



**MEDICAL RESIDENTS – CLINICAL EXPERIENCE**

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER (S): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

**1. LICENSE TO PRACTICE IN ONTARIO:**

CATEGORY: \_\_\_\_\_ DATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

LICENSE TERMS OR CONDITIONS: \_\_\_\_\_

**2. MEDICAL MALPRACTICE INSURANCE:**

CATEGORY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

3. UNIVERSITY NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_

4. YEAR OF POST GRADUATE TRAINING: \_\_\_\_\_

5. START DATE IN OUR HOSPITAL: \_\_\_\_\_ END DATE: \_\_\_\_\_

6. SPECIALTY PROGRAM: \_\_\_\_\_

7. DEPARTMENT/SERVICES PROVIDED: \_\_\_\_\_

**8. MASK FIT TESTING: Please check the most appropriate answer.**

I have been successfully mask fit tested for an N95 Respirator (mask) at LACGH.

\_\_\_\_\_  
Date of Last Test

\_\_\_\_\_  
Model Number and Size of Mask

I have been successfully mask fit tested for an N95 Respirator (mask) at:

\_\_\_\_\_  
Date of Last Test

\_\_\_\_\_  
Model Number and Size of Mask

\_\_\_\_\_  
Name of Health Care Facility

I have been unsuccessful in being mask fit tested for an N95 Respirator (mask).

Reason: \_\_\_\_\_

9. HAVE YOU BEEN TO LACGH BEFORE AS A MEDICAL RESIDENT?  Yes  No

10. HAVE YOU USED DRAGON VOICE RECOGNITION AT ANOTHER FACILITY?  Yes  No

11. SUPERVISING PHYSICIAN: \_\_\_\_\_

I hereby confirm that the Physician named on this Application will be under my supervision during his/her tenure at the Lennox and Addington County General Hospital and that the range of procedures performed by this Resident/Intern shall be in accordance with Hospital Policy and Medical Staff Rules.

\_\_\_\_\_  
**SUPERVISING PHYSICIAN**

**12. DECLARATION:**

I declare that I am the person named in this Application, the statements herein contained are true in substance and in fact. I also hereby agree to abide by the Hospital By-Laws, Rules and Regulations and Health and Safety Program.

\_\_\_\_\_  
**MEDICAL RESIDENT**

**The Medical Residents – Clinical Experience Form must be completed by all Medical Residents working in the Lennox and Addington County General Hospital and submitted to the CEO’s Office before the tenure date commences. This is in accordance with Hospital Policy #AO-16 – Medical Residents – Clinical Experience.**

Revised: Apr. 2008  
Aug. 2008  
May 2009  
Aug. 2011  
July 2015  
Jan. 2016

**LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL  
HUMAN RESOURCES DEPARTMENT**

**CONFIDENTIALITY, INFORMATION ACCESS AND SECURITY STATEMENT**

I, \_\_\_\_\_, understand that in the performance of my duties as an employee, physician, student, researcher, trustee or volunteer with the Lennox and Addington County General Hospital (L.A.C.G.H.), or as an employee of an external agency, that all patient, personnel, and L.A.C.G.H. business information\*\* is to be treated as confidential. I am aware of my legal, moral and professional responsibility to ensure that such information, regardless of its medium, whether written, verbal, electronic or optical, is accessed, transmitted, stored, given to and/or received by those individuals who have the right to know. I will disclose such information only as authorized by L.A.C.G.H. policy or relevant legislation.

I acknowledge that any computer access code I may be issued is equivalent to my legal signature. I am accountable for all work done under this code and am aware that work done using the code may be audited. I understand that I will be accountable for documented access to patient, personnel, or financial information. I will not disclose my access code to anyone, nor will I attempt to learn and use another person's access code. I will not access patient/hospital data for which I have no responsibilities or need to know. If I have reason to believe that my password has been compromised, I will immediately contact the Information Services Department and select a new password. I understand that any violation of the above or any other misuse of my confidential access code violates L.A.C.G.H. policy and could subject me to legal and/or other actions by L.A.C.G.H., including losing the privilege of access to the Information System or termination of employment/privileges.

I also acknowledge that all keys, codes, identification devices and other equipment issued to me by the Lennox and Addington County General Hospital remain the property of the Association and must be returned immediately on termination of employment or upon relinquishing association with the Hospital. I will not duplicate, replicate, or share L.A.C.G.H. keys, codes, or identification devices unless permitted by policy.

I acknowledge that my obligation to respect the confidentiality of information as described in this statement is ongoing, both during the course of my employment or association with L.A.C.G.H. and thereafter.

\*\*L.A.C.G.H. business information includes that financial and activity information which is not a matter of public record, information in which the L.A.C.G.H. has a proprietary interest, and information which L.A.C.G.H. may have a contractual obligation not to disclose.

\_\_\_\_\_  
Name and Position (Please Print)

\_\_\_\_\_  
Department/Unit

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Witness Name and Position (Please Print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date:

---

*For Physicians Office Personnel Only:*

I take full responsibility for ensuring that the confidentiality of personal health information accessed through my office will be protected in accordance with governing laws and Lennox and Addington County General Hospital policies. The above listed staff member may have access to computerized information regarding my patients. I agree to notify the Information Systems Technologist/Systems Administrator of the Lennox and Addington County General Hospital when this staff member no longer is authorized to access this information in the course of his/her employment.

\_\_\_\_\_  
Name of Physician (Please Print)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date:



**SUMMARY OF INFECTION CONTROL ISSUES FOR  
LACGH MEDICAL STAFF**

In conjunction with the Ministry of Labour, the Ministry of Health and Long Term Care requires that all persons working within a Health Care Facility be educated regarding health and safety risks associated with exposure to infectious diseases. Below is a brief summary of the major points addressed in the annual mandatory health and safety education program for staff for the Lennox and Addington County General Hospital (LACGH).

Rather than have you attend one of these sessions, we would ask you to please review the below basic principles, of which you are all familiar, and sign and date the bottom so that we may demonstrate to the Ministry of Labour that all directives have been followed.

1) **Agents of Infection**

- a. Viruses
- b. Bacteria
- c. Fungi

2) **Mechanisms of Transmission**

- a. Droplet-Contact (i.e. SARS, pneumonia, influenza, norovirus)
- b. Airborne (i.e. TB, varicella, disseminated shingles)
- c. Contact (i.e. C.difficile, MDROs, gastroenteritis)
- d. Common Vehicle
- e. Vector-borne

3) **Routine Practices and Additional Precautions\***

- a. Hand hygiene
- b. Immunizations
- c. Risk Assessment (i.e. symptoms, exposures, outbreak facilities)
- d. Cleaning of all shared equipment in between patients (i.e. stethoscopes)
- e. Limit patient movement, appropriate bed placement (i.e. private room or negative pressure room) and cohorting
- f. Single use equipment, where possible or dedicated equipment
- g. Personal Protective Equipment (PPE)
  - Mask with eye protection (visor or goggles – personal eyewear **is not** sufficient)
  - Gloves
  - Gown
  - N95 respirator

\*PPE must be worn for all high risk procedures

4) **Hand Hygiene**

- a. The most effective mechanism of reducing transmission
- b. Alcohol-based hand sanitizer is considered *more effective* than hand washing in cases where there is not visible contaminant on the hands (i.e. blood) with the exception of C.difficile

5) **Code Blue**

- a. All persons must wear goggles or visor and properly fit-tested N-95 respirator\* during any unplanned airway intubation
- b. Once the airway has been secured, these items may be removed

Full Name (please print)

Signature

Date



---

*Lennox and Addington County General Hospital*

---

<b>REMOTE ACCESS</b>
----------------------

<b>Approved by:</b> Board of Directors	<b>Effective Date:</b> October 7, 2014	No. PR4-100
<b>Issued by:</b> Information Systems	<b>Review Date:</b> October 7, 2014	<b>Archived:</b> N
	<b>Version:</b> 2	

---

**PURPOSE:**

The main purpose of providing Physician and Medical Residents with remote access is to facilitate on-line viewing of patient information in an effective, efficient, ethical, and lawful use that supports the business of the hospital and enhances communication of historical and real time information for the continuity of care for the patients of our community and region.

**POLICY:**

The Lennox and Addington County General Hospital (LACGH) provides remote access for use by medical staff with privileges and Medical Residents in pursuit of healthcare-related activities and continuity of patient care and strictly prohibits unacceptable use.

1. Every person utilizing LACGH remote access service and equipment has a responsibility to maintain and enhance the hospital's reputation by using these tools in a productive and professional manner.
2. Each user is responsible for the information accessed using remote access. Physicians and Medical Residents must receive training/orientation on health records document management access and hospital clinical application programs to be eligible for remote access.
3. Physicians and Medical Residents must conform to all Hospital policies and Codes of Conduct when using remote access.
4. LACGH routinely monitors usage patterns and audits patient records accessed through each Physician's or Medical Resident's user ID. Each Physician or Medical Resident is accountable for activity under their UserID/password. Appropriate usage is limited to patients under their direct or continuing patient care.
5. LACGH reserves the right to remove access if inappropriate records are accessed through the remote access availability. A breach of confidentiality through inappropriately accessing patient records constitutes professional misconduct and may form the basis of disciplinary proceedings including loss of license. Physician non-compliance may result in suspension or termination of privileges. Medical Resident non-compliance may result in termination of their rotation at LACGH and reported to their Program Director. LACGH also reserves the right to advise appropriate legal authorities of any legal violations.
6. Remote printing of reports is not available at this time. In maintaining a confidential, secure system and appropriate release of information process in accordance with the Privacy of Information and Security Policies and recording of released copies of records at LACGH, copies of reports may be

**REMOTE ACCESS****No. PR4 - 100**

requested to be faxed to Physicians or Medical Residents by calling or faxing in a request to the Health Records Department.

7. Information obtained in patient records shall not be made available to any other party without further authorization. Physicians and Medical Residents must ensure confidentiality of patient information obtained from LACGH patient records. Destruction of any health information faxed/sent to Physicians or Medical Residents shall be by effective shredding or burning.
8. Any costs and expenses associated with remote access from the Physician or Medical Resident side are the responsibility of the Physician or Medical Resident. These costs and expenses include, but are not limited to, the following: computer systems, ISP, network hardware, cables and software. The Hospital agrees to cover the cost of purchasing up to three (3) licenses per physician and one (1) per Medical Resident that request remote access. Should additional licenses be required, the requesting physician or Medical Resident is requested to contact the Director of Finance and Utilization Management.
9. After initial setup, Information Systems responsibilities are limited to issues relating to internal systems supporting the application. This responsibility begins upon successful sign-on to the LACGH system. Internal problems include, but are not limited to, the following: password resets, user profile/access issues and changes. External responsibilities for Physicians and Medical Residents include, but are not limited to the following: High speed/router setup and connections to LACGH via recommended options. Questions and/or calls for support from Physician or Medical Residents' offices/homes will be processed and assigned through the Information Systems Help Desk (613-354-3301 ext. 491), Monday to Friday (0800 to 1600 hours).
10. If you wish to be notified of hospital system downtimes, an email address must be provided on the attached User Agreement for communication of downtime periods.
11. All Physicians and Medical Residents using remote access services provided by LACGH is contingent on agreement with and compliance to this policy. Physicians and Medical Residents must also have signed the Confidentiality, Information Access and Security Statement.

**PROCEDURE:**

1. At the time of designation of admitting privileges or by individual request, LACGH's policy regarding remote access will be reviewed. Remote access requests should be directed to the Executive Assistant.
2. Following approval of the request, each Physician or Medical Resident is required to receive application/computer training from the Health Records Department designate, sign the User Agreement, sign the Confidentiality, Information Access and Security Statement and arrange for applicable technology requirements. Signed agreements will be placed in the appropriate Physician/Medical Resident file in the Executive Assistant's office.

**REMOTE ACCESS****No. PR4 - 100**

3. The Information Systems and Health Records Departments will monitor the use of remote access in accordance with this policy and document and report any violations to the Chief Privacy Officer and/or designate.
4. In addition to regular auditing processes, any member of the Senior Management Team or the Chief of Staff may request investigations into the use of remote access.
5. A Physician or Medical Resident who leaves the hospital will have all remote access privileges revoked immediately on relinquishment or termination of privileges.
6. Should a physician or Medical Resident learn of a possible privacy breach or has their computer stolen, they will report the breach/theft to the Director of Quality.

**UNACCEPTABLE USES** (unacceptable uses as outlined here are not limited to these examples) that may result in loss of access, disciplinary and/or legal action as required:

1. **Unauthorized access (hacking):** This may include using unauthorized user names, passwords, computer addresses or identities or modifying assigned network settings to gain access to computer resources and/or data, or otherwise attempting to evade, disable or "crack" security provisions of internal or external systems.
2. **Sharing of Passwords:** Passwords are never to be shared or provided to anyone other than the authorized user.
3. **Printing of patient information:** This may include using **unauthorized** methods of capture and printing, reproducing and/or distributing of patient information from hospital information systems.
4. **Personal use:** The use of remote access for non-Hospital use such as, but not limited to, patient information not applicable to direct care and/or not in accordance to appropriate continuity of care, Privacy of Information and Security Policies, or in contravention of the Hospital's policies or best interests.

**Remote access is provided subject to the following terms and conditions:**

**Warranties/Disclaimers:**

All users release Lennox & Addington County General Hospital from liability or responsibility for any direct, indirect, incidental or consequential damages suffered by any person or organization in connection with your use of, or inability to use, remote access in accordance with this policy.

**Compliance with all Laws:**

All parties agree to use remote access in a manner consistent with any and all applicable laws and regulations. Reproduction or transmission of any material in violation of any Provincial, Federal, or international law or regulation is prohibited.

**USER AGREEMENT**

I have read, understood, and agree to abide by the Physician Remote Access policy.

---

FULL NAME (PLEASE PRINT)

---

SIGNATURE

---

DATE

---

EMAIL DOWNTIME INFORMATION

---

# OF LICENSES REQUIRED

---

MACHINE NAME FOR EACH LICENSE (name given to computer at time of purchase/installation)

---

MACHINE NAME FOR EACH LICENSE (name given to computer at time of purchase/installation)

---

MACHINE NAME FOR EACH LICENSE (name given to computer at time of purchase/installation)