and other movable property. All Brigade property and equipment is owned by St. John Ambulance, and is covered by property insurance arranged by Provincial/Territorial Councils. This may be delegated to Branches where they exist.

IMMOVABLE PROPERTY

2. The acquisition of buildings or land for the purpose of a local headquarters, meeting space, drill hall, or for any approved purpose on behalf of the St. John Ambulance Brigade involves legal arrangements, and comes directly under the control of the Provincial/Territorial Council.

MOVABLE PROPERTY

3. All furniture, equipment, uniforms, and other goods of any kind, other than personal property or items paid for exclusively by an individual, are the property of the Brigade, whether stored on Brigade property or in the custody of members. Items are held in trust by the responsible officer of the Brigade unit. Each member is responsible for maintaining in good condition all articles of Brigade property entrusted to them.
4. Upon leaving a Brigade unit, a member must return all articles in good condition, with reasonable wear and tear excepted. In the case of uniforms that have been partially paid for by members, settlement will be reached as to their disposal and financial adjustments made accordingly.
5. The authorized logo of St. John Ambulance is referred to in detail in the Corporate Graphic Standards Manual (available through your Branch or Provincial/Territorial Council). Where practical, the logo will be printed or painted on all articles of equipment belonging to a Brigade unit. A mark that identifies the unit to which the item belongs may also be included. Consult the Corporate Graphic Standards Manual for accepted usage of the logo, and for instances when approval for use of the logo must be sought. Request for approval for use of the logo must be sent to the marketing personnel at your Provincial/Territorial Council, to be forwarded to National Headquarters for approval.

VEHICLES

6. Brigade vehicles are generally used as mobile first aid posts/patient care stations rather than for patient transport. In most provinces/territories, the provision of ambulance and/or medical transport service is regulated to the extent that members of the Brigade may be prohibited by law from transporting patients without the express consent of the provincial/territorial authority responsible for ambulance and/or medical transport service. Brigade units are encouraged to acquire Mobile First Aid Units in order to improve their ability to respond to and perform patient care services. The first priority for unit vehicles is to establish a First Aid Post in support of community requirements (see StJCI 2-7-2). Both the vehicle and driver must satisfy all pertinent federal and provincial/territorial regulations. This should be kept in mind when procuring appropriate vehicles and drivers.
7. All vehicles under the long term control of the Brigade should be marked as prescribed in the Corporate Standard Graphics Manual (pages 40, 41). A striping kit in the authorized design has been developed by 3M Canada Inc., and is available in both official languages from Alpine Graphic Production Limited. See Annex A for a fax order form for Alpine Graphic, and Annex B for their price list.

Alpine Graphic can be reached at:

Alpine Graphic Production Limited
300 Norfinch Drive
Toronto, Ontario
M3N 1Y4

Telephone: 1-800-265-8699 or (416) 667-0511
Fax: (416) 667-0567
E-mail: alpngfx@interlog.com

8. If the vehicle is sponsored or donated by a service agency or commercial establishment, a small tasteful recognition may be included under the vehicle marking.
9. Vehicles under the control of the Brigade must be operated to comply with the laws of the corresponding province/territory. Membership in the St. John Ambulance Brigade does not confer upon the operator of a motor vehicle any entitlement to disregard provincial/territorial law, municipal by-laws or the lawful order of a person placed in authority. Unless operated specifically as an ambulance service, Brigade vehicles are not to use flashing lights or sirens. Exceptions to this are when moving cautiously through a crowd or when participating in a parade.

10. Operational records must be maintained on all Brigade vehicles. As a minimum, the following information must be recorded after each trip:
 - a. purpose;
 - b. signature of authorizing officer;
 - c. start and stop times;
 - d. initial and final kilometric reading;
 - e. maintenance performed; and
 - f. unresolved defects noted during community service.

PROCUREMENT OF PROPERTY

11. Every unit should have one member designated as the unit storekeeper, to be responsible for an inventory system of all incoming and outgoing Brigade supplies and equipment for their unit.
12. Brigade uniforms, badges and first aid equipment may be obtained through the Council or Branch office. Requisition forms and price lists are available from Provincial/Territorial Headquarters.
13. Brigade units are expected to maintain expenses according to their budget. See StJCI 2-10 for details of the budgeting process.

DISPOSAL OF PROPERTY

14. In the event of the disbandment of a Brigade unit, all Brigade property that belonged to that unit will be given to the Provincial/Territorial Commissioner. It will then be disposed of as directed by the Provincial/Territorial Council, after a further period of twelve months.

PATIENT CARE RECORDS

GENERAL

1. The St. John Ambulance Brigade is often the first link in a chain of health care professionals that will treat an ill or injured person. The continuity of appropriate care for each patient may be determined by the documentation provided on the Patient Care Record (PCR) form. It is essential that this documentation is accurate and concise.

THE PATIENT CARE RECORD (PCR) FORM

2. The primary goals of the Patient Care Record (PCR) are:
 - a. to document the patient's condition and treatments and/or actions taken by the patient care provider; and
 - b. to document information as a means of communication to other health care providers and, therefore, to provide the best possible care for the patient. The PCR is also a legal document.
3. The National Patient Care Record form (see Annex A), developed by National Headquarters, reflects the minimum standard of information required. It has been reviewed by St. John Ambulance medical and nursing professionals, as well as legal counsel to ensure the best possible protection for the patient, the Brigade member, and St. John Ambulance. The National Patient Care Record form should be completed in triplicate. Any other forms developed at other levels must incorporate, as a minimum, all the components of the National Patient Care Record form.

HANDLING THE PATIENT CARE RECORD FORM

4. Adhering to the following guidelines will help ensure accurate patient documentation:
 - a. complete thorough documentation during and immediately following the intervention;
 - b. be concise and specific, using lay terms and avoiding short forms;
 - c. indicate clearly on the form if informed consent was obtained (see StJCI 2-7-2, paragraphs 14 to 16 for details on consent);
 - d. record to whom responsibility of care is turned over, including the time and the patient's status at that time;
 - e. all patients must be advised to seek further treatment from a physician, either immediately or at some time in the future.

5. All PCRs must be treated as confidential documents. The information provided by the patient is in confidence, and is not for divulgence to anyone except those responsible for providing care to the patient. All requests for access to these records must be in writing (see sample Release of Brigade Patient Care Record, Annex B) Only the patient (or parent/guardian for minors) can authorize the release of the PCR or information contained on the form. Unless otherwise directed by court order, only copies of the original PCR should be released. If the original is required to be released, a copy of the original must be retained.
6. The organizer of an event to which St. John Ambulance has been invited does not have the right to confidential patient information, including the PCR. Members should advise event organizers that St. John Ambulance has an absolute obligation to maintain confidentiality to patients, but will provide whatever assistance and information they can (ie. statistical information, or other information that does not reveal the identity of the patient).
7. In instances of patient care not requiring a delegating Medical Authority, distribution of the PCR should be as follows:
 - a. original copy is retained by the St. John Ambulance unit providing care;
 - b. second copy goes with emergency personnel upon transfer of the patient; and
 - c. third copy not used.
8. In instances requiring a delegating Medical Authority (e.g. every time an Automated External Defibrillator is used), distribution of the PCR should be as follows:
 - a. original copy is retained by the St. John Ambulance unit providing care;
 - b. second copy goes to emergency personnel upon transfer of the patient (with rhythm strip attached in the case of AED use); and
 - c. third copy goes to the delegating Medical Authority for quality assurance purposes. (with rhythm strip attached in case of AED use).
9. Patient Care Records should be retained in a safe and secure location (ie. filed alphabetically, by year, in a locked box marked Confidential Patient Care Records) for a minimum of five years. This is the responsibility of the unit Administrative Officer or Superintendent. Some provinces/territories have laws that specifically order the length of time records need to be retained if the patient was treated by a physician or nurse, whether or not they are Brigade members. Determine the governing laws within your province/territory, and comply with them.

10. The PCR is the only documentation that offers proof of the type and level of care that was provided by St. John Ambulance to the patient. Be aware that these records may be called upon for use during legal proceedings, a coroner's inquest, insurance claims, worker's compensation claims, etc. Timely and accurate completion of the PCR will assist you in answering for your actions in a secure and competent manner if you are called upon to do so.

11. Where a member performs patient care under supervision, the PCR should be completed and signed by the patient caregiver, but should also be reviewed and signed by the patient caregiver's supervisor.



PATIENT CARE RECORD

Case Number
Duty

PERSONAL INFORMATION

Patient Name Mr./Mrs./Miss/Ms		Date of Birth (DD/MM/YYYY)	
Mailing Address		Telephone Number ()	
City		Province	
Postal Code		Incident Location	
Report Date / /	Report Time hrs	Incident Date / /	Incident Time hrs
Brought in by: <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Self		Ambulance Unit: _____	Police Badge: _____ Other (Specify): _____

HISTORY/DESCRIPTION

History and Description of Injury/Illness (Be specific.)					Medications	
					Allergies	
(continue on back)						
Time	Blood Pressure	Pulse	Respiration	Temperature	Pupils	
hrs	mmHg	/min.	/min.	°C	Lt.:	Rt.:
hrs	mmHg	/min.	/min.	°C	Lt.:	Rt.:
hrs	mmHg	/min.	/min.	°C	Lt.:	Rt.:

TREATMENT

Care rendered (Be specific.)	Advised to see Physician? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Patient Consent <input type="checkbox"/> Given <input type="checkbox"/> Refused
(continue on back)	

DISPOSITION

Disposition: Discharge time _____ hrs Hospital _____
Accompanied by: <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Self
Ambulance Unit: _____ Police Badge: _____ Other (Specify): _____

PATIENT TRANSPORT

To Scene:	Time Out: hrs	Km Start:	Lights <input type="checkbox"/> Siren <input type="checkbox"/> P/R <input type="checkbox"/>	Time Arrive: hrs	Km Scene:
To Destination:	Time Leaving: hrs	Lights <input type="checkbox"/> Siren <input type="checkbox"/> P/R <input type="checkbox"/>	Time Arrive: hrs	Km Destination:	
Vehicle No.:	Authorization:	Driver (Print)	Attendant (Print)		
Condition on Arrival Explain: _____ <input type="checkbox"/> Unchanged <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated					

Treated by (Print Name)	Signature	Brigade Unit	Page No.
Supervisor (Print Name)	Signature	Brigade Unit	of
Medical Director(Print Name)	Signature		

REFUSAL OF TREATMENT

I hereby refuse first aid treatment and acknowledge that first aid treatment and further medical treatment was advised by the St. John Ambulance Brigade member. I therefore release St. John Ambulance and its members from all liability for respecting my express wish.

Signature — Patient/Substitute Decision Maker	Date	Time
Signature — First Witness	Signature — Second Witness	

HISTORY/DESCRIPTION

(Continued from front)

Arrest Witnessed Arrest Not Witnessed

Time _____ h.

CPR started by

- Bystander
 Police/Firefigther
 Other _____

Time CPR started _____

Time AED hooked up _____

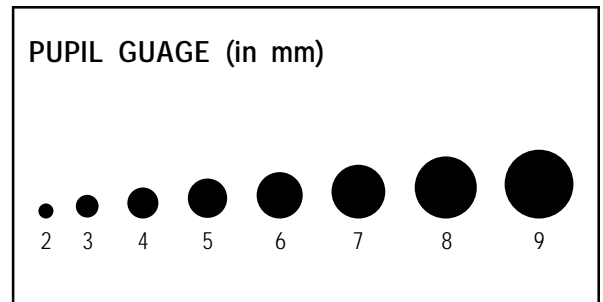
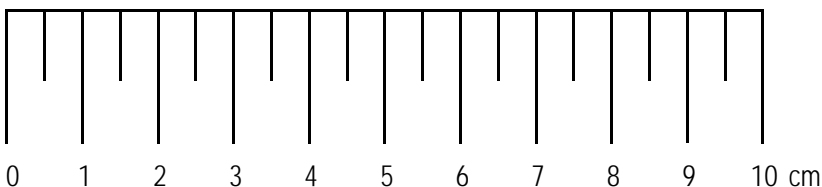
Time of first shock _____

Total number of shocks given _____

TREATMENT

Time	Medicine or Procedure	Result

Name of Medical Director _____





RELEASE OF BRIGADE PATIENT CARE RECORD

To: Provincial/Territorial Commissioner
c/o Provincial/Territorial Council
Address

Re: _____
(name of patient)

(date of birth)

(patient's phone number)

(date of incident)

(place of incident)

(name of event)

I do hereby authorize and direct you to release to

_____ copies of all
(name of person/agent/representative to whom Patient Care Record will be released)

documents in your possession pertaining to my treatment on the above date, including the Patient Care Records. I further release the _____ Council of the Order of
(Province/Territory)
St. John, its employees, members and agents from all actions, causes of action and claims for damages, however arising which may be sustained by me as a result of the delivery of any documents in your possession concerning me, including Patient Care Records.

Dated at _____ this _____ day of _____, _____.

(Witness's signature)

(Patient's signature)

(Witness's name - please print)

(Patient's name - please print)

(Patient's address)

DISASTERS AND EMERGENCY PREPAREDNESS

GENERAL

1. As an organization devoted to emergency and primary patient care, the St. John Ambulance Brigade must be prepared to take an active role in the relief of suffering during a disaster or major emergency.
2. Despite all of the planning, training, education and foresight by the leadership within a community, emergencies will occur. Variables that are not absolutely predictable are:
 - a. the type of emergency
 - fire
 - earthquake
 - flood
 - transportation (road, rail, air, marine)
 - b. the magnitude of the emergency
 - number of casualties
 - types of injuries
 - number of citizens displaced
 - continuing or expanding hazards
 - c. the location of the emergency
 - size of geographical area affected
 - accessibility to site of emergency
 - evacuation areas

RESPONSIBILITY

3. The St. John Ambulance Brigade has a responsibility to provide trained volunteers who can respond to emergency situations in an organized, pre-planned manner. This responsibility must be known not only throughout St. John Ambulance, but all other organizations, both governmental and non-governmental that participate in lifesaving, relief and disaster assistance.
4. For effective disaster control work there must be a central headquarters which coordinates all activity. The Brigade must also recognize this headquarters, which is usually a government department or agency. In other words, the St. John Ambulance Brigade must consider that it is one of the disaster services, prepared to subordinate itself to control by such a headquarters, *although retaining its independence in arranging and handling the technical part of the operations for which it has been assigned responsibility.*

5. During an emergency or disaster, Brigade Officers are directly responsible for operational response issues. This includes the personal welfare of the Brigade members involved.
6. During an emergency or disaster, Provincial/Territorial Councils and/or Branches are responsible to ensure the Brigade has the resources (human, physical and financial) necessary to carry out its mandate.

PLANNING

7. In order to get maximum effectiveness, it is necessary for the Brigade to fit thoroughly into general disaster plans and operations as part of a team, and to begin this process early in the community's planning cycle. It is also necessary that active participation occurs at all levels with other organizations in the planning stages, as well as during operations. All agencies will then be fully acquainted with the contribution the Brigade is prepared to make and will see where that contribution belongs in the overall relief effort. This concept is essential for the prevention of duplication and wasted effort.
8. It is critical that Brigade Officers, Provincial/Territorial Councils, and/or Branches are equal partners in any disaster or emergency plan and that all levels of the St. John Ambulance organization have current plans in place.

REFERENCE

9. For details of a response by St. John Ambulance to an emergency or disaster, consult:

Disaster and Emergency
Preparedness Planning Guide

St. John Ambulance Brigade
Priory of Canada

COST RECOVERY FOR COMMUNITY SERVICE

GENERAL

1. In general, the role of the Brigade is voluntary community service. However, in some cases a need has been identified to have cost recovery for community service, to keep the St. John Ambulance organization competitive and thriving. If the client receiving Brigade services is making money at the event, it is appropriate to request cost recovery for that service.

POLICY

2. Cost recovery for community service may be appropriate for profit-making ventures, and is permissible within the following parameters:
 - a. the volunteer work of the organization cannot suffer or diminish in any way; and
 - b. members may not be paid an honorarium without the prior approval of the provincial/territorial Council.

GUIDELINES

3. The following guidelines will assist in implementation of cost recovery for community service:
 - a. cost recovery for community service should be for the purpose of covering expenses and providing a profit margin for reinvestment for the future – it should cover operational costs plus future capital costs;
 - b. the appropriate St. John Ambulance uniform must be worn when providing cost recovery for community service; and
 - c. cost recovery for community service refers to patient care services and community care services.

CONTRACTS

4. All contractual agreements must be approved by the Provincial Commissioner or designate, and entered into on behalf of the Brigade by the Council Executive Director or designate identified by the Council Executive Director.
5. The business arm of St. John Ambulance may act as an agent for the Brigade in the delivery of community services where appropriate, as determined by provincial/territorial Council.

PERSONNEL ADMINISTRATION

GENERAL

1. Personnel administration is maintained at Unit, Council and National levels. National Headquarters maintains the master personnel records on both active and inactive members of the Brigade to achieve the following:
 - a. ongoing communication, through the maintenance of up-to-date addresses for each Brigade member;
 - b. maintenance of the national awards program, and issuance of national awards to Brigade members;
 - c. maintenance of records for historical purposes; and
 - d. compilation of information for statistical analysis.
2. Individuals responsible for handling Brigade records, at all levels, should be made aware of the importance of personnel administration to the overall maintenance of membership and members awards. (See StJCI 2-6-1 on Awards.)
3. Two reports make up the personnel administration of all Brigade members:
 - a. ***Membership Form*** (formerly *Personnel Transaction Voucher*, or *PTV*) is initiated by the unit (Council, Area, Division), to transmit to National Headquarters (NHQ), through Provincial/Territorial Headquarters (PHQ) all events that affect the personal career of each member of the Brigade, including:
 - i. enrollment or re-enrollment;
 - ii. achievement of qualification;
 - iii. appointment, promotion or reversion of appointment;
 - iv. transfer between units of the Brigade;
 - v. change in name or address;
 - vi. release from the Brigade (retirement, resignation, leave of absence, dismissal or deceased).
 - b. ***Unit Annual Report with Summary Sheet*** is initiated by the unit on an annual basis, to transmit to NHQ, through PHQ, a compilation of unit information on each member, including:
 - i. name
 - ii. ID number
 - iii. position
 - iv. course information (type and year taken)
 - v. number of voluntary community service hours
4. Refer to StJCI 2-1-2 for policy on privacy of information.

PROCEDURES - MEMBERSHIP FORM (formerly Personnel Transaction Voucher)

5. The same Membership Form must be completed for every member upon joining the Brigade, or when a change in their personal information or status occurs. The Membership Form passes from the originating unit to NHQ, where it is held, to ensure all levels have the same information. Separate application forms for joining the Brigade may be used in addition (see StJCI 2-9-2, Appendix 2 to Annex A), but should be held by the appropriate unit.
6. The Membership Form (see Annex A) consists of four sections: Unit Information, Member Information, Member Status, and Authority.
7. **Unit Information** - identifies the originating unit.
 - a. The Province is identified by two letters:

British Columbia	BC	Federal District	FD
Alberta	AB	Québec	QC
Northwest Territories	NT	New Brunswick	NB
Saskatchewan	SK	Nova Scotia	NS
Manitoba	MB	Newfoundland	NF
Ontario	ON		

- b. Unit Type is identified by a single letter:

Section	S
Division	D
Area	A
Corps	C
Provincial	P
National	N
 - c. The Unit Designator identifies the number by which the unit is known. See Annex B for unit designation codes.
 - d. The National ID number will be allocated automatically by NHQ, unless otherwise indicated.
8. **Member Information** - provides basic information about the member, including name, address, birthdate, language preference, member type, professional qualifications (ie. MD, RN, EMT, EMCA), and date of joining the Brigade.

9. **Member Status** - identifies a new member, first aid qualifications, change in status for current members, and the effective date of the transaction. Status changes include:
 - a. rejoining
 - b. transfer from one unit to another
 - c. change of appointment (see Annex C for appointment codes)
 - d. relinquishment of appointment (see Annex C for appointment codes)
 - e. release (retirement, resignation, dismissal, deceased or leave of absence)
10. **Authority** - provides signatures at each level, beginning with the originating unit, to authorize the transaction.

PROCEDURES - UNIT ANNUAL REPORT WITH SUMMARY SHEET

11. In December of each year, National Headquarters will prepare a Unit Annual Report form (see Annex D) for each Brigade unit for distribution to units through Provincial/Territorial Headquarters. This report will contain the name and appointment of members on the unit roll at the beginning of the year, and members enrolled during the year and for whom a Membership Form has been received by NHQ.
 12. Unit Annual Reports must be completed for all Junior, Cadet, Crusader and Adult units, in both Patient Care Services and Community Care Services. Auxiliary members must also be included.
 13. Units are responsible for updating and confirming the accuracy of the information in the report, as of 31 December, and making changes as follows:
 - a. delete members who are no longer with the unit, indicating the reason, and forward a completed Membership Form with the Annual Report;
 - b. add members who have joined your unit but do not show on the report, and forward a completed Membership Form with the Annual Report;
 - c. for each member, indicate:
 - i. name
 - ii. position
 - iii. course information, including type (see bottom of the Annual Report for appropriate acronyms for Standard Level First Aid, Emergency Level First Aid and BTS Levels 1, 2 or 3) and year taken
 - iv. hours of service (voluntary community service) for the year
 - v. other comments (ie. indicate courses other than those already identified)
 - d. National ID numbers will be allocated automatically by NHQ, unless otherwise indicated.
-

14. The Summary Sheet (formerly *Cover Sheet*) (see Annex E) provides a summary of the unit's information, to assist in compiling statistical data. It is to be filled out and returned to NHQ with the completed Unit Annual Report.
15. The Unit Qualifying Service Summary form (see Annex F), is issued by NHQ after processing the Unit Annual Reports, to indicate unit members' annual eligibility for service awards (i.e. three-, six- and nine-year bars, and the Service Medal of the Order).

HANDLING PERSONNEL RECORDS

16. The Unit Superintendent or Commissioner is responsible for ensuring accurate and up-to-date personnel records are kept and appropriately filed for each of their members. This responsibility may be delegated to another unit member.
17. All personnel records must be treated confidentially. Refer to StJCI 2-1-2 for policy on privacy of information.
18. Upon relinquishment of their post, the member responsible for personnel records must transfer all records to their successor.

Unit Designation Codes

1. NATIONAL HEADQUARTERS N H Q

2. COUNCIL HEADQUARTERS

British Columbia	B C	Nova Scotia	N S
Alberta	A B	Prince Edward Island	P E
Saskatchewan	S K	Newfoundland	N F
Manitoba	M B	Northwest Territories	N T
Ontario	O N	Federal District	F D
Quebec	Q C	New Brunswick	N B

3. AREA HEADQUARTERS

<i>Ontario</i>		<i>New Brunswick</i>	
Central Ontario Area	ON-01		NB-01
Eastern Ontario Area	ON-02		NB-02
Northern Ontario Area	ON-03		NB-03
Southern Ontario Area	ON-05		NB-04
South Western Ont Area	ON-06		NB-05
Western Ontario Area	ON-07		NB-06
Metropolitan Toronto Area	ON-08		NB-07
			NB-08
			NB-09
<i>Quebec</i>			
Bas St. Laurent Area	QC-01		
Saguenay Lac St. Jean Area	QC-02	<i>Nova Scotia</i>	
Quebec Area	QC-03	Cape Breton Area	NS-01
Rivière-du-Loup Area	QC-31	Central Area	NS-02
Trois-Rivières Area	QC-04	Fundy Area	NS-03
Eastern Townships Area	QC-05	Highland Area	NS-04
Montreal Area	QC-06	South Shore Area	NS-05
Laval-Laurentide		Valley Area	NS-06
Lanaudière Area	QC-61		
South Shore Area	QC-62		
Outaouais Area	QC-07	<i>Newfoundland</i>	
		Central Newfoundland Area	NF-01
Northwest Area	QC-08	Eastern Newfoundland Area	NF-02
North Shore Area	QC-09	Western Newfoundland Area	NF-03
New Quebec Area	QC-10		
		<i>British Columbia</i>	
<i>Alberta</i>		Vancouver Area	BC-01
Northern Alberta Area	AB-01	Lower Mainland and	
Peace River Area	AB-02	Fraser Valley Area	BC-02
Southern Alberta Area	AB-03	Interior Area	BC-03

Annex B
to StJCI 2-8-1

4. CORPS HEADQUARTERS

<i>Ontario</i>		<i>Quebec</i>	
Middlesex Corps	ON-06-C02	De l'Amiante Corps	QC-03-C01
Waterloo Oxford Corps	ON-07-C03	De la Beauce Corps	QC-03-C02
East Toronto Corps	ON-08-C02	Charlevoix Corps	QC-03-C04
West Toronto Corps	ON-08-C04	Tache Denonville Corps	QC-31-C04
		Temiscouata Corps	QC-31-C05
<i>Manitoba</i>		Montreal (BCC) Corps	QC-06-C04
Greater Winnipeg Corps	MB-00-C01	Rive Sud (Ski Patrol) Corps	QC-62-C02
<i>British Columbia</i>			
Vancouver Cadet Corps	BC-02-C01		

DIVISION

Adult Divisions

D + 4-digit Divisional Code
(eg. No. 41 Cumberland Division = D 0 0 4 1)

Crusader Divisions

C + 4-digit Divisional Code
(eg. No. 560 Bayview Crusader Division = C 0 5 6 0)

Cadet Divisions (includes Junior)

Y + 4-digit Divisional Code
(eg. No. 317 Norwood Cadet Division = Y 0 3 1 7)

Family Divisions

F + 4-digit Divisional Code

SECTIONS

S + 4-digit Section Code
(eg. No. 21 Gumbo Section = S 0 0 2 1)

SUPPLEMENTARY

Council Headquarters + SL
(eg. BC-SL)

Appointment Codes

CODE	RANK	DESCRIPTION
AAO	CS	AREA ADMINISTRATIVE OFFICER
ACO	CS	AREA CADET OFFICER
AC	CSS	AREA COMMISSIONER
ADTDC	SS	ASSISTANT DIVISIONAL THERAPY DOG COORDINATOR
AMO	CS	AREA MEDICAL OFFICER
ANO	CS	AREA NURSING OFFICER
ASM		AREA SERGEANT-MAJOR
ASO	C,SSS,SS,S	AREA STAFF OFFICER
ATDC	CS	AREA THERAPY DOG COORDINATOR
ATO	CS	AREA TRAINING OFFICER
AUX		AUXILIARY MEMBER
C/L		CADET/LEADER
CSC	SS	COMMUNITY SERVICES COORDINATOR (DIVISIONAL)
CPL		CORPORAL
CPAO	C	CORPS ADMINISTRATION OFFICER
CPCO	C	CORPS CADET OFFICER
CPMO	C	CORPS MEDICAL OFFICER
CPNO	C	CORPS NURSING OFFICER
CPSM		CORPS SERGEANT-MAJOR
CPSO	SSS,SS,S	CORPS STAFF OFFICER
CPS	CS	CORPS SUPERINTENDENT
CPTO	C	CORPS TRAINING OFFICER
DNCO	CSSS	DEPUTY NATIONAL CADET OFFICER
DNC	XC	DEPUTY NATIONAL COMMISSIONER
DNMO	CSSS	DEPUTY NATIONAL MEDICAL OFFICER
DNNO	CSSS	DEPUTY NATIONAL NURSING OFFICER
DNTO	CSSS	DEPUTY NATIONAL TRAINING OFFICER
DPNO	CS	DEPUTY PROVINCIAL NURSING OFFICER
DPC	CSSS	DEPUTY PROVINCIAL COMMISSIONER
DPMO	CS	DEPUTY PROVINCIAL MEDICAL OFFICER
DAO	SS	DIVISIONAL ADMINISTRATION OFFICER
DMO	SSS	DIVISIONAL MEDICAL OFFICER
DNO	SSS	DIVISIONAL NURSING OFFICER
DO	SS	DIVISIONAL OFFICER
DSO	SS,S	DIVISIONAL STAFF OFFICER
DS	SSS	DIVISIONAL SUPERINTENDENT
DTDC	SSS	DIVISIONAL THERAPY DOG COORDINATOR
DTRO	SS	DIVISIONAL TRAINING OFFICER
NAO	XC	NATIONAL ADMINISTRATION OFFICER
NCO	XS	NATIONAL CADET OFFICER
NC	XCS	NATIONAL COMMISSIONER
NMO	XS	NATIONAL MEDICAL OFFICER
NNO	XS	NATIONAL NURSING OFFICER
NPO	XS	NATIONAL PLANNING OFFICER
NSO	CS	NATIONAL STAFF OFFICER
NTO	XS	NATIONAL TRAINING OFFICER

Annex C
to StJCI 2-8-1

CODE	RANK	DESCRIPTION
PRES		PRESIDENT
PAO	CSS	PROVINCIAL ADMINISTRATION OFFICER
PCS	CSS	PROVINCIAL CADET OFFICER
PCSO	CSS	PROVINCIAL CHIEF STAFF OFFICER
PC	XS	PROVINCIAL COMMISSIONER
PMO	CSS	PROVINCIAL MEDICAL OFFICER
PNO	CSS	PROVINCIAL NURSING OFFICER
PPO	CSS	PROVINCIAL PLANNING OFFICER
PSM		PROVINCIAL SERGEANT-MAJOR
PSO	CS,C,SSS,SS,S	PROVINCIAL STAFF OFFICER
PTDC	CSS	PROVINCIAL THERAPY DOG COORDINATOR
PTO	CSS	PROVINCIAL TRAINING OFFICER
PVO	S	PROVISIONAL OFFICER
SO	SS	SECTION OFFICER
SGT		SERGEANT
SSGT		STAFF SERGEANT
SL		SUPPLEMENTARY LIST
VPRES		VICE-PRESIDENT

Unit Annual Report by Council for Year: _____

as of _____

DD/MM/YYYY

COUNCIL:
Unit:

Member Name	National ID #	Member Type (*)	Course Information Type (**)	Volunteer Hours	Qualifying Service (Y/N)	Comments
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Annex D
to StJCI 2-8-1

* Member Type
APC - Adult Patient Care
ATD - Adult Therapy Dog
AUX - Auxiliary

CRU - Crusader
CDT - Cadet
JR. - Junior

** Abbreviate as follows:
SFA - Standard First Aid
EFA - Emergency First Aid
BTS 1, 2 or 3 - Brigade Training System



YEAR ANNÉE _____

**BRIGADE ANNUAL REPORT - SUMMARY SHEET
RAPPORT ANNUEL DE LA BRIGADE - FEUILLE DE
RENSEIGNEMENTS SOMMAIRES**

Please Print/En lettres moulées

Province	Area/Région	Corps
Division/Section	Officer in Charge/Officier responsable	
Division Address/Adresse de la division	Home Address/Adresse du domicile	
Postal Code/Code postal	Postal Code/Code postal	

Number of Members as of 31 December _____/Nombre de membres (en date du 31 décembre _____) :
--

Total Voluntary Community Service Hours/ Nombre total d'heures de service bénévole données à la collectivité :	Total Cases Treated/ Nombre total de cas traités :
--	---

SIGNATURES

Division Superintendent/ Surintendant divisionnaire	Date	Corps Superintendent/ Surintendant de corps	Date
Area Commissioner/ Commissaire régional	Date	Provincial Commissioner/ Commissaire provincial	Date

National Commissioner/ Commissaire national	Date
--	------

Unit Qualifying Service Summary

St. John Ambulance - Brigade
For the Year Ending _____

COUNCIL:
Unit:

Member Name	ID #	Status	Auxiliary Hours	Patient Care Hours	Community Care Hours (eg Thpy Dog)	Youth Hours	Course Information Type	Qualifying Years	Y/N
-------------	------	--------	--------------------	-----------------------	---------------------------------------	-------------	----------------------------	---------------------	-----

Unit Totals:

Total # of Members:
Total # of Members with Qualifying Service:
Total Patient Care Hours:
Total Auxiliary Hours:
Total Community Care Hours (eg. Therapy Dog):
Total Youth Hours:
Total of All Volunteer Hours:

Annex F
to StJCI 2-8-1

UNIT ADMINISTRATION

GENERAL

1. Responsibility for the administration of a Brigade unit rests with the officer in charge of the unit, even though the authority to carry out the administrative procedures may be delegated to other members of the unit.

PROCEDURES FOR REGISTRATION OF A UNIT

2. The formation of a new unit (Area or Division) is recommended by the Provincial/Territorial Commissioner to the National Commissioner by submitting a completed Registration of a Unit form (formerly BF-1), accompanied by completed Membership Forms for all listed members. (See Annex A for Registration of a Unit form. See Annex A to StJCI 2-8-1 for Membership Form.)
3. A Registration Certificate, suitable for framing, will be issued by NHQ, along with the original Registration of a Unit form, with the new unit number indicated.

PROCEDURES FOR DISBANDMENT OF A UNIT

4. Disbandment of a unit can take place for the following reasons:
 - a. most members of the unit are unable, over a period of two consecutive years, to perform duties consistently and to the satisfaction of the Provincial/Territorial Commissioner;
 - b. the unit has not had active members over a period of two consecutive years;
 - c. there has been no requirement in the community for the services of the unit for a period of two consecutive years;
 - d. other instances, with the authority of the Provincial/Territorial Commissioner and the National Commissioner.
5. The disbandment of a unit is recommended by the Provincial/Territorial Commissioner to the National Commissioner by submitting a completed Disbandment of a Unit form (see Annex B) and attaching Membership Forms for all members, to indicate transfers, resignations, etc.
6. If a formerly disbanded unit is reinstated, it must be registered as a new unit (see paragraph 2).

RESPONSIBILITY LEVELS

GENERAL

1. The St. John Ambulance Brigade has a structure that is based on the modern functions performed by its members at various levels. Some remnants of the formerly military structure have been retained where they have been found to be useful, and because they reflect the paramilitary origin and traditions of the Brigade. In order to promote the efficient operation of the Brigade, it is essential to maintain a hierarchy. See StJCI 2-2-2 for Brigade Organization.

COMMUNICATION CHANNELS

2. Within the hierarchy of the Brigade, it is important that standard recognized channels of communication exist within and among all units and levels of the Brigade. Where possible and practical, all correspondence, both upwards and downwards, should follow these standard channels of communication.
3. Communication of an operational nature, either written or verbal, should adhere to the standard channels. When this does not occur, it is both appropriate and a courtesy to inform intervening parties of the nature and content of the communication.
4. Communication of a professional nature (eg. medical, nursing) or technical nature (eg. training, planning) may be carried out along those professional or technical lines, respecting the functional structure of the Brigade

SENIORITY

5. See StJCI 2-9-3, paragraphs 5 to 8 for instructions on seniority within the Brigade. See StJCI 2-9-3, paragraphs 18 to 19 for authority of the National Commissioner, and paragraph 13 for authority of the Provincial /Territorial Commissioner.

RESPONSIBILITY OF BRIGADE MEMBERS

6. See StJCI 2-1-1, paragraph 6 and StJCI 2-9-3, paragraph 2 for the responsibilities and obligations of every Brigade member.

VOLUNTEER /STAFF ROLES

7. There are four types of members within St. John Ambulance:
 - a. policy decision-making members – volunteer board members at the national, provincial or local level (eg. Priory Council, Provincial Council, Branch);

- b. committee members – volunteer members of committees that are formed for the purpose of providing policy recommendations to decision-making boards;
 - c. direct-service members – volunteer members who deliver the services of St. John Ambulance (eg. Brigade members, Instructors);
 - c. paid staff – employed by St. John Ambulance as paid members.
8. The role of direct-service members, as volunteers, is clear (ie. to fulfill their duties as a Brigade member or Instructor). The paid staff generally work at the levels of the policy decision-making and committee members, and there is often confusion about roles and duplication of effort between paid staff and volunteers at these levels.
9. The following broad delineation of volunteer/paid staff functions, stated in terms of national policy, are laid out to clarify particular responsibilities and to foster a strong volunteer/paid staff partnership throughout the organization:
- a. *policy formulation* is the task of both volunteers and paid staff: the bulk of policy formulation is carried out in various committees;
 - b. *policy determination* is the responsibility of the volunteers alone, existing on boards at all levels. Priory Council is ultimately responsible for approving and adopting every policy that affects the organization nationally;
 - c. *policy implementation* is the responsibility of the paid staff at National, Provincial and Area headquarters;
 - d. *policy monitoring* is the responsibility of both volunteers and paid staff. Paid staff are responsible for regular performance reporting.

SCREENING BRIGADE VOLUNTEERS

GENERAL

1. St. John Ambulance volunteers are often placed in positions of significant trust with vulnerable people. The wide spectrum of volunteer positions not only vary in nature but also in level of risk. St. John Ambulance has an obligation to provide safe, well-managed services to the community.

POLICY

2. All St. John Ambulance Brigade volunteers have a responsibility to protect the clients they serve and to uphold the reputation of St. John Ambulance.
3. St. John Ambulance will not tolerate any form of assault or abuse, or any other offence that may raise concern in the minds of the staff, clients or other volunteers as to issues of safety, well-being or security.
4. To be accepted as a St. John Ambulance Brigade volunteer, all applicants aged 18 years and up, and upon their first appointment to a leadership position, must be screened according to the following procedures:
 - a. complete and sign an application form and authorization for police records check;
 - b. undergo interview process.
5. All St. John Ambulance Brigade volunteers must agree to undergo the screening process at any time, specifically if their appointment changes to one that carries an increase in responsibility or if the supervising officer feels there is just cause.

PROCEDURAL GUIDELINES

6. Comprehensive guidelines and sample forms and letters can be found in appendices to Procedural Guidelines (Annex A), as indicated below. Note that they are guidelines only and do not constitute policy:
 - a. Letter to accompany Volunteer Application Form (Appendix 1)
 - b. Volunteer Application Form (Appendix 2)
 - c. Authorization for Police Records Check (Appendix 3)
 - d. Volunteer Interview (Appendix 4)
 - e. Letter to accompany Reference Form (Appendix 5)
 - f. Volunteer Reference Form (Appendix 6)
 - g. Volunteer Screening Process Evaluation Form (Appendix 7)
 - h. Volunteer Performance Appraisal Form (Appendix 8)

- i. Volunteer Exit Interview (Appendix 9)
- j. Total Screening Process (Appendix 10)
- k. Maintenance of Volunteer Records

SCREENING PRACTICES

7. In order to ensure consistency and professionalism in screening volunteers, the following practices are recommended:
 - a. all volunteers of the St. John Ambulance Brigade undergo the same screening process;
 - b. hold orientation and training sessions at a predesignated location;
 - c. until receipt of all appropriate screening documents, the applicant maintains probationary status; the probationary period has a minimum and maximum time allocation, determined by the recruiting unit;
 - d. have two St. John representatives participate in every interview;
 - e. if the applicant requests an appeal to a negative decision, they may do so in writing to the Provincial/Territorial Commissioner, who should also receive a copy of all pertinent documentation from the Officer who made the decision. The decision made by the Provincial/Territorial Commissioner will be final;
 - f. conduct annual performance appraisals on the anniversary date of a member's graduation to allow evaluation of their performance;
 - g. conduct annual evaluation of the screening process;
 - h. conduct exit interviews when members resign their membership.

BASIC PROCEDURAL GUIDELINES

Step 1 Inform

Handout Material

Information Guide and/or Pamphlet for potential volunteers given to applicant.

Information Session

General introduction session. Review the work of St. John Ambulance in the area (dependant on # of people). Can be held before interview as a no-obligation information session or after formal Interview as part of Orientation.

Application Form

Candidate asked to return completed and signed prior to *or* at the time of interview. See Appendices 1 and 2 to Annex A.

Step 2 Interview Can be combined into one interview or split into two separate interviews

Initial Contact

Review of selection process requirements with candidate: *Application Form, Police Records Check Form, three reference check forms and résumé* (if applicable); *First Aid certificate*; set up interview date. If applicable, review completed *Application Form* (can be done over the phone or through a letter). See Appendices 2, 3, and 4 to Annex A.

Guidelines

The interview will offer the prospective volunteer the opportunity to learn about St. John Ambulance, our mission, and available volunteer positions.

All persons applying for volunteer positions with St. John Ambulance have a right to be interviewed by the person responsible for volunteer recruitment or their delegate.

The purpose of the initial interview will be to determine the qualifications, ability and suitability of the individual to perform the work on behalf of St. John Ambulance.

Prospective volunteers will be informed in advance that the interview process is designed so that each part can screen the other, and that acceptance as a volunteer is not automatic.

The determining factors in the selection, promotion or termination of volunteer status shall be skill in performance, training, educational background, experience, personal suitability, and responsibility.

Selection Interview

One-on-one interview, using pre-set questions.

Police Records Check form completed.

Position Description given to applicant.

Annex A
to StJCI 2-9-2

Three Reference Check Forms

- A) given to applicant (placing responsibility on applicant to give three written references) *or*
- B) mailed to referees.

See Appendices 2, 3, 4, 5 and 6 to Annex A.

Guidelines

The nature of the work in which a volunteer is engaged (position) and the kind of service offered to clients or program participants will determine whether a police records check is submitted for processing.

Volunteers who will be attending to the medical and/or personal needs of vulnerable clients or program participants may be required to submit to a police records check prior to acceptance as a volunteer. Individuals who refuse to comply with this request may not be accepted as a volunteer.

A signed consent for release of information must be obtained from the prospective volunteer prior to a request for a CPIC (Canadian Police Information Centre) check.

All applicants are required to submit personal and/or professional references prior to acceptance as a volunteer with St. John Ambulance. Individuals who refuse to comply with this request may not be accepted as a volunteer.

Anyone willing to act as a referee must also be willing to be identified as the source, or the reference may not be accepted.

The person responsible for recruiting volunteers will maintain records of background checks as part of each volunteer's file.

**Step 3 Conditional offer of enrolment and approval to begin Orientation/
Training Program**

Probation pending *Police Records Check* and *References*.

Guidelines

All volunteer placements begin on a trial basis for a period of 30/60/90 days.

Volunteers may be required to submit proof of professional or technical ability, qualification, or experience prior to acceptance as a volunteer, or from time to time, thereafter.

The person responsible for volunteers will maintain copies of verification as part of each volunteer's file.

In determining suitable placements for volunteers, equal attention will be given to the interests and goals of the volunteer, and to the requirements of St. John Ambulance and the position(s) in question.

No volunteer will be placed in a position for which they are not fully qualified or for which St. John Ambulance cannot provide adequate training.

Volunteers will be fully and honestly informed of the expectations and responsibilities of their volunteer position along with any risk or liability which the position might entail.

Volunteers will be made to feel comfortable in declining a suggested placement or in requesting changes to the position expectations at any point in their involvement with St. John Ambulance.

Volunteers have the right to expect work that is meaningful and satisfying to them.

No position is too high in the organizational structure or too skilled for a volunteer, assuming appropriate background and time commitment.

No position should be considered too tedious or unskilled as long as volunteers are given a clear understanding of the nature and importance of the work to be performed.

All volunteers will receive an orientation to St. John Ambulance and its mission, all pertinent safety procedures and policies, and the work to which the volunteer will be assigned.

Volunteers have a right to be fully prepared to perform their volunteer duties as assigned. St. John Ambulance has the responsibility to provide the necessary training for satisfactory volunteer performance.

All volunteers will receive complete, current, and timely training to ensure that they are fully qualified to perform their assigned duties.

Volunteer training may include on-the-job training and/or a buddy system of support and education.

The volunteer training program is an integral part of volunteering with St. John Ambulance. All volunteers are required to complete the volunteer training program within a specified period of the start of their volunteer placement.

Step 4 References are checked

As needed, call references to confirm written reference or to explore any concerns. See Appendices 5 and 6 to Annex A.

Police Records Check sent for processing

See Appendix 3 to Annex A.

Annex A to StJCI 2-9-2

To determine whether a position warrants a police records check examine the elements of the position:

- the client's vulnerability;
- if the job involves building relationships and mentoring;
- the setting where the job takes place;
- available supervision, who else is around?

Other elements to consider:

- How will the prospective volunteer's background relate to the volunteer work s/he will perform and what is the potential vulnerability of St. John Ambulance or the client / program participants?
- Is what you are asking the volunteer to do reasonable?
- Is it related to clients / needs of the position? Is the decision made in good faith?
- Is it essential?
- Can an effort be made to accommodate without incurring undue hardship or risking health and safety?

Keep in mind that police records checks are just that: They are checks of the records held by police. They are *not* clearances; they are *not* guarantees of good character; they *cannot* guarantee that the person is not a criminal or a dangerous person. They only show convictions for which there has not been a pardon. They do not show charges.

Police records checks are only one part of an effective screening process. See Appendix 10 to Annex A.

The police may have valuable information, however, it is not their responsibility to screen people.

Step 5 Review/Evaluate/Adjust

With new recruits as a resource, *review* and *evaluate* the screening process and volunteer satisfaction. *Adjust* as appropriate. See Appendix 7 to Annex A.

Guidelines

At the end of the probationary period, an interview with the volunteer will take place to evaluate :

- 1) the extent to which the objectives of both St. John Ambulance and the volunteer are being satisfied and
- 2) the screening process.

Terms of the position such as expectations and job description may be renegotiated to bring about a more satisfactory placement for both parties. Other options such as reassignment, referral to another organization or to the local volunteer centre, or placement termination may be appropriate.

Step 6 Graduation

Applicant receives: official enrolment letter, Divisional shoulder flashes.

Guidelines

Service as a volunteer with St. John Ambulance begins with an official enrolment letter for a volunteer position. Notice may only be given by an authorized representative of St. John Ambulance. At the time of final acceptance, each volunteer must complete all necessary enrolment paperwork and receive a copy of their position description and agreement of service with St. John Ambulance.

Step 7 Performance Review / Evaluation

Provide individual performance appraisals to give volunteers feedback on their performance. See Appendix 8 to Annex A.

Guidelines

Evaluation procedures should be non-threatening, constructive, supportive, flexible, and empowering. They should motivate the volunteer to aim for the highest standards and pinpoint where St. John Ambulance can help the volunteer to achieve their goals. The performance review should offer the opportunity for volunteers to give input and negotiate change.

Volunteers have the right to receive regular, constructive feedback on the performance of their assignments.

Evaluation of the work of volunteers will be based on the performance standards specified in the volunteer's position description.

A written record of evaluations will be maintained as part of the file for each volunteer, and referred to for reference purposes.

Where appropriate, corrective action may be called for following an evaluation. Examples of corrective action include changes to the position description, renegotiation of St. John Ambulance expectations or volunteer goals, the requirement of additional training, re-assignment of a volunteer to a new position, suspension of the volunteer, or dismissal from volunteer service. See Appendix 9 to Annex A.

Sample letter to accompany VOLUNTEER APPLICATION FORM

(On letterhead)

WELCOME

Welcome to St. John Ambulance. If you are interested in applying to become a St. John Ambulance volunteer, you will find an application package enclosed which includes a complete list of all our volunteer opportunities, a brochure about volunteering with St. John and an *application form* to be completed and returned to our office prior to (*or at*) the time of your interview.

St. John Ambulance volunteers are often placed in positions of significant trust with vulnerable people. For this reason, our volunteers are screened carefully to ensure that they are suitable candidates prior to being accepted into our program.

Once you have decided that you would like to join St. John Ambulance as a volunteer, your next step is to arrange for a personal interview. At the time of your appointment, bring your completed application form (if you have not already submitted it to our office) along with any original First Aid, Health Care, or CPR course certificates and textbooks you have already obtained. You may also bring a copy of your résumé.

Following your interview, you will be asked to fill out a consent form for a police records check and your references will be pursued.

When providing reference names on your application form, be sure to provide two references who can comment objectively about you, such as an employer or a teacher. The third may be by someone who knows you more personally, such as a friend or relative. At least one of the references should have known you for two (2) or more years.

Thank you for your interest in St. John Ambulance. If you have any questions or concerns, contact us at the number below.

(tel: #)

(Contact name:)



VOLUNTEER APPLICATION FORM

CONFIDENTIAL

Please Print

Name		Last	First	Middle Names		
Address			City	Province	Postal Code	
Res. Telephone		Present Employer / School				
Bus. Telephone						
Present Occupation						
Language(s)		Spoken	Written		Sign Language	

Category of Membership Sought		Have you ever been denied membership in, or had membership involuntarily terminated with St. John Ambulance or any voluntary community service organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Junior (6-10 years old)	<input type="checkbox"/> Adult Patient Care (18+ years old)	
<input type="checkbox"/> Cadet (11-15 years old)	<input type="checkbox"/> Auxiliary (18+ years old)	
<input type="checkbox"/> Crusader (16-20 years old)	<input type="checkbox"/> Therapy Dog Member	
<input type="checkbox"/> Other _____		

First Aid Certification	<input type="checkbox"/> Emergency	Class No.	Organization	Date
	<input type="checkbox"/> Standard			
	<input type="checkbox"/> Advanced Level I			
	<input type="checkbox"/> Advanced Level II			
	<input type="checkbox"/> Instructor			

C.P.R. Certification	<input type="checkbox"/> Heart Saver	Class No.	Organization	Date
	<input type="checkbox"/> Basic Rescuer			
	<input type="checkbox"/> Instructor			

Professional Qualification	Lic./Cert. No	Province	Please circle	MD.	R.N.	R.N.A.	EM.C.A.	EMA.	EMT.
	Health Care			Class No.		Instructor			

Present or Previous Membership(s) in St. John or other Volunteer Experience			
Organization	Location	When	Task(s)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

A. FOR APPLICANTS 18 YEARS OF AGE AND OLDER

REFERENCES (Two must not be friends or relatives and one must know you for two or more years)

	Name	Address	Postal Code	Telephone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I understand that St. John Ambulance is required to carry out a reference and other verification check to determine my suitability as a member. Accordingly, I declare:

(PLEASE INITIAL EACH STATEMENT)

- _____ That the above information is true and complete to the best of my knowledge.
- _____ I understand that a false statement or failure to abide by the membership policies or other misconduct may disqualify me from membership, or cause my dismissal.
- _____ I acknowledge and agree that information received by St. John Ambulance from my reference sponsors, will be held in strict confidence for the sole purpose of determining my membership eligibility. I further waive any rights conferred under any Freedom/Access of Information statute with respect to viewing or obtaining copies of any reference form in my file.
- _____ I certify that I have not been convicted of a crime for which a pardon has not been granted.
- _____ I consent to undergo a police records check as part of the selection process.
- _____ I acknowledge that any uniform, official material, or identification issued to me by St. John Ambulance remains the property of the organization, and must be returned upon my resignation, termination, transfer, or on demand.

FOR MEMBERSHIP IN PATIENT CARE SERVICES ONLY (18+ years old):

- _____ I understand that if a valid first aid certificate is required for the level of membership I am seeking, proof will be required before my application is approved.
- _____ I understand that as a patient care provider, I may be called upon from time to time to provide assistance to persons who have suffered physical injury or illness that may be contagious. I am not aware of any personal sensitivity or condition that would prevent me from carrying out my functions, including offering patient care to persons who have suffered physical injury or illness.

I understand and agree to abide by the membership requirements of St. John Ambulance. I am unaware of any reason why I would not be a suitable member.

_____ **Date** _____

Signature of Applicant

I have provided all necessary information to the applicant and believe the applicant understands all membership requirements.

_____ **Date** _____

Signature of Interviewer

B. FOR APPLICANTS UNDER 18 YEARS OF AGE

Applicants 16-17 years of age not residing with a parent or guardian may sign as adults age 18⁺.

I understand that St. John Ambulance is required to determine the suitability of all applicants. Accordingly, I declare that:

(PLEASE INITIAL EACH STATEMENT)

_____ The above information provided on this application is true and complete to the best of my knowledge.

_____ I understand that failure to abide by the membership policies or other misconduct may disqualify the applicant from membership, or cause their dismissal.

_____ I acknowledge that any uniform, official material or identification issued by St. John Ambulance remains the property of the organization, and must be returned upon resignation, termination, transfer, or on demand.

I give permission for _____
(name in full)

to be a member of the St. John Ambulance Youth Program and consent to him/her taking part in the program activities and events.

_____ **Date** _____
Signature of parent/guardian

I understand and agree to do my best as a member of St. John Ambulance.

_____ **Date** _____
Signature of Applicant (under 18 years of age)

I have provided all necessary information to the applicant and their parent/guardian, and believe they understand all membership requirements.

_____ **Date** _____
Signature of Interviewer

FOR OFFICE USE ONLY

APPLICANT ACCEPTED / REJECTED BY: DIVISION # : REASONS:	APPLICANT NOTIFIED BY (name): DATE: ORIENTATION/TRAINING DATE: PLACEMENT/TRIAL/PROBATION DATE:
---	---

THIS SECTION TO BE COMPLETED ONLY IF APPLICANT HAS BEEN ACCEPTED

MEMBER'S DATE OF BIRTH Day Month Year	IN CASE OF EMERGENCY, NOTIFY: <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Name</td> <td style="width: 40%; border: none;">Address</td> <td style="width: 20%; border: none;"></td> </tr> <tr> <td style="border: none;">Relationship</td> <td style="border: none;">Res. Telephone</td> <td style="border: none;">Bus. Telephone</td> </tr> </table>	Name	Address		Relationship	Res. Telephone	Bus. Telephone
Name	Address						
Relationship	Res. Telephone	Bus. Telephone					
MEMBER'S MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married							

FOR DRIVERS POSITIONS ONLY	
Driver License #	Defensive Driving Certificate? Date <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license, permit or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please attach a record of any accidents or traffic convictions (moving violations only) for the past five (5) years</i>	

AUTHORIZATION FOR POLICE RECORDS CHECK

This request is for a volunteer position with the St. John Ambulance Brigade.

I, the undersigned authorize the local police to release to St. John Ambulance, full disclosure of police information relating to criminal charges and convictions recorded in my name for which a pardon has not been granted.

Please Print

Surname						Given Names		
Maiden name or other names used (if applicable)						Place of Birth		
Date of Birth	YYYY	MM	DD	Sex	Telephone (Res) ()	Driver's License Number		
Address						City	Province	Postal Code

(PROVIDE PREVIOUS ADDRESS IF YOU DID NOT RESIDE AT THE ABOVE ADDRESS FOR MORE THAN FIVE YEARS)

Street	City	Province	Postal Code
--------	------	----------	-------------

Waiver and Release:

I hereby consent to the full disclosure of the following classes of information provided by this process:

- A. Criminal Record (Adult)
- B. Criminal Record (Young Person).*
- C. Records of "Not Guilty by Reason of Mental Competence".
- D. Pending charges and/or complaints under Federal Statutes
- E. Pending charges and/or complaints under the "Child & Family Services Act".
- F. Record(s) of convictions for offences under the "Child & Family Services Act".
- G. Record(s) of traffic accidents/convictions

*Pursuant to section 44(1) of the Young Offenders Act, a young offender record can be made available to the young person to which the record relates and for the purpose of granting a security clearance in accordance with section 44(1)(i) Young Offenders Act.

I hereby release St. John Ambulance, the local police and any other police authorities, from any liability for such disclosure. I understand that this check may involve fingerprinting for the purpose of verification of my identity. I also consent to this procedure should it be required.

Note: The information provided does not necessarily mean the applicant will be disqualified from the position by St. John Ambulance.

Signed this _____ day of _____

Signature of Applicant

Signature - St. John Ambulance Witness

For Police Use Only

SAMPLE

**ST. JOHN AMBULANCE
Volunteer Interview**

Volunteer Name: _____ Date: _____

Interviewer: _____

Section I - SET AGENDA AND PURPOSE FOR THE INTERVIEW

EXAMPLE

Thank you for coming today. Before we begin, I would like to inform you that this interview will take approximately 30 - 45 minutes.

I will ask you a few questions and make a few notes during our interview.

Likewise, you will also be given the opportunity to ask me any questions about joining St. John Ambulance.

Section II - AWARENESS OF ORGANIZATION

Q. *How did you find out about St. John Ambulance?*

FOR INTERVIEWER USE ONLY

-
- | | | |
|---|---|---|
| <input type="checkbox"/> Knows someone in Brigade / Youth | <input type="checkbox"/> Public relations display | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> Knows someone treated by Brigade | <input type="checkbox"/> Therapy Dog | <input type="checkbox"/> Instructor |
| <input type="checkbox"/> Previous member | <input type="checkbox"/> Media | <input type="checkbox"/> Recruiting video |
| <input type="checkbox"/> Attended course | <input type="checkbox"/> Saw Brigade performing community service | <input type="checkbox"/> _____ |

Q. *Have you had a chance to read the Information Package material?*

FOR INTERVIEWER USE ONLY

-
- YES, Any questions? NO, Why not?

Q. *What made you decide to apply to become a St. John Ambulance Brigade volunteer?*

FOR INTERVIEWER USE ONLY

- Career exploration
- Serve the public
- Free time
- “Ambulance chaser”; personal glory; free entertainment; narcissistic; “power-tripping”
- Résumé stuffer; visibility; craves action; employer / school recognition of “good citizenship”
- Co-op requirement
- _____

Q. *What do you perceive the role of a St. John Ambulance Brigade volunteer to be?*
What obligations / activities to you see yourself participating in?

FOR INTERVIEWER USE ONLY

- | | |
|--|--|
| <input type="checkbox"/> Attend weekly meetings | <input type="checkbox"/> Perform community service assignments |
| <input type="checkbox"/> Training and professional development | <input type="checkbox"/> Sporting events |
| <input type="checkbox"/> General administration | <input type="checkbox"/> Parades |
| <input type="checkbox"/> Social interaction with others | <input type="checkbox"/> Concerts and theatres |
| <input type="checkbox"/> Scheduling of upcoming public duties | <input type="checkbox"/> Maintain appropriate physical fitness |
| <input type="checkbox"/> BTS, SFA, CPR certification | <input type="checkbox"/> Visiting isolated persons |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Therapy Dog |

SECTION III - PERFORMANCE FACTORS

Q. *As with all volunteer work, there will be time commitments placed on your schedule.*
How do you plan to add these obligations to your existing schedule?

FOR INTERVIEWER USE ONLY

- Daytime (Monday through Friday) _____
- Evenings (Monday through Friday) _____
- Weekends _____

Q. How will this affect your family / school / other commitments?

FOR INTERVIEWER USE ONLY

- ⇒ 2 hrs / week for meetings ~8 hrs / month
- ⇒ 60 hrs / year for community service ~5 hrs / month
- ⇒ Auxiliary

As applicable, discuss the specific membership obligations the applicant is expected to fulfil. Review any possible limitations which might prevent applicant from fulfilling their role as a St. John Ambulance Brigade volunteer.

Example:

Q. Do you know of any reason or limitation that would prevent you from learning or performing hands-on skills?

To perform independent patient care ⇒ Complete & be certified to BTS - Level I annually

To maintain a minimum training standard ⇒ Successful completion of Standard First Aid

Training & other administrative duties ⇒ Attend Divisional meetings
- Advise if unable to attend

Costs ⇒ Uniform
- Allergies to certain fabrics
- Ethnic or religious requirements
⇒ Training
- Reference textbook
- Standard activity book

Environmental conditions ⇒ Outside in the winter
⇒ Outside in the summer
⇒ Standing or walking for prolonged periods
⇒ In the vicinity of animals
⇒ In the vicinity of tobacco smoke
⇒ In the vicinity of disinfectants and cleaners

Q. *Are there other factors, not already covered, that would affect your performance?*

FOR INTERVIEWER USE ONLY

- NO YES, Explain?

Section IV - REVIEW APPLICATION

Q. (As applicable) *Your application indicates that you have been involved with volunteer work in the past. Can you tell me about your past volunteer experiences?*

(As applicable) *I do not see any other volunteer work on your application. Can you tell me about any volunteer activities you have done in the past while in school or with another organization?*

FOR INTERVIEWER USE ONLY

- name of group
 - where located
 - dates done or still involved
 - why got involved
 - defined responsibilities as well as typical activities and projects
 - time commitment
 - reason for leaving
- Leadership Candidate
Adult / Cadet

- Q. What specific skills, education, abilities, or experience are you bringing with you to St. John?
In what ways do you feel you are suited to work with the St. John Ambulance Brigade?
What strengths do you bring? Weaknesses?
(Position specific) What qualities do you have that are important for a position such as this?**

FOR INTERVIEWER USE ONLY

- languages
- leadership
- administrative
- health care background
- _____

Section V - ABOUT THE APPLICANT

- Q. How do you think other people see you? How would they describe you?**

FOR INTERVIEWER USE ONLY

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> Friendly | <input type="checkbox"/> Organized | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Happy | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Sincere |
| <input type="checkbox"/> Arrogant | <input type="checkbox"/> Honest | <input type="checkbox"/> Patient | <input type="checkbox"/> Superficial |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Humble | <input type="checkbox"/> Punctual | <input type="checkbox"/> Tactless |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Insincere | <input type="checkbox"/> Reliable | <input type="checkbox"/> Tolerant |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Responsible | <input type="checkbox"/> Understanding |
| <input type="checkbox"/> Controlling | <input type="checkbox"/> Judgmental | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Warm |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Lazy | <input type="checkbox"/> Self-conscious | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Easygoing | <input type="checkbox"/> Mature | <input type="checkbox"/> Selfish | |
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Nervous | <input type="checkbox"/> Sensible | |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Opinionated | <input type="checkbox"/> Serious | |

- Q. Are they correct in their perceptions?**

FOR INTERVIEWER USE ONLY

- YES
- NO, Why do you think that is?

Q. What do you expect to achieve through your volunteer experience with St. John Ambulance?

FOR INTERVIEWER USE ONLY

- Career exploration
- Serve the public
- Work experience
- Co-op requirement
- “Ambulance chaser”; personal glory; free entertainment; narcissistic; “power-tripping”
- Résumé stuffer; visibility; craves action; employer / school recognition of “good citizenship”
- _____

Section VI - EXPOSURE TO FIRST AID & HEALTH RELATED MATTERS

Q. (As applicable) Have you ever had to directly care for someone who was seriously ill or injured?

(As applicable) **What has been the most serious injury / accident you have ever personally witnessed?**

FOR INTERVIEWER USE ONLY

- ⇒ type of illness / injury
- ⇒ history of event
- ⇒ extent of involvement (witness, helper, first aider)
- ⇒ how felt
- ⇒ what they did
- ⇒ outcome of event

Section VII - TRAVEL

Q. The convenience of travel is a factor that often affects involvement and commitment to an organization. How far do you have to travel in relation to meeting location? Possible community service locations?

FOR INTERVIEWER USE ONLY

Based on known traffic/transit conditions regularly expected at the time of day meeting / event held:

- Low risk - travel expected to take < 20 minutes one way.
- Medium Risk - travel expected to take 20 - 40 minutes one way.
- High Risk - travel expected to take + 40 minutes one way.

Q. *How do you plan to travel to / from your Divisional meetings / assignments?*

FOR INTERVIEWER USE ONLY

Based on known traffic/transit conditions regularly expected at the time of day meeting / even held:

- Low risk - has reliable private transportation or within walking distance in an emergency.
- Medium risk - must rely on public transportation, but on major direct route.
- High risk - Must rely on public transportation, with multiple connections.

Section VIII - LIMITATIONS

Q. (As applicable) *A requirement of membership to St. John is to help anyone in need, regardless of any other consideration, except that of personal safety (i.e. violence or civil disturbance).*

Would you find it difficult to assist in any of the following situations? Why?

FOR INTERVIEWER USE ONLY

If asked, assure candidate that protective barrier (gloves, masks) are required during treatment.

	OK	Prefer Not	Difficulty
(a) a young child who is seriously injured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) senior citizens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) people of the opposite sex (M/F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) people of visible minorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) people with lower social or financial status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) people with different/poor language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) people with different race to yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) people of different political beliefs to yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) people of different religious beliefs to yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) people with mental or physical challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) people confined to a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) people with a known criminal past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m) people of a different sexual preference to yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(n) people who drink or use drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section IX - CLOSURE

EXAMPLE

As part of our screening process, candidates are required to complete a Police Records Check and provide three references.

- ⇒ Ask candidate to fill out Authorization for Police Records Check. Interviewer witnesses form and keeps form for processing.
- ⇒ Check reference addresses if mailing reference forms *or*
- ⇒ Give candidate three reference check forms and ask candidate to distribute. (Referees to return forms directly).

Q. *Do your references know you are applying to join St. John Ambulance?*

FOR INTERVIEWER USE ONLY

NO

YES

Section X - CANDIDATE CONCERNS / QUESTIONS

Q. *Do you have any concerns or questions?*

Sample letter to accompany REFERENCE FORM

(On letterhead)

To the person providing a reference for

St. John Ambulance is a national, voluntary agency founded in Canada over 110 years ago. Our mission is to enable Canadians to improve their health, safety and quality of life by providing training and community service.

The St. John Ambulance Brigade has volunteer programs for both youth and adults, focusing on the provision of first aid and health care at public events. Brigade members are the link between the occurrence of injury or illness and the arrival of medical assistance. St. John Ambulance Brigade volunteers are often placed in positions of significant trust with vulnerable people. For this reason, our volunteers are screened carefully to ensure that they are suitable candidates prior to being accepted into our program. By providing a reference, you would be assisting in this process.

The above-named applicant has provided your name as a reference. You will find attached a reference form which you are asked to complete and ***return directly to us by mail or fax to the address / fax number below***. I would appreciate it if you would complete this form as soon as possible as references must be completed before a candidate can be accepted as a St. John Ambulance Brigade volunteer.

If you have any concerns or questions, please feel free to contact me.
Any information that you provide will be dealt with in a confidential manner. Thank you in advance for your cooperation.

Sincerely,

Recruiting Officer/ Volunteer Director

(Return address)
(Fax #)

Sample

**ST. JOHN AMBULANCE
Volunteer Reference Form**

PLEASE PRINT.

Name of person giving reference _____

Address _____
(number & street) (city) (Province) (postal code)

Res. Telephone _____ Bus. Telephone _____

PLEASE ANSWER THE FOLLOWING *TO THE BEST OF YOUR KNOWLEDGE*.

1. How well do you know the applicant?
Slightly ___ A little well ___ Quite well ___
2. How long have you known the applicant? _____
3. In what capacity have you known the applicant? What is your relationship to this person? (Friend? Service Club? Work? Please specify.)

4. Below, please check **ONLY** those characteristics you have had the opportunity to observe.

<input checked="" type="checkbox"/>	Poor	Fair	Good	Excellent	No Knowledge
Ability to get along with others					
Emotional stability					
Dependability					
Initiative					
Integrity					
Assertiveness					
Capacity to assist people					
Problem-solving ability					
Adaptability					
Willingness to accept direction					
Personal appearance					
Ability to express opinions constructively					
Respect for others					
Leadership qualities					
Ability to maintain composure in stressful situations					
Perseverance with regard to difficult tasks					

Appendix 6
to StJCI 2-9-2, Annex A

5. Please check any of the following personality traits which best describe the applicant:

Active	Friendly	Organized	Shy
Aggressive	Happy	Outgoing	Sincere
Arrogant	Honest	Patient	Superficial
Caring	Humble	Punctual	Tactless
Compassionate	Insincere	Reliable	Tolerant
Confident	Irresponsible	Responsible	Understanding
Controlling	Judgmental	Self-confident	Warm
Domineering	Lazy	Self-conscious	Withdrawn
Easygoing	Mature	Selfish	Other (please specify)
Energetic	Nervous	Sensible	_____
Flexible	Opinionated	Serious	_____

6. What are the applicant's personal strengths?

7. What are the applicant's personal limitations?

8. How well does the applicant work with others?

Extremely well Well Average Marginally Poorly

Comments _____

9. How effectively does the applicant work independently?

Extremely well Well Average Marginally Poorly

Comments _____

10. Being a St. John Ambulance Brigade volunteer involves working with, and in some positions, providing first aid treatment for anyone in need, regardless of any other consideration except that of personal safety (i.e. violence or civil disturbance). This includes people of all ages from young children to senior citizens. It also includes no regard for their creed, colour, ethnic origin, gender, social status, or disability. Do you know of any reason, limitation, or situation that makes you feel the applicant would have difficulty providing assistance to a total stranger?

11. **Some positions require approximately forty hours of initial training, regular weekly attendance at meetings (about two hours per week) and an average of five additional hours of volunteer work per month. Do you feel the applicant will have sufficient time to make a meaningful contribution to St. John Ambulance without sacrificing their other obligations?**

YES / NO (Please give reason for your answer)

11. **Would you choose this applicant to help YOU or your child if the need arose?** (Why or why not?)

12. **Would you recommend this applicant as a St. John Ambulance Brigade volunteer?** (Why or why not?)

Signature: _____ **Date:** _____

Position/Occupation: _____

Home phone # _____ **Work phone #** _____

THANK YOU FOR YOUR ASSISTANCE.

**PLEASE RETURN THE COMPLETED FORM DIRECTLY TO
ST. JOHN AMBULANCE.**

DO NOT RETURN THIS FORM TO THE APPLICANT FOR HAND DELIVERY.

(Place your District address, fax # and contact name here)

Sample

ST. JOHN AMBULANCE
Volunteer Screening Process Evaluation Form

We try to offer the best program possible to our volunteers. Your feedback will help us to do so.

Q. In which of the following activities have you participated as a volunteer of the St. John Ambulance Brigade?

-
- | | |
|--|--|
| <input type="checkbox"/> Attend weekly meetings | <input type="checkbox"/> Perform community service assignments |
| <input type="checkbox"/> General administration | <input type="checkbox"/> BTS, SFA, CPR certification |
| <input type="checkbox"/> Parades | <input type="checkbox"/> Concerts and theatres |
| <input type="checkbox"/> Sporting events | <input type="checkbox"/> Therapy Dog |
| <input type="checkbox"/> Visiting isolated persons | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Training and professional development | _____ |

Q. Do you enjoy the volunteer work you do with the St. John Ambulance Brigade?

- YES NO Please explain:

Q. Do you feel you received enough information and support from our Divisional/Branch office regarding volunteering with the St. John Ambulance Brigade?

- YES NO Please explain:

Q. Do you feel the orientation and training you received prepared you for your volunteer work with the St. John Ambulance Brigade?

- YES NO Please explain:

Q. Can you suggest any changes to our application/screening process that may have made your initial experience more satisfying?

YES NO Please explain:

Q. Did you encounter any problems with the application process that we should be made aware of and that you have not already reported?

YES NO Please explain:

Q. Can you suggest any changes to our application/recruitment process that would improve our volunteer program?

YES NO Please explain:

Q. Would you recommend volunteering for the St. John Ambulance Brigade to a friend?

YES NO Please explain:

Q. Can you suggest ways we might recruit new volunteers?

YES NO Please explain:

We welcome any other comments you might want to make about the process of becoming a St. John Ambulance Brigade volunteer, or about your involvement as a volunteer.

Sample

ST. JOHN AMBULANCE
Volunteer Performance Appraisal Form

Volunteer's Name _____ Date _____

Title _____ Supervisor _____

Division _____

INSTRUCTIONS

This form is to be used for appraisal of all volunteers.
The position description of the volunteer is to be used as an evaluation tool.
Comments must accompany any Exceeds Requirements or Unsatisfactory rating.
When completed, this form is forwarded to the Director of Volunteer Support.

PERFORMANCE AREAS

If additional space is required, please attach sheet.

1. Knowledge of position and application. Possesses the information concerning duties, responsibilities and first-aid skills to perform assignments competently.

Exceeds Requirements Meets Requirements Does Not Meet Requirements Unsatisfactory

Provide examples:

2. Planning and organization. Plans work to meet Divisional goals; appropriate organization of work and utilization of time and resources to ensure goals are met.

Exceeds Requirements Meets Requirements Does Not Meet Requirements Unsatisfactory

Provide examples:

Appendix 8
to StJCI 2-9-2, Annex A

3. Initiative. Suggests and/or takes appropriate action independently, self-starter, enthusiastic performance with minimum instruction/supervision.

Exceeds Requirements Meets Requirements Does Not Meet Requirements Unsatisfactory

Provide examples:

4. Team player. Co-operating and working with others to meet goals both within and beyond one's area of responsibility; promoting unity and trust with all members and volunteers.

Exceeds Requirements Meets Requirements Does Not Meet Requirements Unsatisfactory

Provide examples:

5. Adaptability/Flexibility. Demonstrates willingness and ability to accept and apply new methods and techniques to performance of work. Is able to effectively deal with people and events; adapts to change; judgement and decision-making remain intact under stress.

Exceeds Requirements Meets Requirements Does Not Meet Requirements Unsatisfactory

Provide examples:

6. Interpersonal Skills. Ability to positively relate to all levels of staff, volunteers and general public. Demonstrates sensitivity in interactions; reacts to non-verbal feedback and responds appropriately; understands sensitive issues, acts accordingly; effective with both individuals and groups.

Exceeds Requirements Meets Requirements Does Not Meet Requirements Unsatisfactory

Provide examples:

7. Quality of work. Overall quality of work performed. Maintains high standards, takes pride in volunteering.

Exceeds Requirements Meets Requirements Does Not Meet Requirements Unsatisfactory

Provide examples:

8. Judgement. Formation of a sound opinion by careful study of available facts and options.

- Exceeds Requirements Meets Requirements Does Not Meet Requirements Unsatisfactory

Provide examples:

9. Development of volunteers/Leadership. Develops the skills and competence of volunteers through coaching, training and development activities. Demonstrates ability to instil enthusiasm, loyalty and commitment in volunteers. Provides effective direction and support.

- Exceeds Requirements Meets Requirements Does Not Meet Requirements Unsatisfactory

Provide examples:

10. Communication (verbal & written). Clearly expresses ideas and concepts; encourages two-way conversations; gives effective presentations (when required); effective listening skills; consistently shares information.

- Exceeds Requirements Meets Requirements Does Not Meet Requirements Unsatisfactory

Provide examples:

11. Attendance/Participation. Regularly attends and participates at Divisional meetings.

- Exceeds Requirements Meets Requirements Does Not Meet Requirements Unsatisfactory

Provide examples:

12. Other.

	N/A	YES	NO	Comments
Has completed First Aid Certification <u>Level(s)</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has attended orientation	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has attended an organized leadership course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has successfully conducted a divisional meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has worked with cadets on community service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has participated in program planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has oriented new members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has assisted with record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has supervised community service coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Reviewer's comments

Volunteer's comments

Recommendations

- | | | |
|--|---|-------------|
| <input type="checkbox"/> Continue volunteer work | <input type="checkbox"/> To be re-appraised | Date: _____ |
| | <input type="checkbox"/> Transfer | To: _____ |
| | <input type="checkbox"/> Dismiss | Date: _____ |

Signature of reviewer _____ Date _____

Title _____

This evaluation has been discussed with me and a copy has been given to me.

Volunteer's signature _____ Date _____

Signature of reviewer _____

SAMPLE

**ST. JOHN AMBULANCE
Volunteer Exit Interview**

f

Volunteer's Name _____ Date _____

Title _____ Supervisor _____

Division _____

INSTRUCTIONS

This form is to be used for all volunteers leaving service.
Interview is to be conducted by someone other than the volunteer's immediate supervisor.
When completed, this form is forwarded to the Provincial/Territorial Commissioner.

Section I - SET AGENDA AND PURPOSE FOR THE INTERVIEW

EXAMPLE

Thank you for coming today. Before you leave, we would like your input on how we can offer our volunteers the best volunteer experience.

I will ask you a few questions and make a few notes during our conversation.

Likewise, you will be given the opportunity to ask me any questions.

Section II - REASONS FOR LEAVING

Q. *Why are you leaving St. John Ambulance?*

FOR INTERVIEWER USE ONLY

-
- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Unable to meet obligations | <input type="checkbox"/> Personal situation changed | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Conflict with another member | <input type="checkbox"/> Lost interest | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Lack of promotional opportunities | <input type="checkbox"/> Lack of recognition | <input type="checkbox"/> Other |
| <input type="checkbox"/> Conflict with supervisor | <input type="checkbox"/> Illness | _____ |
| <input type="checkbox"/> Poor leadership | <input type="checkbox"/> Training demands | _____ |

Q. ***What changes would you recommend to make St. John a better place to volunteer?***

FOR INTERVIEWER USE ONLY

-
- | | |
|--|--|
| <input type="checkbox"/> More recognition | <input type="checkbox"/> Improve communication |
| <input type="checkbox"/> Uniform changes | <input type="checkbox"/> Other |
| <input type="checkbox"/> Leadership skills | |
-

Q. ***What did you like least about your volunteer experience with St. John?***

FOR INTERVIEWER USE ONLY

-
- | | | |
|---|---|--|
| <input type="checkbox"/> Too many “cliques” | <input type="checkbox"/> Unreasonable demands | <input type="checkbox"/> Too much “red tape” |
| <input type="checkbox"/> Last minute requests | <input type="checkbox"/> Not enough recognition | <input type="checkbox"/> Other |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Training demands | |
-

Q. ***What did you like best about your volunteer experience with St. John?***

FOR INTERVIEWER USE ONLY

-
- | | | |
|--|--|---|
| <input type="checkbox"/> Team work | <input type="checkbox"/> Sense of giving to community | <input type="checkbox"/> Skills learned |
| <input type="checkbox"/> Made many friends | <input type="checkbox"/> Great volunteer opportunities | <input type="checkbox"/> Other |
| <input type="checkbox"/> Recognition | <input type="checkbox"/> Experience gained | |
| <input type="checkbox"/> Leaders | <input type="checkbox"/> Uniform | |
-
-

Q. (If applicable) ***Would you consider rejoining if circumstances changed?***

-
- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> YES, Why | <input type="checkbox"/> NO, Why? |
|-----------------------------------|-----------------------------------|

Q. ***Would you recommend the St. John Ambulance Brigade as a good place to volunteer?***

-
- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> YES, Why | <input type="checkbox"/> NO, Why? |
|-----------------------------------|-----------------------------------|

DISCIPLINE AND GRIEVANCE PROCEDURES

GENERAL

1. It is expected that all Brigade members will do their utmost to fulfill the objectives of the St. John Ambulance Brigade, and that they will act in a manner becoming a St. John Ambulance Brigade volunteer. As the most highly visible members of St. John Ambulance, Brigade members must reflect a positive image of the organization at all times.

MEMBERS' OBLIGATIONS

2. By virtue of their membership in the Brigade, all members have the following obligations:
 - a. to read, become familiar and comply with *St. John Canada Instructions - Part 2: Volunteers*, and with all provincial/territorial, area or divisional rules or directives;
 - b. to assist in maintaining the loyalty, goodwill and image essential to the well-being of the Brigade; and to carry out duties with enthusiasm, efficiency, decency, integrity and honesty, and in accordance with the law; and
 - c. to participate in training provided by St. John Ambulance, to the level required for the community services performed.
3. All members are expected to carry out the duties assigned to them by their senior officers. All officers and others appointed to positions of authority are expected to exercise leadership, tact, patience and understanding towards all members under their guidance, and to ensure they are trained to required standards and educated regarding their obligations.
4. While performing community service, Brigade members are prohibited from activities that jeopardize the reputation of St. John Ambulance, including but not limited to the following:
 - a. smoking;
 - b. consuming alcoholic beverages,
 - c. arriving intoxicated at a duty;
 - d. furthering the objectives of any particular political party or lending support to individual candidates during political elections.

SENIORITY

5. The Brigade member in charge of a duty will be designated. In the absence of this designation, the Brigade member in charge in any Brigade duty situation will be, in order of precedence:
 - a. the senior officer,
 - b. the senior non-commissioned officer,
 - c. the senior member.

Note that decisions affecting health care may be made by health care professionals.

6. Youth Leaders (Crusader or Cadet Officers) are responsible for the welfare and behaviour of all youth present on a public duty. Where a youth leader is not present, the officer in charge will assume this responsibility.
7. On joint public duties, the service of all assigned units will be coordinated, and the officers in charge of each unit will be responsible to the officer appointed in charge of the duty.
8. Officers holding active appointment take seniority over supernumerary officers and officers on the Supplementary List.

CAUSE FOR DISCIPLINE

9. It is appropriate to initiate disciplinary actions against members if:
 - a. they contravene the prohibitions imposed on members (paragraph 4);
 - b. they fail to carry out their responsibilities, as stated in StJCI 2-1-1 (paragraphs 6 and 7)
 - c. they demonstrate behaviour unbecoming to a Brigade member.
10. All disciplinary actions must be carried out in a professional manner, causing no undue embarrassment or humiliation to any party. The member being disciplined should be interviewed in private by a senior officer, and should be prepared to rectify their behaviour.

CAUSE FOR DISMISSAL

11. Members may be dismissed if:
 - a. they are unable, for any reason, to fulfill their obligations;

- b. they have been convicted either by a Court of Criminal Justice or a Court Martial;
 - c. they have acted in a manner detrimental to St. John Ambulance, the Brigade or the unit to which they belong.
12. Dismissal of volunteers will be a last resort, applied only when other available and appropriate approaches have been attempted and failed. Dismissal will take place only after consultation with the volunteer and the volunteer's immediate supervisor, whenever possible.
13. The dismissal of members for cause in positions below Provincial/Territorial Commissioner may be approved by the Provincial/Territorial Commissioner. All positions of Provincial/Territorial Commissioner and above require the approval of the National Commissioner. In all cases, notification of dismissal must be forwarded to the attention of the National Commissioner.

PROGRESSIVE DISCIPLINE

14. Discipline of volunteers will adhere to the following St. John Ambulance progressive discipline process:
- a. Initial contact may be verbal and should be conducted in private. The verbal warning should be documented.
 - b. If no change has resulted, a written warning should be given, by recapturing the verbal warning and clearly defining expectations and any penalty for not changing. A copy of the letter should be placed on file and sent to the Provincial/Territorial Commissioner.
 - c. If, after a reasonable time period, there is still no change, recourse is to the next senior officer (ie. Division, Area, Provincial/Territorial, National). Regardless of which officer has been contacted, copies of all correspondence must be forwarded to all involved subordinate officers as a courtesy and to keep them informed.
 - d. If the disciplinary issue reaches the level of the Provincial/Territorial Commissioner, the Provincial/Territorial Commissioner has the authority to dismiss the volunteer in question. In all cases, care must be taken to ensure that:
 - the progressive discipline process outlined has been followed, and adequate documentation exists;
 - all efforts to resolve the situation at the local level have been made;
 - there has been no violation of any member's human rights; and
 - notification of the dismissal is forwarded to the attention of the National Commissioner.

COMPLAINTS AND GRIEVANCES

15. A complaint may be made verbally or in writing, and every effort must be made to deal with it. A grievance must be made in writing, and must follow the procedure outlined in paragraphs 16 and 17.

GRIEVANCE PROCEDURE

16. All Brigade members, at any level within the Brigade, have the right to place a grievance and to be treated in a fair and equitable manner. The following grievance procedure is based on the fundamental values of respect for the individual, and exists so that members can air problems and have an avenue to solve them:
 - a. Every effort must be made to solve problems co-operatively and informally before being presented as a formal grievance.
 - b. Every effort must be made to achieve speedy and effective resolution at the lowest levels of supervision.
 - c. All grievances must receive thoughtful consideration and must be discussed with the complainant.
 - d. A grievance by an individual must be conveyed, in writing, directly to their immediate supervisor, who will determine appropriate action.
 - e. A grievance involving the immediate supervisor must be conveyed, in writing, to that person's immediate supervisor, who will determine appropriate action.
 - f. A grievance involving another person should be conveyed directly to the person(s) involved. The presence of the immediate supervisor may be requested.
 - g. All grievances must be treated as confidential.
 - h. An officer receiving a grievance, after considering all the available relevant information, and discussing it with the complainant, must attempt to deal with it by:
 - negotiating a solution with the complainant;
 - calling in a third party to assist in negotiations;
 - disciplining the offender, if appropriate; or
 - dismissing the grievance as unfounded.
 - i. If the officer is unable to resolve the issue, it should be submitted in writing to the next senior officer. Copies of all correspondence must be forwarded to all involved subordinate parties as a courtesy and to keep them informed.
 - j. All attempts at resolution may include examination of Brigade reports, signed statements or oral testimony.

17. The National Commissioner may be contacted, in writing, if the following conditions apply:
 - a. the grievance procedure outlined above has been followed;
 - b. all efforts to resolve the situation at the local level have been made;
 - c. both the Provincial/Territorial Commissioner and the Council President have been informed and have attempted to solve the issue; and
 - d. there has been no violation of any member's human rights.

AUTHORITY OF THE NATIONAL COMMISSIONER

18. The National Commissioner has the authority to remove from the roll of the Brigade any member, other than a Senior Officer, whose conduct or influence is, or is likely to be, prejudicial or injurious to St. John Ambulance, the Brigade or their unit. This authority is delegated to Provincial/Territorial Commissioners operationally, as indicated in paragraph 13. In the case of a Senior Officer, the National Commissioner must submit a recommendation to Priory Council for their removal (see StJCI 2-3-2, paragraph 29).
19. The National Commissioner may choose to convene a Committee of Investigation if the complaint remains unresolved. The Committee should consist of a chairperson and at least two other members who are senior to any member under investigation. It is beneficial to have a mix of Committee members by location and by gender. The terms of reference of the Committee will be determined by the National Commissioner, to whom all findings and recommendations will be reported. The ruling of the National Commissioner on the findings and recommendations will be final.

POSITION DESCRIPTIONS

GENERAL

1. The Brigade comprises several functional areas, which may or may not be required at each level within the Brigade hierarchy. Position descriptions for each functional area provide a framework and general guidance to enable the assigned member to carry out their duties most effectively.
2. The remainder of this chapter (2-11-1 to 2-11-7) are generic position descriptions for the following positions:

Medical Officers	(2-11-1)
Nursing Officers	(2-11-2)
Training Officers	(2-11-3)
Youth Officers	(2-11-4)
Administrative Officers	(2-11-5)
Divisional Superintendents	(2-11-6)
Provincial/Territorial Commissioners	(2-11-7)

3. Provincial/Territorial Commissioners are encouraged to modify the position descriptions to correspond to the appropriate level, and to be amenable to the needs of Brigade Units within their jurisdiction. This includes developing position descriptions, as required, for positions other than those listed in paragraph 2.
4. National Brigade Officers are members of Priory Chapter. Their position descriptions are provided to them by the National Nominating Committee.
5. Although officers in administrative positions do not require first aid skills as a qualification, it is highly commendable for them to obtain certification in Standard First Aid.

SUCCESSION PLANNING

6. Succession planning means identifying members with appropriate attitudes, interests and leadership potential to replace officers at all levels as their terms expire.
7. Officers at all levels should encourage the development of leadership and other necessary skills for their potential replacements.

MEDICAL OFFICERS

GENERAL

1. The role of Medical Officers is to provide direction and assistance on medical matters to officers and members of the St. John Ambulance Brigade. The Medical Officer is part of a management team, and is expected to work in a mutually supportive and beneficial role.

QUALIFICATIONS

2. Medical Doctors (MDs) must have the following qualifications to act in their professional capacity or attend a Brigade duty as a caregiver:
 - a. be actively practising their profession;
 - b. hold a current valid license in the province or territory of membership (a license from any province/territory is acceptable if performing administrative duties only); and
 - c. hold a valid Standard First Aid (triennial) and CPR (Level C - annual) certificate (BTS is optional).
3. To provide independent patient care, MDs must be certified to a minimum of BTS Level 1. This may be achieved through one of the following ways:
 - a. challenge the BAP through the Comprehensive Challenge Assessment Process (see StJCI 2-4-5, paragraphs 5 and 6);
 - b. complete the BTS training and BAP evaluation; or
 - c. submit a request for equivalency to the Provincial/Territorial Medical Officer (equivalency will be considered, with no testing, for an MD in active clinical practice combined with a thorough and proficient knowledge of BTS).

FUNCTIONS

4. All Medical Officers are subject to the same rules and regulations as all other members of the Brigade, as set out in StJCI: Part 2.
5. Medical Officers are directly responsible to the Commissioner/Superintendent at their appointed level. Medical Officers are also responsible to their next senior MO, and are therefore entitled to communicate directly with this officer on professional and first aid matters.
6. The suggested functions of Medical Officers encompass the following:

- a. to advise and make recommendations to the Commissioner/Superintendent on all matters of a medical nature, in accordance with national guidelines;
- b. to provide medical guidance and direction to Brigade officers and members through individual discussion, group talks and written materials;
- c. to have a detailed knowledge of the Brigade Training System, oxygen therapy and the StJCI: Part 2 - Volunteers, and to be accurate in their functioning with respect to each other;
- d. in cooperation with Brigade Training and Nursing Officers, to ensure the application of national standards by Brigade members in the training, assessment and delivery of patient care services (first aid, CPR and health care) to the community; and to assist in the development and maintenance of a cadre of BTS Instructors and BAP Evaluators;
- e. in cooperation with Divisional Superintendents, to provide advice on the fitness of any Brigade member to perform duties, and to record the limitations of any member unable to perform all aspects of any duty;
- f. to regularly visit Brigade members on public duty to monitor the quality of patient care and to provide professional advice to them;
- g. to conduct periodic review of patient treatment records;
- h. to act as a judge/professional resource person for Brigade patient care competitions (BTS-qualified MOs);
- i. to inspect and advise on medical equipment and supplies in first aid posts and in mobile units;
- j. to provide direction and assistance on the application of the Critical Incident Stress (CIS) program after suitable training;
- k. to assist in emergency and disaster response planning, practices and operations;
- l. to instruct or supervise the instruction of the Oxygen Administration program and member evaluation;
- m. to attend such meetings or special events as may be required, and as part of a management team;
- n. to recommend new physicians for Brigade membership where required and to help in their orientation as Brigade MOs;
- o. to represent the Brigade on the Council Medical or Professional Advisory Committee, as applicable; and
- p. to promote and enhance the image of St. John Ambulance as a charitable organization dedicated to its mission.

NURSING OFFICERS

GENERAL

1. The role of Nursing Officers is to provide direction and assistance on health care matters to officers and members of the St. John Ambulance Brigade. The Nursing Officer is part of a management team, and is expected to work in a mutually supportive and beneficial role.

QUALIFICATIONS

2. Registered Nurses (RNs) must have the following qualifications to act in their professional capacity or attend a Brigade duty as a caregiver:
 - a. be currently practising Nursing or have practised Nursing within the past five years;
 - b. hold a current valid license in the province or territory of membership (a license from any province/territory is acceptable if performing administrative duties only);
 - c. hold a valid Standard First Aid (triennial) and CPR (Level C - annual) certificate (BTS is optional); and
 - d. have knowledge of the Brigade Training System, the Cadet Proficiency Program, the Nursing Bursary Program, and St. John Ambulance health care training programs.
3. To provide independent patient care, RNs must be certified to a minimum of BTS Level 1. This may be achieved through one of the following ways:
 - a. challenge the BAP through the Comprehensive Challenge Assessment Process (see StJCI 2-4-5, paragraphs 5 and 6);
 - b. complete the BTS training and BAP evaluation; or
 - c. submit a request for equivalency to the Provincial/Territorial Medical Officer (equivalency will be considered for an RN in active clinical practice combined with a thorough and proficient knowledge of BTS, with no testing).

FUNCTIONS

4. All Nursing Officers are subject to the same rules and regulations as all other members of the Brigade, as set out in StJCI: Part 2.
5. Nursing Officers are directly responsible to the Commissioner/Superintendent at their appointed level for the development, organization, administration and execution of the policies and programs required by them. Nursing Officers are

responsible to and entitled to communicate directly with their next senior Nursing Officer on professional and first aid policies and programs that influence their roles and responsibilities.

6. The primary role of the Nursing Officer is the promotion of health of Brigade members, and is achieved independently or in collaboration with others by:
 - a. providing an environment that supports health;
 - b. encouraging behaviours that support health; and
 - c. providing professional services that support health.

 7. The secondary role of the Nursing Officer is to ensure that the delivery of patient care services by Brigade members is of the highest possible standard. This is achieved independently or in collaboration with others by:
 - a. acting as a professional resource for instructional sessions of the Brigade Training System;
 - b. reviewing Patient Care Records to provide remedial support and enhanced learning opportunities for Brigade members;
 - c. acting as a professional resource for Brigade Patient Care Competitions; and
 - d. monitoring the quality of patient care services provided by attending public duties.

 8. The Nursing Officer, either independently or in collaboration with others, will develop policies and programs that are aimed at improving the quality of health of Brigade members by dealing with management, social, behavioural and environmental issues. As a minimum, the Nursing Officer will develop policies and programs that:
 - a. ensure a safe working environment for Brigade members by providing education on workplace hazardous materials and by setting policies with respect to safety clothing, barrier devices, etc.;
 - b. foster a strong and supportive sense of family and belonging;
 - c. provide education on the health risks of tobacco, alcohol and other substances;
 - d. provide education on general wellness topics including nutrition, physical activity, and communicable diseases including sexually transmitted diseases and immunization;
 - e. provide support systems and networks to deal with critical incident stress; and
 - f. encourage Brigade members to use the professional expertise of a Nursing Officer as a resource for dealing with Brigade, personal, or family concerns.
-

TRAINING OFFICERS

GENERAL

1. The role of Training Officer is to develop, coordinate and implement all training for their Brigade Unit, and to ensure that all members within their Brigade Unit are appropriately trained and qualified to provide the community service for which they volunteer, whether it is a patient care or community care service. The Training Officer is part of a management team, and is expected to work in a mutually supportive and beneficial role.

QUALIFICATIONS

2. Training Officers should have the following qualifications:
 - a. experience with education techniques;
 - b. knowledge of patient care competitions;
 - c. knowledge of emergency planning (for patient care oriented units);
 - d. experience in the area of leadership development (preferable); and
 - e. minimum age of 18 years.

FUNCTIONS

3. All Training Officers are subject to the same rules and regulations as all other members of the Brigade, as set out in StJCI: Part 2.
4. Training Officers are directly responsible to the Commissioner/Superintendent in their appointed level. Training Officers are also responsible to their next senior Training Officer, and are therefore entitled to communicate directly with this officer on training matters.
5. Specifically within the context of the Brigade Training System for patient care services, the duties of the Training Officer encompass the following:
 - a. planning, organizing, managing and monitoring the ongoing training of the individual Brigade member and the training program as a whole;
 - b. arranging for appropriate Instructors and Evaluators for their respective Units;
 - c. ensuring that remedial requirements for individual members are undertaken; and
 - d. ensuring training weaknesses within their Brigade Unit are identified and corrective measures are undertaken.

6. The Training Officer is also responsible, either independently or in collaboration with others, for the development, coordination and implementation of training in areas not specific to patient care services (e.g. specific community care services such as the Therapy Dog program, leadership, youth development, critical incident stress, etc.).
7. Duties of the Training Officer also encompass:
 - a. maintaining current knowledge of all relevant training programs, and advising members of changes;
 - b. providing individual assistance for members having difficulty in specific areas of training;
 - c. making necessary preparations for competitions and exercises in an effort to prepare members for actual scenarios in the field and for annual evaluations;
 - d. monitoring members on a regular basis to ensure that all members are practising safe and appropriate patient care in the field;
 - e. providing opportunities for earning Cadet proficiencies within the Cadet program;
 - f. arranging for guest speakers on selected topics;
 - g. assisting with the development and implementation of emergency planning initiatives;
 - h. consulting with Nursing and Medical Officers for advice and training assistance; and
 - i. liaising with other Training Officers to identify new and potential initiatives.

YOUTH OFFICERS

GENERAL

1. The role of Youth (Cadet) Officers is to provide a full, interesting environment for personal development for the youth members of St. John Ambulance within their jurisdiction, including Juniors, Cadets and Crusaders. The Youth (Cadet) Officer is part of a management team, and is expected to work in a mutually supportive and beneficial role.

QUALIFICATIONS

2. Youth (Cadet) Officers must have the following qualifications:
 - a. minimum Standard First Aid certification;
 - b. minimum age 18 years (21 years for Cadet Superintendent);
 - c. knowledge and skills in youth leadership, acceptable to the Provincial/ Territorial Commissioner.

FUNCTIONS

3. All Youth (Cadet) Officers are subject to the same rules and regulations as all other members of the Brigade, as set out in StJCI: Part 2.
4. Youth (Cadet) Officers are directly responsible to the Commissioner/ Superintendent at their appointed level for the development, organization, administration and implementation of the programs required by them. Youth (Cadet) Officers are responsible to and entitled to communicate directly with their next senior Youth (Cadet) Officer on programs that influence their roles and responsibilities.
5. Within the context of the Youth Program, the duties of the Youth (Cadet) Officer encompass:
 - a. designing and ensuring implementation of youth program appropriate to the age group (Juniors, Cadets, Crusaders);
 - b. arranging for all aspects of youth camps within their jurisdiction, or for their members to attend youth camps outside their jurisdiction;
 - c. arranging for field trips, seminars, workshops and displays, as part of the youth program;
 - d. providing opportunities for youth to earn Cadet proficiency subjects;
 - e. making necessary preparations for competitions in an effort to prepare youth members for actual scenarios in the field;
 - f. arranging for all aspects of enrollment and awards ceremonials; and
 - g. providing an upstanding example to every youth member.

6. The Youth (Cadet) Officer is also responsible, either independently or in collaboration with others, for the following:
 - a. ensuring the youth program within their jurisdiction receives positive public relations; and
 - b. developing and implementing an effective recruitment program for both youth members and youth leaders.

ADMINISTRATIVE OFFICERS

GENERAL

1. The role of Administrative Officers is to implement all administrative policies within their Unit, and to assist the Commissioner/Superintendent in all administrative matters related to their Unit. The Administrative Officer is part of a management team, and is expected to work in a mutually supportive and beneficial role.

QUALIFICATIONS

2. Administrative Officers must have the following qualifications:
 - a. minimum 18 years of age;
 - b. thorough knowledge of all Brigade policies and procedures;
 - c. computer skills (optional, dependent on Unit requirements).

FUNCTIONS

3. All Administrative Officers are subject to the same rules and regulations as all other members of the Brigade, as set out in StJCI: Part 2.
4. Administrative Officers are directly responsible to the Commissioner/Superintendent in their appointed level. Administrative Officers are also responsible to their next senior Administrative Officer, and are therefore entitled to communicate directly with this officer on administrative matters.
5. Duties of Administrative Officers are to:
 - a. maintain current knowledge of Brigade policies and procedures, and keep their Unit members aware of all amendments;
 - b. complete all written reports, forms, minutes, records and returns; and file, submit or post as required and on a timely basis;
 - c. maintain and submit up-to-date records for every member in their Unit, according to details outlined in StJCI 2-8-1 on Personnel Administration;
 - d. monitor member records to ensure every member has received their appropriate service awards (see StJCI 2-6-1 on Awards);
 - e. provide statistics to other officers within their Unit or higher Units, as requested, on such things as the number of members, hours of service, status of members and training qualifications; and
 - f. maintain a central filing system for all Unit correspondence, records and minutes.

DIVISIONAL SUPERINTENDENTS

GENERAL

1. The role of Divisional Superintendents is to organize their Division to ensure a smooth and effective team operation, and to represent the interests of their Division at all times. The Divisional Superintendent is part of a management team, and is expected to work in a mutually supportive and beneficial role, while providing leadership to the management team.

QUALIFICATIONS

2. Divisional Superintendents should have the following qualifications:
 - a. minimum 18 years of age;
 - b. thorough knowledge of all Brigade policies and procedures;
 - c. knowledge and skills in leadership, acceptable to their next senior officer;
 - d. business management skills.

DUTIES

3. All Divisional Superintendents are subject to the same rules and regulations as all other members of the Brigade, as set out in StJCI: Part 2.
4. Divisional Superintendents are directly responsible to the Corps Superintendent /Area Commissioner/Provincial Commissioner.
5. Divisional Superintendents are responsible for the leadership, organization, administration, efficiency and discipline within their Division.
6. The duties of Divisional Superintendents are to:
 - a. organize an effective team, comprising as a minimum a Training Officer and a Community Service Coordinator (Duty Officer), but also an Administrative Officer, Treasurer, Nursing Officer, and Medical Officer if possible (Superintendents of small Divisions may carry out the duties of the Administrative Officer);
 - b. select and recommend appointment of all Divisional Officers to the next senior Officer;
 - c. convene and chair meetings as required;
 - d. arrange appropriate training for all Divisional Officers to complete their responsibilities;
 - e. provide annual performance evaluations for all Divisional Officers;
 - f. encourage enthusiasm and involvement in all Divisional members;

- g. delegate responsibilities to Divisional members as appropriate;
- h. identify areas of concern and work to provide solutions, utilizing skills and opinions of other Divisional Officers and members as appropriate;
- i. seek information, advice and support from Area/Provincial Officers as required;
- j. inform any NCOs within their Unit of duties for which they are responsible;
- k. develop and maintain a succession plan in consultation with the Area/Provincial Commissioner;
- l. attend regional meetings as the Divisional representative, or appoint a suitable replacement;
- m. continuously update leadership skills through courses and manuals made available through St. John Ambulance;
- n. ensure that the Division has a varied and challenging training program, and that the Training Officer develops and conducts an annual training program;
- o. ensure that the Administration Officer regularly updates, completes, submits, files or posts all reports, minutes, records, returns and correspondence as appropriate;
- p. ensure the coordination of recruiting or fundraising campaigns;
- q. ensure that nominations for honours and awards are submitted;
- r. maintain clear and open lines of communication both within the Division and outside of it;
- s. ensure minimum standards of discipline, appropriate behaviour, image, dress and deportment are observed within the Division, and that all Divisional members are familiar with Brigade policies and procedures (*St. John Canada Instructions: Part 2 - Volunteers*);
- t. ensure all requests for community service coverage are handled in a professional and timely manner and every effort is made to provide the best possible service to the client;
- u. in consultation with other Divisional Officers, prepare and submit an annual budget to the Area/Provincial Commissioner;
- v. ensure all Divisional members are kept informed of all correspondence affecting them, including ongoing access to information sheets emanating from Provincial or National Headquarters (e.g. the monthly *DID YOU KNOW?* information sheet);
- w. maintain a Divisional Disaster Plan, in coordination with the Area/Provincial plan and with their municipality;
- x. prepare annual reports (or more frequent as requested) on Divisional activities for the Area/Provincial Commissioner; and
- y. encourage the participation of members in competition.

PROVINCIAL/TERRITORIAL COMMISSIONERS

GENERAL

1. The role of Provincial/Territorial Commissioners is to provide leadership and guidance to ensure the continued growth, stability and effectiveness of the Brigade within their province/territory of jurisdiction. The Provincial/Territorial Commissioner is part of a management team, and is expected to work in a mutually supportive and beneficial role.

QUALIFICATIONS

2. Provincial/Territorial Commissioners must have the following qualifications:
 - a. knowledge and skills in leadership and management;
 - b. thorough knowledge of all Brigade policies and procedures;
 - c. experience in other leadership positions within the Brigade (preferable).

FUNCTIONS

3. All Provincial/Territorial Commissioners are subject to the same rules and regulations as all other members of the Brigade, as set out in StJCI: Part 2.
4. Provincial/Territorial Commissioners are directly responsible to the President of their Council. They are also responsible to the National Commissioner, and are therefore entitled to communicate directly with the National Commissioner on any Brigade-related issue or concern.
5. Duties of the Provincial/Territorial Commissioner are to:
 - a. direct the Brigade Units in their province/territory of jurisdiction in support of the objectives, strategic plan and mission of St. John Ambulance;
 - b. supervise and direct the work of all senior and provincial/territorial Brigade Officers to ensure good maintenance of the internal organization and work of the Brigade within the Council;
 - c. serve as a member of the Council Board of Directors (usually as a Vice-President), Chairperson of the Provincial/Territorial Brigade Committee and Brigade Executive Committee, a member of the National Brigade Committee, and an ex-officio member of all other Brigade Committees within their Council;
 - d. represent the Brigade in their province/territory at public events;
 - e. seek input from members of the Brigade in the province/territory and represent their interests at meetings of Provincial/Territorial Council, the Provincial/Territory Brigade Committee, and the National Brigade Committee;

- f. ensure the screening policy as set out in StJCI 2-9-2 is implemented at all levels of the Brigade within their provincial/territorial jurisdiction;
- g. ensure all other national policies relating to volunteers in general and the Brigade specifically are implemented at all levels of the Brigade within their provincial/territorial jurisdiction;
- h. provide direction in the expansion, development and recruitment of members for new and existing Brigade Units;
- i. establish and maintain operational standards and levels of efficiency;
- j. establish and maintain the standards of the working uniform;
- k. support all levels in the maintenance of order and discipline within the Brigade;
- l. establish and maintain both directly and through Provincial/Territorial Brigade Officers, liaison and support with Area Commissioners/Divisional Superintendents and National Headquarters;
- m. establish orderly lines of communication within the Brigade structure to ensure speedy response and action to concerns and requirements of members at all levels;
- n. provide guidance and advice to Area Commissioners/Divisional Superintendents;
- o. establish long-range planning that complements national strategic plans and action plans;
- p. convene disciplinary or investigative committees as required, within guidelines set in StJCI 2-9-3;
- q. advance all efforts for recruitment campaigns and public relations; and
- r. ensure all deserving members of the Brigade within their provincial/territorial jurisdiction are recognized for their length or quality of service.

IMAGE AND IDENTITY

GENERAL

1. The Brigade is the most visible part of the St. John Ambulance organization, and every member has a duty to enhance the image of St. John Ambulance in Canada. The impression left by Brigade members on clients, patients, partner organizations or the general public helps determine the credibility of St. John Ambulance. It can affect decisions whether or not they choose to have future transactions with St. John Ambulance, including providing a donation for community service, seeking Brigade services, enrolling in a course, or becoming a member of St. John.

IMAGE

2. "Image" is the outward impression created by members of a common group, and is representative of shared capability, attitudes and professionalism.
3. Members of the Brigade are the most visible part of St. John Ambulance, known to the public as a highly credible leader in first aid. To maintain this positive image, it is essential that Brigade members adhere to the following while performing community service:
 - a. use common sense in all actions;
 - b. remain polite and positive when dealing with other St. John Ambulance members or members of the public;
 - c. be aware of sensitivities of other St. John Ambulance members and members of the public;
 - d. refrain from smoking, chewing gum or consuming alcoholic beverages or illegal substances; and
 - e. maintain acceptable levels of dress and deportment, including:
 - i. clean, unwrinkled clothes,
 - ii. uniform sized to fit appropriately,
 - iii. personal cleanliness and hygiene,
 - iv. minimal amount of makeup and jewelry.
4. It is the responsibility of leaders within the Brigade to ensure individual members maintain a positive image.

IDENTITY

5. "Identity" is the distinguishing character or personality of a group.

6. Members of the Brigade help to create a unified identity of St. John Ambulance through the following:
 - a. **The St. John Ambulance logo** in Canada is the legal trademark of the Priory of Canada. For protection of this identity, copyright and usage policies must be complied with. For details, refer to the Corporate Graphic Standards Manual, available through Provincial/Territorial Councils and most Branches.
 - b. **The Brigade uniform** identifies individuals as members of the St. John Ambulance Brigade, trained to recognize and respond to first aid and health care needs of the people in their communities. It is important, therefore, to comply with guidelines for maintenance and wearing of the uniform. Uniforms will differ depending on the service provided (e.g. patient care, ski patrol, beach patrol, Therapy Dog), environmental conditions, and the Council in which the member is active. See StJCI 2-12-2 for details on wearing and maintenance of Brigade uniforms.
 - c. **Insignia** are distinguishing marks or signs that help identify authority, both to the public (e.g. shoulder flashes) and within the membership (e.g. officer level, training qualifications). See StJCI 2-12-2 for details on correct wearing of insignia.
 - d. **Mobile First Aid Units** are a highly visible part of the St. John Ambulance Brigade, and carry the identity of the organization at all times. The slash maple leaf design developed for Brigade vehicles is not authorized for any other use. For details on correct use of vehicles and vehicle markings, refer to StJCI 2-7-3 and the Corporate Graphic Standards Manual, available through Provincial / Territorial Councils and most Branches.

UNIFORMS

GENERAL

1. All members of the St. John Ambulance Brigade are entitled, and expected, to wear the approved uniform for the Brigade Unit to which they are attached. While this uniform will differ depending upon the community service provided (e.g. youth member, patient care, ski patrol, Therapy Dog, campus first response, etc.), commonality is achieved through the appropriate use of badges, insignia, and the St. John Ambulance logo.
2. Internationally, nationally, provincially, and within local communities, the Brigade uniform publicly identifies each member, and group of members, as individuals who are trained to recognize and respond to specific community needs. Thus, the uniform provides the public with a sense of reassurance and allows trust to be placed upon those who wear it.
3. The uniform also readily identifies, both to the public and to those within the organization, members in positions of authority and members who hold specific training or professional qualifications.
4. For the individual Brigade member, the uniform provides a sense of identity, common purpose, belonging, and accomplishment while helping to build a sense of team spirit and camaraderie within the Brigade Unit.
5. This Instruction is to be interpreted as a companion document to *Brigade Dress Regulations*.

ENTITLEMENT

6. The following individuals are entitled to wear the uniform of the St. John Ambulance Brigade:
 - a. members who are qualified to perform Brigade duties (see StJCI 2-3-1);
 - b. members who have been appointed as Brigade Presidents (see StJCI 2-3-1, paragraph 17);
 - c. members who are on the Retired List (see StJCI 2-3-1, paragraph 18);
 - d. members who are on the Supplementary List; and
 - e. other individuals who have been authorized by their Provincial/Territorial Commissioner (e.g. Auxiliary members, permanent staff);
 - f. members planning to wear the Brigade uniform when travelling outside of Canada are required to seek authorization from the National Commissioner.

7. Unauthorized persons are not entitled to wear the Brigade uniform nor any Brigade badge, insignia, or accoutrement. Any violations must be immediately reported to the Provincial/Territorial Headquarters.
8. When a member resigns from the Brigade, all issued uniform parts, badges, insignia, and accoutrements must be returned to the Brigade Unit. Upon the death of a member, the Officer-in-Charge of the Brigade Unit is responsible for directing the disposal of items belonging to the deceased.

ACQUISITION

9. In general, Brigade uniforms are issued to those members who are entitled to wear the uniform. Specific Provincial/Territorial policies may, however be implemented which outline:
 - a. which uniform parts (e.g. shoes, shirt, etc.) the individual member is responsible for supplying,
 - b. the conditions under which new uniforms or uniform parts may be issued (e.g. uniform life expectancy, budgetary issues, probationary periods, types of services performed, etc.), and
 - c. the style of uniform which is issued to members, youth members, Officers, etc.
10. Purchasing, issuing, maintaining and storing of uniforms is a costly process. The development of appropriate policies, as outlined above, and the appointment of a stores keeper to maintain uniform inventories, will assist in keeping these costs under control in a responsible manner.
11. The sourcing of funds necessary for the acquisition / maintenance / storage of uniforms should not be at the expense of the community services provided by the Brigade Unit. Rather, this is the responsibility of the local Branch or appropriate Corps, Area, Provincial or National Brigade Headquarters (see StJCI 2-2-2, paragraph 10). In all situations, the necessary funds must be applied for within approved budgetary and financial policies.

INSIGNIA

12. The St. John Ambulance logo in Canada is the legal trademark of the Priory of Canada. For protection of this identity, copyright and usage policies must be complied with. For details, refer to the *Corporate Graphic Standards Manual*, which is available through each Provincial/Territorial Council.

13. *Brigade Dress Regulations* outline the specific insignia for:
- a. members in positions of authority (Officers and NCOs) (see StJCI 2-2-2, Annex A),
 - b. the professional qualifications of individual members,
 - c. the organizational qualifications of individual members (see StJCI 2-4-5, paragraph 8),
 - d. Youth program achievements (see StJCI 2-6-1),
 - e. service awards (see StJCI 2-6-1),
 - f. awards of the Most Venerable Order of the Hospital of St. John of Jerusalem (see StJCI 1-4-1, 1-4-2, 1-4-3, and 2-6-1), and
 - g. other permissible awards.

ORDERS, DECORATIONS AND MEDALS

14. The insignia of Orders, Decorations and Medals may be worn on those occasions when it is deemed appropriate and with the approval of the Officer-in-Charge of the Brigade Unit.
15. Only those insignia authorized under *The Canadian Order of Precedence of Orders, Decorations and Medals* may be worn on the Brigade uniform.

RANK

16. The St. John Ambulance Brigade has a structure that is based on the modern functions performed by its members at various levels. Some remnants of the formerly military structure have been retained where they have been found to be useful and because they reflect the paramilitary origin and traditions of the organization.
17. Brigade members do not hold rank in the military manner (an exception is the use of military titles used for NCOs). Members who have been appointed as Officers are given a functional title within the structure of the Brigade. For identification purposes, Officers are authorized to wear insignia on their uniforms similar to military rank markings. These insignia identify both their appointment and the relative level of their appointment, within the organization.
18. Designation of ranks, as used traditionally within the Brigade, remains an entitlement for all Officers (see StJCI 2-2-2, Annex A)

19. At the discretion of the Provincial/Territorial Commissioner, other means of identifying the Officer(s)-in-Charge of a Brigade Unit may be added or substituted; provided that consistency is maintained on a Provincial/Territorial basis. In particular, this section is intended to permit such identification of those members who do not wear a uniform which has shoulder epaulets, etc. (e.g. Therapy Dog, campus first response, etc.). In such circumstances, identification may be in the form of a name badge, etc. worn immediately above the right breast pocket.
20. A complete description of the manner and location of how the above insignia, rank, decorations and medals are to be worn on the uniform can be found in *Brigade Dress Regulations*.

DRESS UNIFORM (Adult)

21. The dress uniform for members of the St. John Ambulance Brigade is the same, regardless of the type of community service(s) provided. All Brigade members are entitled to wear the Dress Uniform on appropriate occasions as outlined in paragraph 23. Both the Adult and Youth dress uniforms are of a design / pattern approved by National Headquarters and are described in *Brigade Dress Regulations*.
22. The Dress Uniform is recommended as the uniform of choice for all Officers in senior administrative positions (i.e. Corps Superintendent rank and above).

DRESS UNIFORM - OCCASIONS FOR WEAR

23. Occasions for wearing the dress uniform, for all Adult and Youth members, include:
 - a. formal ceremonies or parades,
 - b. state ceremonies,
 - c. in attendance on, or as escort to, Royal and Vice-Regal personages,
 - d. religious services or Church parades,
 - e. Brigade funerals,
 - f. Brigade weddings,
 - g. Brigade awards ceremonies or inspections,
 - h. investitures (Order of St. John or other recognized and approved Orders),
 - i. Remembrance Day services or ceremonies
 - j. Levees,
 - k. as a Brigade representative at a military or formal civilian function,
 - l. other occasions as directed.

WORK UNIFORM

24. The work uniform is the Brigade uniform worn by Brigade members (Adult and Youth) in the day-to-day provision of community services.
25. Provincial/Territorial Commissioners are responsible for clearly defining the policies which outline the design and occasions for wear of the work uniform within their respective jurisdiction. That is, commonality of design and wear is to be maintained on a Provincial/Territorial basis.
26. Specific work uniforms may be developed for each category of community service or, likewise, for specific needs within each category of community service.
27. When designing work uniform policies, considerations must include:
 - a. appropriateness weighed against the dignity of the individual member and public perception of the organization;
 - b. appropriateness for wear on ceremonial or formal occasions when the member does not have a dress uniform;
 - c. appropriateness of approved insignia as outlined above; and
 - d. the creation and approval of appropriate insignia to identify the member's position, training, professional qualifications and achievements.
28. With reference to item 27.b. above, if the member does not have a Brigade dress uniform, their work uniform may be worn on formal or ceremonial St. John Ambulance occasions. The appropriateness of this uniform on formal or ceremonial occasions outside of the organization is left to the discretion of the Provincial/Territorial Commissioner. In both of these situations, however, the member involved must be advised that their uniform is to be correct in every detail and manner.

COMPETITION UNIFORM

29. Patient care and other competitions are an integral component of the Brigade training program. Concerns around the appropriate uniform to wear include:
 - a. possibility of damage to the member's dress or work uniform while competing in real-life competition scenarios, and
 - b. commonality of appearance when a competition team is composed of members from different Brigade units.

30. Provincial/Territorial Commissioners may authorize the design and wearing of a competition-specific uniform provided that:
 - a. the uniform is worn only for Brigade competitions;
 - b. the appropriateness of the uniform is weighed against the dignity of the individual member and the public's perception of the organization; and
 - c. all members of the competition team are dressed alike and identifiable as a team.

31. This section does not prohibit a team from competing while wearing their work uniform. The wearing of the dress uniform while competing is however, highly discouraged.

CEREMONIAL

GENERAL

- 1 The ceremonial aspects of Brigade membership offer opportunities for Brigade members to demonstrate their pride of membership and personal accomplishments to their communities and their peers.

CEREMONIAL OCCASIONS

2. Brigade members attending ceremonial occasions in uniform must ensure that the manner in which they present themselves, and in which their uniform is worn reflects positively on their Unit, the Brigade and St. John Ambulance as a whole.
3. The following are examples of appropriate occasions in which Brigade members should appear in public as individuals, or as Units, in their best uniform and wearing medals:
 - a. annual reviews or inspections;
 - b. investitures of the Order;
 - c. church parades;
 - d. parades in support of community activities; and
 - e. funerals of fellow members when St. John recognition is requested by the next-of-kin.

RECOGNITION

4. Each Unit or group of Units must provide, on an annual basis, an opportunity to recognize Brigade members' accomplishments (see StJCI 2-6-1 on Awards). This may be done through formal methods such as traditional annual reviews or annual inspections, or through more informal methods such as awards banquets, dinners, parties, picnics, etc. Members of the Unit or group of Units should be consulted in making this decision.
5. Investitures are ceremonial occasions in which outstanding members of St. John Ambulance are admitted into or promoted within the Order of St. John (see StJCI: Part 1 - The Order). The National Investiture is held annually, normally in October, and the Governor General, as Prior of the Priory of Canada, presides. Provincial Investitures are normally held annually, and the Lieutenant Governor, as Vice-Prior, presides.
6. Brigade members attending an investiture as an investee, a participant in the ceremony or a member of the audience are encouraged to wear their best uniform.

PARADES

7. On occasion, Brigade Units may be requested to move as a Unit either independently or as part of a community-sponsored activity. Members of these Units are encouraged to learn simple commands that will permit them to form a unit, turn in unison, march in step and disengage from a parade.

FUNERALS

8. The funeral of a member of the Brigade or a member of the Order may be designated as a ceremonial occasion if the next-of-kin requests St. John Ambulance recognition. Members who participate as officials in the funeral party or as members of the congregation should wear their best uniform.

COLOUR

9. The Brigade Colour bears the badge of the Order (a white cross with gold lions and unicorns on a black field; there is a fringe of black and white alternating). It is carried on an eight-foot black pole surmounted by the Badge of the Order in silver. The pole has black and white cords with tassels.
10. The Colour may only be carried on ceremonial occasions with the prior approval of the Provincial/Territorial or Area Commissioner concerned.
11. The Colour must be consecrated and accorded full honours and respect at all times.

FLAGS

12. The Brigade Flag bears the Badge of the Order (a white cross with lions and unicorns in gold, on a black field).
13. The Cadet Flag bears the Badge of the Order (a white cross with gold lions and unicorns, on a black field; there is a plain gold fringe). It is carried on a black pole surmounted by an emblem consisting of the Maltese Cross, and in the centre a circle with the words "St. John Cadets". The pole has white cords, and tassels.
14. The Flag may be flown at a St. John Ambulance Brigade establishment, first aid stations, and at Brigade annual reviews, inspections and camps. It may be carried on processions and other public occasions, and at church parades when it will be taken to the Sanctuary with the flags of other organizations.

MANUAL OF DRILL AND CEREMONIAL

15. Complete directions for carrying out ceremonial aspects of any occasion are provided in the *St. John Ambulance Brigade Manual of Drill and Ceremonial (1983)*.

NATIONAL BRIGADE PATIENT CARE COMPETITIONS

GENERAL

1. First aid competitions were first introduced in England in 1880, and have been a St. John Ambulance tradition ever since. St. John Ambulance in Canada has been holding national competitions on a triennial basis since 1983.
2. Competitors experience patient care challenges in natural environmental settings. They are under time limitations to help determine their ability to provide competent and effective treatment in order to save a life. All scenarios reflect an integration of the knowledge and skills of first aid and health care, which are part of the Brigade Training System.

OBJECTIVES

3. Medals and trophies are of secondary importance to the real objectives of the competitions, which are:
 - a. to improve the efficiency of Brigade members;
 - b. to promote the confidence of Brigade members by presenting a variety of surroundings in which to work, and an opportunity to work in full view of an audience;
 - c. to maintain and increase interest in total patient care;
 - d. to stimulate excellence in patient care performed at the scene of an incident;
 - e. to present an opportunity for Brigade members to develop camaraderie with their counterparts across the country, and to feel proud to be part of the larger St. John team; and
 - f. to create interest among the general public.

COMPETITION RULES

4. Teams competing at the national level have normally placed first in their category at the provincial/territorial level. The selection of team members is at the discretion of each Provincial/Territorial Commissioner. A maximum of one team may be entered by each province or territory in each of the three categories.
5. There are no restrictions on gender or on the number of Instructors or Brigade officers in any category. The three competition categories are:
 - a. Junior – for members less than 16 years of age and qualified to a minimum level of Emergency First Aid. Junior competition challenges reflect the full

scope of the Cadet program, with a balance of patient care, team work, problem solving, leadership skills and personal initiative.

- b. Senior – for members qualified to BTS Level 1, but not professional health care workers. Senior competition challenges reflect the training components of BTS Level 1.
 - c. Open – for members qualified to BTS Level 1 or higher, but without restriction on their professional level. Open competition challenges reflect the knowledge and skill level of BTS Level 3.
6. If the status of an individual is in doubt, the National Competitions Chairperson must be asked for a ruling, in advance of registration, in order to avoid disappointment or disqualification.
 7. Teams will consist of four members and a coach/chaperon. Teams are encouraged to have an optional spare, designated by the team in advance, as a safeguard against a last-minute withdrawal of a team member due to injury or illness. Spares do not participate in the regular competition unless required. There is a separate set of limited challenges developed specifically for spares to compete for a separate prize.
 8. Within the regular competition, participants will be selected randomly from the four team members to compete in challenges involving individuals, pairs or full teams.

HOSTING THE COMPETITIONS

9. Councils are encouraged to indicate their intent to host the national competitions up to three years before the event. Submissions should be in writing to the National Commissioner. The following criteria should form the framework for submissions from interested councils:
 - a. *location*
 - access to air and land transportation systems and community resources (eg. military, police, fire, business, government)
 - b. *facilities*
 - accommodation for up to 350 people, and food services for up to 500 people
 - functional rooms (large holding room, control room with outside access, simulation area, reception room, briefing room, registration area, etc.)
 - a variety of potential challenge sites where scenarios can be created in natural settings in reasonably close proximity to each other and to the central facility

- c. *personnel*
 - designation of one or two personnel to act in a leadership and coordinating role with the national competition committee
 - increasing requirements as the time of the competition draws closer – a total of more than 100 people.
 - some bilingual capability of judges and casualties
 - ability to sustain the planning, preparation and execution process without undue strain on normal local operations

(Note: any personnel requirements may be supplemented by out-of-province resources)
 - d. *logistics*
 - provision of off-site and on-site transportation
 - radio and cell phone communications
 - props, materials and equipment for several sites simultaneously
 - e. *finances*
 - basic funding for the competitions is the responsibility of National Headquarters
 - potential expenses to the host council include staff time and general participation costs for teams (see paragraph 19).
 - f. *expertise*
 - some experience in conducting large-scale competitions or other similar events is an asset but not a necessity if all other aspects are in place.
 - g. *attitude*
 - a belief in the value of national competitions and their general objectives and a willingness to work cooperatively with the national competitions committee.
10. National Headquarters is responsible for the actual competitions, including the challenges, the scenarios, registration, awards and the budget. National Brigade Officers are responsible for the following tasks, but are not precluded from taking on other roles within the Competitions if they show expertise in a specific area:

National Commissioner	External Relations, Public Relations
Deputy National Commissioner	Monitoring and Evaluations
National Training Officer	Chief Judge
National Nursing Officer	Professional Advisor
National Medical Officer	Professional Advisor
National Cadet Officer	Youth Activities
National Staff Officer (appointed)	Competitions Chairperson

11. Other national positions, to be filled according to expertise and at the invitation of the Competitions Chairperson, include:
 - Scenario Writer and Adjudicator
 - Control Room Coordinator
 - Holding Room Supervisor
 - Tabulators
12. The host council is responsible for effective logistical coordinations for the competitions and for hospitality. In some cases, such as the awards banquet, there may be overlapping responsibility.
13. It is imperative that the specific division of labour between National Headquarters and the host council be reviewed and agreed upon at the first planning meeting.

COMMUNICATIONS

14. All correspondence and rules relating to the national competitions will emanate from National Headquarters. Each participating Council will be requested to provide the name of their Competitions Officer, who will be responsible for accurate distribution of all competitions correspondence within their Council. The Competitions Officer may be a staff member, a Provincial / Territorial Officer or another volunteer.
15. Once teams have registered for the national competitions, National Headquarters will communicate directly with the team's contact person, as well as the Council Competitions Officer.
16. In the event of conflicting information or rules, the Joining Instructions issued for each national competition will constitute the final ruling.

FUNDING

17. A National Headquarters budget is developed and approved by Priory Council to pay for most expenses related to the national competitions, including
 - a. all on-site accommodation, meals and banquet for teams, volunteers and the organizing committee
 - b. transportation for the organizing committee
 - c. expenses for planning meetings
 - d. awards
 - e. equipment and supplies
 - f. printing
 - g. miscellaneous (e.g. entertainment, signage, photography, shipping)

18. The host council is responsible for all aspects of the pre-Competitions social activity for all participants, including planning, implementation and funding. The host council is also responsible for seeking sponsorship to help reduce overall expenses or to augment the national budget.
19. Teams, or their councils are responsible for arranging and paying for their own travel to and from the national competitions, based on an equalization of travel expenses for all competing teams. The specific rules for equalization of travel are outlined in the Joining Instructions. Teams, or their councils are also responsible for ensuring all team members have appropriate competition clothing (ie. suitable for all weather conditions, easily identified as members of the same team).
20. Individuals are responsible for any other expenses of a personal nature.
21. Spectators are responsible for all their own expenses.