MEDICAL RESIDENTS – CLINICAL EXPERIENCE

FULL NAME: _____

ADDRESS: _____

TELEPHONE NUMBER (S): _____ _____

EMAIL ADDRESS: _____ **DATE OF BIRTH:** _____

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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: _____

_____	_____	_____
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. SUPERVISING PHYSICIAN: _____

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

_____

SUPERVISING PHYSICIAN

11. 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 & Regulations and Health & 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 Office of the CEO before the tenure date commences. This is in accordance with Hospital Policy #AO-16 – *Teaching of Medical Residents & Resident Clinical Experience.*

Revised: April 2008
August 2008
May 2009
August 2011
July 2015
January 2016
October 2019
January 2020

CONFIDENTIALITY, INFORMATION ACCESS AND SECURITY STATEMENT

Name: _____

I understand that the Lennox and Addington County General Hospital (LACGH) has custody and control of Confidential Information, Personal Health Information, and Business Information, that it must protect for legal, moral, ethical and commercial reasons. This document represents my commitment to treat this Confidential Information, Personal Health Information and Business Information in a manner that respects the privacy of individuals, that complies with all legal obligations and that respects LACGH's legitimate interests.

Confidential Information:

- Any information, recorded or not, and in any form, about an identifiable individual including employees, volunteers, physicians, patients, visitors and other individuals;
- Confidential Information does not include the name, job title, business address or business telephone number of an employee of LACGH.

Personal Health Information:

Personal Health Information is comprised of information related to an individual, whether living or deceased, in oral or recorded form, if the information relates to:

- the physical or mental health of an individual, including any information related to the health history of an individual's family;
- the provision of health care to an individual, including the identification of a person or institution as a provider of health care to the individual;
- the payment or eligibility for health care and health care coverage;
- the donation by an individual of any body part or bodily substance of the individual or information derived from the testing or examination of a body part or bodily substance;
- an individuals health number;
- information that is collected in the course of providing health services to an individual; an
- information that is collected incidentally to the provision of health services to an individual.

Business Information:

- Any financial and business activity information which is not a matter of public record;
- Any information in which LACGH has a proprietary interest;
- Human resources information, including but not limited to payroll, personnel, or legal information; and
- Information which LACGH may have contractual obligation not to disclose

I agree to respect the following rules regarding the treatment and use of Confidential Information, Personal Health Information and Business Information:

(a) I will not access any Confidential, Personal Health or Business Information unless I need it to perform my to perform my job or meet my responsibilities to LACGH;
(b) I am accountable for all access to patient, personnel or financial information;
(c) I will not disclose Confidential, Personal Health or Business Information except as reasonably necessary to perform my job or meet my responsibilities to LACGH and as permitted by LACGH policy or law;
(d) I will not engage in discussions about Confidential, Personal Health or Business Information in public or in any area where it is likely to come to the attention of others who are not entitled to receive such information (e.g. hallways, elevators etc.)
(e) My computer sign-on password is equivalent to my signature and User ID. I am accountable for all documentation and access done under this User ID and password;
(f) Documentation and access done using my sign-on password and User ID may be audited;
(g) I will not allow another person to use my code;
(h) If I have reason to believe my computer access has been compromised I will immediately contact the Information Services Department;
(i) I will only access, process and transmit Confidential, Personal Health or Business Information using authorizes hardware, software and other equipment;
(j) I am aware that LACGH has policies and procedures regarding Confidential, Personal Health or Business Information.
(k) I will immediately report any violations of the above rules to which I become aware to my supervisor;
(l) I have read this document and understand it. I understand that if I breach of any of these obligations I may be subject to corrective action, including but not limited to, termination of employment, loss of privileges, contract termination, or any similar action as determined by LACGH.

I have read this document and understand it. I understand that if I breach of any of these obligations I may be subject to corrective action, including but not limited to, termination of employment, loss of privileges, contract termination, or any similar action as determined by LACGH. I also understand that the obligations as described in this statement are ongoing, both during the courses of my employment or association with LACGH and thereafter.

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 **<u>is not</u>** 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

REMOTE ACCESS

Approved by:	**Board of Directors**	**Effective Date:**	September 26, 2018	No. PR4-100
		Review Date:	May 21, 2019	
Issued by:	**Information Systems**	**Version:**	4	**Archived:** N

PURPOSE:
The main purpose of providing Clinical Users 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 Clinical Users 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. Clinical Users must receive training/orientation on health records document management access and hospital clinical application programs to be eligible for remote access.

3. Clinical Users 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 Clinical User's User ID. Each Clinical Users is accountable for activity under their User ID/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. Staff non-compliance may result in termination. LACGH also reserves the right to advise appropriate legal authorities of any legal violations.

6. Information obtained in patient records shall not be made available to any other party without further authorization. Clinical Users must ensure confidentiality of patient information obtained from LACGH patient records. Destruction of any health information faxed/sent to Clinical Users shall be by effective shredding or burning.

7. Any costs and expenses associated with remote access from the Clinical User side are the responsibility of the Clinical User. 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 Clinical Users is asked to contact the Chief Financial Officer.

8. 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 Clinical Users 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 Service Desk (613-354-3301 ext. 491), Monday to Friday (0800 to 1600 hours).

9. An email address must be provided on the attached User Agreement for communication and notifications.

10. All Clinical Users utilizing remote access services provided by LACGH is contingent on agreement with and compliance to this policy and 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 Clinical User 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 kept in the custody of the Executive Assistant.

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 Clinical User who leaves the hospital will have all remote access privileges revoked immediately on relinquishment /termination of privileges, or termination of employment.
6. Should a Clinical User learn of a possible privacy breach or has their computer stolen, they will report the breach/theft to the Privacy Officer immediately.

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 Remote Access policy.

FULL NAME (PLEASE PRINT)

SIGNATURE

DATE

EMAIL ADDRESS

REQUEST FOR: ☐ Hospital Remote Access
☐ Dr. Office Access

(Clinic Name)