

ALEXANDRA MARINE AND GENERAL HOSPITAL
120 Napier Street, GODERICH, ON N7A 1W5
(519) 524-8689 ext. 5271 Fax: (519) 524-5579
Email: amgh.administration@amgh.ca

MEDICAL TRAINEE DATA FORM
(This information is required for all medical students)

Trainee's Surname	
Trainee's Given (proper) Name	
Mother's Maiden Name (info mandated by MOHLTC as identifier info)	
Month and Day of Birth (used to set up dictation)	
Trainee's Address	
Trainee's Phone Number	
Trainee's Email Address	
Name of Medical School/University	
CPSO# (if applicable)	
CMPA # (if applicable)	
Student Registration #	
Program Trainee is enrolled i.e. Family Medicine - FAM	
Trainee's Category and Level of Education i.e. Undergraduate Year 1 - U1, Postgraduate - PGY1	
Trainee Assigned to Service/Department i.e. Family Medicine - FAM	
Start Date of Rotation	
End Date of Rotation	
Preceptor's Name	

Signature of Trainee

Date

All medical students must complete this form. Please return the completed form by mail or fax (519-524-5579) to Administration. Thank you for your assistance.☺

This information is submitted to the MOHLTC. If you require any additional information or clarification please do not hesitate to contact Stephanie Page by phone (519) 524-8689 ext. 5271 or email stephanie.page@amgh.ca



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MEDICAL TRAINEE PROTOCOL AT THE AMGH

INTERN/RESIDENT

- (a) From time to time, a physician enrolled in a post-graduate training program at a recognized medical school may be granted intern/resident privileges at the Alexandra Marine and General Hospital for the purposes of furthering his/her education.
- (b) When granted intern/resident privileges, such a physician should have a designated local Supervisor. This physician shall be a member of the active staff of the Alexandra Marine and General Hospital.
- (c) Application form for intern/resident privileges shall be abbreviated and shall include these items:
 - i) Name, address and telephone number
 - ii) Number of educational or general license, as applicable
 - iii) C.M.P.A. number
 - iv) Letter of good standing from Medical School training program resident is enrolled in
 - v) Name and signature of local Supervisor
 - vi) Statement, signed by the intern/resident, attesting to the fact that he/she has read the Medical Trainee Protocol at the AMGH for Intern/Resident and agrees to abide by the stipulations thereof. Implicitly, a copy of the Protocol will be appended to the application.
 - vii) AMGH Confidentiality Agreement, signed by intern/resident.
- (d) An intern/resident will:
 - i) not have admitting privileges
 - ii) work under indirect/direct supervision of his/her local Supervisor at all times. The degree of independence enjoyed by the intern/resident with respect to orders for investigation and treatment will be at the discretion of the Supervisor, on his/her consideration of that intern/resident's capabilities at his/her particular level of training.
 - iii) The Supervisor will be jointly accountable, with the resident, to the Medical Advisory Committee, Hospital Administration, and the Board, for consequences of actions undertaken by the resident.
 - iv) At no time should the resident take upon him/herself any clinical responsibility that his/her Supervisor would not normally accept.

I have read and agree to abide by the above.

Date: _____

Signature: _____

Return Form to: Stephanie Page, Executive Assistant
Alexandra Marine and General Hospital
120 Napier Street, Goderich, ON N7A 1W5
Telephone: 519-524-8689, ext. 271
Fax: 519-524-5579



ALEXANDRA MARINE & GENERAL HOSPITAL

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Violence Prevention in the Workplace

Please sign below to acknowledge that you have read and understand the Alexandra Marine and General Hospital policy regarding Violence Prevention in the Workplace and to acknowledge your commitment to the Prevention of Violence in the Workplace.

Name (please print)	Signature	Date

Revised: October 2008

Alexandra Marine and General Hospital	Effective Date: October 15, 2008
HUMAN RESOURCES POLICIES	Review Date: October 15, 2009
Violence Prevention in the Workplace	Approved By: President/CEO

Policy/Purpose

Mission

Alexandra Marine and General Hospital is committed to providing a safe, healthy and supportive working environment by treating our employees and clients with dignity, respect, care and compassion. Violence in the workplace can have devastating effects on the quality of life for our employees and on the productivity of the organization. The management of AMGH recognizes the potential for violence in the workplace and therefore will make every reasonable effort to identify all potential sources of violence to eliminate or minimize these risks through the Workplace Violence Prevention program.

AMGH is committed to exhibiting a zero tolerance for violence, abusive and aggressive behaviour. AMGH refuses to tolerate any type of workplace violence, within the workplace or at work-related activities. AMGH is committed to the expenditure of time, attention, authority and resources ensure a safe and healthy working environment for all employees and clients for whom we provide care.

Purpose

AMGH has a “zero tolerance” approach to workplace violence. “Zero Tolerance” means that every reported action of abusive/aggressive or threatening behaviour will be tracked and resolved based on the individual facts. Individual cases may require different resolutions. Although measures will be put in place to assist parties in conflict resolution, disciplinary action will be taken, where appropriate up to and including termination of employment, revocation of physician's privileges or termination of volunteer/student/contract agreements.

The purpose of the policy is:

- To promote a work environment whereby every individual feels free from any kind of threatening behaviour;
- To link and add credence to our [Code of Conduct](#) and enhance the standard of respectful behaviour to all members of AMGH;
- To create practical links to already existing policies and procedures ([Code of Conduct](#), [Health and Safety Policy](#), [Harassment Policy](#), [Patient Rights and Responsibilities](#) and [Code White](#));
- To provide staff, physicians, volunteers, students and contract employees with effective tools and strategies to be used within AMGH to prevent and respond to incidents of abuse and aggression in the workplace;

- To make available information regarding ways to identify those who potentially may be abusive or aggressive, especially with regard to the signals that may predict an incident of abusive and aggressive behaviour and therefore prevent these from occurring;
- Raise awareness at AMGH regarding prevention of abusive and aggressive behaviour at work;
- Establish a comprehensive reporting and tracking mechanism to document and investigate incidents that threaten the safety of our staff and wellness of our environment;
- Educate patients/visitors to AMGH about our “Zero Tolerance” for violence in the workplace;
- Provide the necessary physical and emotional support to those who perceive they have been victims of aggression/violence at work.

This policy was developed by the Environmental Team. The Joint Occupational Health and Safety Committee, Senior Management and Human Resources were consulted throughout the development of policy and program.

The following legislations were consulted in establishing this policy:

- The Occupational Health and Safety Act
- The Criminal Code of Canada
- The Ontario Human Rights Code
- The Workplace Safety and Insurance Act, 1997
- The Compensation for Victims of Crime Act
- The Regulated Health Professions Act

Definitions

AMGH is committed to providing a working environment free of violence by ensuring that all workplace parties are familiar with the definitions of workplace violence and their individual responsibilities for prevention and corrective action. For the purpose of this policy, "violence" is any actual, attempted or threatened behaviour of a person that causes or is likely to cause physical and/or psychological harm/injury/illness or that gives a person reason to believe that s/he or another person is at risk of physical or psychological harm/injury/illness, including, but not limited to, any actual or attempted assault (includes sexual assault and physical attacks); threat; verbal, psychological or sexual abuse; and harassment. (From the Ontario Safety Association for Community & Healthcare)

Classifications of Violence in the Workplace

Type I (Criminal Intent) committed by a perpetrator who has no relationship to the workplace

Type II (Client) the perpetrator is a client at the workplace who becomes violent toward a worker or another client

Type III (Worker to Worker) the perpetrator is an employee or past employee of the workplace

Type IV (Personal relationship) the perpetrator usually has a relationship with an employee (Domestic Violence)

Definitions Associated with Workplace Violence

Assault: any intent to inflict injury on another, coupled with an apparent ability to do so; any intentional display of force that causes the victim to fear immediate bodily harm. E.g. Slapping, shoving and pushing, punching, kicking.

Harassment: engaging in any vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome, and causes the person to believe their health and safety are at risk.

Near Miss: an act of striking out, but missing the target.

Physical Attack: an act of aggression resulting in a physical assault or abuse with or without the use of a weapon. Examples include hitting, shoving, pushing, punching, biting, spitting, groping, pinching or kicking the victim, unwelcome displays of affection or inciting a dog attack.

Property Damage: intentional damage to employees' personal property or to the AMGH property (throwing of any object, vandalism to employee's car, kicking or hitting fixtures and fittings, banging or throwing equipment).

Psychological Attack: an act that provokes fear or diminishes an individual's dignity or self-worth or that intentionally inflicts psychological trauma on another.

Sexual Abuse: any unwelcome verbal or physical advance or sexually explicit statement, displays of pornographic material, pinching, brushing against, touching, patting or leering that causes the person to believe their health and safety is at risk.

Sexual Assault: the use of threat or violence to force one individual to touch, kiss, fondle or have sexual intercourse with another.

Threat: a communicated intent (verbal or written) to inflict physical or other harm on any person or to property by some unlawful act. A direct threat is a clear and explicit communication distinctly indicating that the potential offender intends to do harm, for example, "I am going to make you pay for what you did to me." A conditional threat involves a condition, for example, "If you don't leave me alone you will regret it." Veiled threat usually involves body language or behaviours that leave little doubt in the mind of the victim that the perpetrator intends to harm.

Verbal Abuse: the use of vexatious comments that are known, or that ought to be known, to be

unwelcome, embarrassing, offensive, threatening or degrading to another person (including swearing, insults or condescending language) which causes the person to believe their health and safety are at risk.

Workplace: Any location where any employee of AMGH is carrying out any work related function.

Examples

- All hospital buildings and property located on Napier and Montcalm Street, includes parking, old “ambulance base” and 108 Montcalm
- All Community Psychiatric Facilities – Goderich, Exeter, Wingham and Seaforth and Clinton
- Employee accompanied patient transport
- Any location where an employee is required to visit a client in the home
- Any location an employee is required to be during the course of their employment duties

Definitions of Employees

Contract Employees: Contract Employees includes any person paid for work by AMGH or working for a company hired to perform contract work at AMGH

Physicians: Any physician granted privileges of any kind with AMGH. Although not strictly defined as “employees” of AMGH, physicians will also be held accountable to this policy in course of their activities within AMGH. This group also includes residents and other physician groups in training

Staff: Staff includes all employees, permanent, temporary, and casual. Employees may be located in any department or site of AMGH and may be serving the organization in any capacity.

Students: Students include any university and other students who spend part of their academic course time within the AMGH community.

Volunteers: Volunteers include all those who give their time freely to the organization in service to the patients and staff of AMGH; and include members of the Hospital Foundation and Board of Directors.

Roles and Responsibilities of Workplace Parties

CEO and Senior Management Team (Directors)

The CEO, together with the Senior Management Team, has the responsibility for health and safety and well being of staff. Therefore, it is the responsibility of this group to implement the following:

- Model the substance and intent of the AMGH policy and Procedure for Workplace Violence and Prevention, and demonstrate in their words and actions as leaders of AMGH, commitment to intolerance of abuse and aggression of any kind within the organization.
- Accept responsibility for the provision of resources to train those in positions of leadership and to attend training themselves.
- Sign a Statement of Commitment to the Prevention of Violence in the Workplace.
- In consultation with The JOHSC and The Environmental Committee, conduct regular risk assessments, control measures, and training and education. i.e. mandatory Code White training for all hospital employees.
- Ensure appropriate mechanisms / systems are in place to determine safe staffing levels for high-risk environments.
- Review all reports of violence or threats of violence in a prompt, objective and sensitive manner. This includes a review of all investigations associated with violence-related incidents.
- Take corrective action.
- Provide response measures.
- Facilitate medical attention and support for all those either directly or indirectly involved.
- Ensure any deaths or critical injuries have been reported to a Ministry of labour (MOL) inspector, the police (as required), the JOHSC and union and investigated with the JOHSC, and that a report goes to all parties in writing within 48 hours of the occurrence on the circumstances of the occurrence, including such information and particulars as the Occupational Health and Safety Act and regulations prescribe.
- Ensure a report goes to WSIB of all accidents where a worker loses time from work, requires health care, earns less than regular pay for regular work, requires modified work at less than regular pay or performs modified work at regular pay for more than seven days. Copies of accident information (where there is no critical injury) must be provided to the JOHSC and union within four days of the occurrence, as the Occupational Health and Safety Act and Regulations prescribe.

Supervisor/Manager (includes Directors, Clinical Unit Leaders, Departmental Managers)

Those who are in positions of responsibility for the health and safety and well being of staff of AMGH must demonstrate in their attitudes and behaviour the highest regard for the respect and dignity of all under their charge. Therefore all Directors/ Managers must:

- Model the substance and intent of the AMGH Workplace Violence Prevention Policy and Procedure , and demonstrate in their words and actions as leaders of AMGH commitment

to intolerance of abuse and aggression of any kind within the organization.

- Attend appropriate training regarding Workplace Violence.
- Sign a Statement of Commitment to the Prevention of Violence in the Workplace.
- Educate and train all direct staff in safe working practices regarding the creation of respectful work environments.
- Identify and alert staff to violent patients and hazardous situations.
- Ensure staff participation in educational and training programs to be able to respond appropriately to any incidence of work place violence. i.e., mandatory Code White training.
- Investigate all workplace violence using the Risk Monitor Pro procedure and form, and contact the police department as required.
- Facilitate medical attention for employee(s) as required.
- Ensure that debriefing is completed for those either directly or indirectly involved in the incident.
- Contact human resources to ensure the employees receive further counseling about the employee's legal rights.
- Track and analyze incidents for trending and prevention initiatives.
- Immediately report a death or critical injury to a Ministry of Labour (MOL) inspector. The police (as required), JOHSC and union, and investigate with JOHSC and report to all parties in writing within 48 hours of the occurrence the circumstances of the occurrence, including such information and particulars as the regulations prescribe.
- Issue a report to the employer and WSIB on all accidents involving lost time, where a worker requires health care, earns less than regular pay for work, requires modified work at less than regular pay or performs modified work at regular pay for more than seven days. Copies of accident information (where there is no critical injury) must be provided to the JOHSC and union within four days of the occurrence, as the Occupational Health and Safety Act and regulations prescribe.

Employees and Physicians

Every individual employee/physician contributes to the creation of a safe and healthy work environment by demonstrating respectful and appropriate conduct at work.

All employees/physicians must accept as a personal responsibility their own role in eliminating the use of abuse and aggression in the day-to-day activities of their own work unit. Therefore employee's and physicians must:

- Participate in education and training programs to be able to respond appropriately to any incident of workplace violence. i.e. mandatory Code White training.
- Understand and comply with the violence in the workplace prevention policy and all related procedures.
- Report all incidents or injuries of violence or threats of violence to their Director (designate) or CEO immediately, completing the Risk Monitor Pro report form.
- Contribute to risk assessments.
- Seek support when confronted with violence or threats of violence.
- Seek medical attention.
- Uphold the Code of Conduct and its Principles.
- Sign a Statement of Commitment to the Prevention of Violence in the Workplace.
- Reduce workplace violence by challenging workplace violence.
- Promote respectful interactions at work.

This is also expected from the employee/physician who witness an incident and is not the direct victim. Silence in the face of abusive behaviour does not allow for promotion of a safer environment and so every employee/physician who witnesses abusive behaviour is expected to report such behaviour.

No employee/physician who in good faith registers a complaint of abuse or reports an incident of aggressive behaviour will suffer any recrimination for doing so. However, false and malicious accusations of abusive or aggressive behaviour will face consequential corrective and remedial action.

All complaints and reports of abusive or aggressive behaviour will be treated seriously, will be investigated thoroughly and fairly, and will be dealt with accordingly.

Patients, Family Members, Volunteers, Students, and other Visitors

Patients, family members, volunteers, students, and other visitors to AMGH can expect to be treated with dignity and respect at all times. They should not be expected to find abusive or aggressive environment when they come to use the services or are visiting AMGH for any reason.

It is also the expectation that patients, family members, volunteers and visitors will treat AMGH staff with the same respect and dignity, and that they do not exercise abusive or aggressive behaviour towards members of the AMGH staff.

AMGH is committed to the following:

- Developing written communication for patients, family members and visitors outlining acceptable conduct that is expected for all people within the confines of AMGH.
- Signage throughout AMGH that sets out explicitly that AMGH has a Zero Tolerance for Violence, Abusive and Aggressive Behaviour.
- Ensuring that all patients , family members and visitors are made aware of their rights and to seek recourse for perceived breaches of this Policy.
- Ensuring that all patients, family members and visitors are made aware of the consequences for them for breaches of the Policy.

Joint Occupation Health and Safety Committee (JOHSC)

- Be consulted about the development, establishment and implementation of violence measures and procedures (the violence prevention program).
- Be consulted and make recommendations to the employer to develop, establish and provide training in violence measures and procedures.
- Take part in a review at least annually of the workplace violence prevention program.
- The worker designate should investigate all critical injuries related to violence.
- Receive and review reports of any critical injury or death immediately and in writing outlining the circumstances and particulars as prescribed within 48 hours of the occurrence.
- Review written notice within four days on lesser injuries where any person is disabled from performing his or her usual work or requires medical attention.

Reporting and Investigation

- Employees/ Physicians are to report all violence-related incidents or hazards to their Director (designate).
- The Director (designate) receiving the report investigates the report and ensures that measures are taken to safeguard employees and curtail the violence.
- The employer reports all injuries to the MOL and WSIB as required by the Occupational Health and Safety Act and Workplace Safety and Insurance Act.

Confidentiality

Employees/Physicians are to report all violence-related incidents or hazards to their (Director/Designate). AMGH will do its best to preserve and protect the confidentiality in the alleged case. However, where required by law or required in order to investigate and/or resolve the matter it may be necessary for AMGH to take action.

Employees or clients who report acts of violence or aggression will not suffer retribution or reprisal as a result of their actions. Disciplinary measures will be taken should any such retribution or reprisal take place.

Individuals must recognize that any complaint found to have been made in bad faith will be considered serious misconduct, could result in severe disciplinary action being taken by the employer and could result in legal action by the individual accused.

Reporting Procedures

- The Director (designate) documents all reports of workplace violence and hazard reporting and measures taken to address them using the **Risk Monitor Pro** or the harassment Complaint form.
- If the resolution of the incident is beyond the authority of the Director (designate) receiving the report, they must make the CEO or Director (designate) aware of the report. The CEO or Director (designate) involves other managers or supervisors in the investigation, as appropriate (for example, when the incident involves clients or employees under another manager's or supervisor's area of responsibility).
- Senior Management reviews all incident reports, monitors trends and makes recommendations for prevention and enhancements of the Workplace Violence Prevention Program to the CEO or Director (designate).
- These findings are shared with the JOHSC, which is consulted about any revision to the Violence Prevention Program and Training Program.
- The CEO or Director (designate) reviews reports of workplace violence and ensures that actions have been taken.
- The Director (designate) who investigates the reported incident warns all staff who might be affected of dangerous situations. The same Director (designate) tells the reporting employee of the outcome of the investigation enough to minimize the chance of similar incidents.
- If a violent incident results in a critical injury to a worker, the JOHSC representative or worker designate investigates the incident or injury (Section 9(31) OHS) and reports to the MOL and JOHSC.

Emergency Response Measures

If an incident of violence or aggression occurs that is of an immediate or threatening nature, any individual who feels he/she is in immediate danger should activate "code white" and/or call "911". Communications can be notified to make the announcement by dialing "0". Staff working on the psychiatry unit, diagnostic imaging and Emergency Department can use their personal alarm system to make alert for assistance.

Refer to “Code White” Policy in the Emergency Codes in “on line” Hospital Policy and Procedures in Clarity

Supports for Employees Affected by Workplace Violence

Senior Management will respond promptly, assess the situation and ensure that these interventions are followed:

- Facilitation of medical attention
- Debriefing (by skilled professional)
- Referrals to community agencies, treating practitioner and employee assistance program
- Referral to union
- Completion of incident reports, WSIB reports to MOL (critical injury or fatality)
- Reporting to police (as required)
- Team debriefing

Risk Assessment

Senior Management (with worker involvement) assesses workplace violence hazards in all jobs, and in the workplace as a whole. Risk assessments are reviewed annually and whenever new jobs are created or job descriptions are substantially changed.

Education

All new employees will receive both general and site-specific orientation to the Workplace Violence Prevention Program. In addition, all employees will receive an annual review of both the general and site-specific components of the program.

Any training developed, established and provided shall be done in consultation with and in consideration of the recommendations of the Joint Occupational Health and Safety Committee.

Program Evaluation

The effectiveness of the Workplace Prevention Program is evaluated annually by Senior Management and reviewed by the Environment Team and Joint Occupational Health and Safety Committee.

Workers and Directors (designates) are accountable for the policy and procedures related to workplace violence. This is part of the responsibilities to comply with health and safety policy workers job description. CEO and Directors (designates) responsibilities for enforcing policy and procedures, investigation of and response to workplace violence are also included in health and safety components of job descriptions.

Records

All records of reports and investigations of workplace violence are kept for five years.



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120 Napier Street, Goderich, Ontario N7A 1W5
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Confidentiality Agreement

All residents / patients / clients under the care of Alexandra Marine & General Hospital and all staff and affiliates have a fundamental right to have their health / medical / personal information treated in confidence.

This agreement confirms that I have read and understand the Confidentiality Policy for the Alexandra Marine and General Hospital, Goderich.

I commit to hold in confidence all information about patients, residents, clients, and their families, staff and affiliates, as well as the confidential business information of the organization, which comes to my attention while carrying out my duties as agreed within the organization.

I commit to continue to respect and maintain the confidentiality of patients, residents, clients and their families, and staff and affiliates of the organization, as well as the confidential business information of the organization even after my employment / affiliation with the organization ends.

I understand that I may consult my Leader, Human Resources, Risk Management, or the Privacy Officer for details regarding this and related policies.

I understand that misuse, failure to safeguard, or the disclosure of confidential information without appropriate approvals may be cause for disciplinary action up to and including termination of employment / contract or loss of appointment or affiliation with Alexandra Marine and General Hospital.

Name (please print)

Date (yyyy/mm/dd)

Signature

Department

Alexandra Marine and General Hospital	Effective Date: August 08, 2010
PRIVACY POLICIES	Review Date: August 08, 2012
Confidentiality Agreement	Approved By: Director, Clinical Support Services

This is a controlled document. The official controlled document is the online copy and any printed copies remain the property of AMGH.
It is the responsibility of the user to ensure that any paper copy is the same as the online version before use.

Policy/Purpose

Alexandra Marine and General Hospital (AMGH) has a legal and ethical responsibility to protect the privacy of patients / residents / clients, their families, and staff / affiliates, and ensure confidentiality is maintained.

AMGH considers the following types of information to be confidential:

- Personal information and personal health information regarding patients / residents / clients (hereafter referred to as "patients") and their families;
- Personal information, personal health information, employment information, and compensation information regarding staff and affiliates; and
- Information regarding the confidential business information of the organization, which is not publicly disclosed by the organization.

This policy applies whether this information is verbal, written, electronic, or in any other format. Audits are performed to determine compliance.

In addition to standards of confidentiality, which govern Regulated Health Professionals, staff and affiliates are bound by the organization's responsibility to maintain confidentiality. The organization expects staff / affiliates to keep information, which they may learn or have access to because of their employment / affiliation, in the strictest confidence. It is the responsibility of every staff / affiliate:

- To become familiar with and follow the organization's policies and procedures regarding the collection, use, disclosure, storage, and destruction of confidential information; including privacy policies, E-mail policy and release of information policy.

Links:

- [E-Mail Policy](#)
- [Privacy Policy](#)
- [Release of Information Policy](#)

- To collect, access, and use confidential information only as authorized and required to provide care or perform their assigned duties;
- To divulge, copy, transmit, or release confidential information only as authorized and needed to provide care or perform their duties;
- To safeguard passwords and/or any other user codes that access computer systems and programs.
- To identify confidential information as such when sending E-mails or fax transmissions and to provide direction to the recipient if they receive a transmission in error;
- To discuss confidential information only with those who require this information to provide care or perform their duties and make every effort to discuss confidential information out of range of others who should not have access to this information;
- To continue to respect and maintain the terms of the Confidentiality Agreement after an individual's employment / affiliation with the organization ends;
- To participate in the organization's Privacy and Confidentiality education program, review this policy, and sign a Confidentiality Agreement before commencing work or the provision of service at AMGH as a condition of employment / appointment / contract / association for staff / affiliates at AMGH; and
- To report to their Leader suspected breaches of confidentiality, or within the organization that compromise confidential information. If the Leader is the individual suspected of the breach, staff / affiliates may contact Privacy Officer or Human Resources / Chief of Service.

Misuse, failure to safeguard, or the disclosure of confidential information without appropriate approvals may be cause for disciplinary action up to and including termination of employment / contract or loss of appointment or affiliation with the organization.

Procedure

General

- Leaders must review any department specific information or procedures related to confidentiality with new staff and affiliates.
- Staff / affiliates may consult their Leader, Professional Practice Leader, Privacy Officer, Human Resources or Risk Management regarding confidentiality issues or inquiries.

Confidentiality Agreement

- Confirmation of the successful completion of the educational program and the signed Confidentiality Agreement will be kept on the individual's file in:
- Human Resources for staff;
- CEO's office for physicians, residents, medical students, dentists, and midwives, secretaries who are privately employed by physicians, Medical Department Administrative Officers;
- Human Resources for volunteers and students; and
- Offices of Programs/CBU Leaders under whose supervision contract staff, vendors, or consultants are working (i.e., any individual employed

by third-party organizations who are performing work in the organization on a temporary basis);

It is the responsibility of applicable Leader to stipulate in Education Affiliation Agreements with education institutions, the obligation to ensure that students and faculty abide by the organization's standards of confidentiality.

Investigating Alleged Breaches of Confidentiality

It is the responsibility of Leaders in conjunction with Human Resources, Risk Management, and Privacy Officer, to investigate alleged breaches of confidentiality.

Definitions

Affiliates - Individuals who are not employed by the organization but perform specific tasks at or for the organization, including appointed professionals (e.g., physicians / midwives / dentists), students, volunteers, researchers, contractors, or contractor employees who may be members of a third-party contract or under direct contract to the organization, and individuals working at the organization, but funded through an external source.

Confidential Business Information of the Organization - Information regarding the organization's business, which is not publicly disclosed by the organization that individuals may come across during the performance of their roles at the organization that is not generally known by the public. Examples of this would be:

- legal matters that involve the organization that are not public knowledge;
- financial information that would not be available in the organization's Annual Report;
- contractual agreements with vendors, third parties, consultants (many times the confidentiality of this information is written within the contract e.g., nondisclosure of how much we paid for service);
- information related to intellectual property, e.g., patents pending, research and development of new technology and treatments; and
- information related to the organization's information technology security and access to systems, including:
 - information leading to improper access to the organization's computing resources, both internal and external to the hospital network (e.g., "guest" access to systems, remote access credentials);
 - information pertaining to negotiated product discounts with partner vendors that is considered confidential and proprietary to the vendor; and
 - hardware and software vendor names for products which may be vulnerable to external access attacks, or products that are part of our security infrastructure.

Personal Health Information - Personal information with respect to an individual, whether living or deceased and includes:

- information concerning the physical or mental health of the individual;
- information concerning any health service provided to the individual;
- information concerning the donation by the individual of any body part or any bodily substance of the individual;
- information derived from the testing or examination of a body part or bodily substance of the individual;
- information that is collected in the course of providing health services to the individual; or
- information that is collected incidentally to the provision of health services to the individual.

Personal Information - Information about an identifiable individual, but does not include the name, title or business address or business telephone number of a staff member of an organization.

Procedure

Related Information

[Confidentiality Agreement](#)

References

LHSC Confidentiality Policy, Correspondence and Personal Communication; 2008