



APPLICATION FOR MEDICAL TRAINEE/MIDWIFERY/DENTAL STUDENT PRIVILEGES

Huron Perth Healthcare Alliance, 46 General Hospital Drive, Stratford, ON N5A 2Y6
(Clinton Public Hospital, Seaforth Community Hospital,
St. Marys Memorial Hospital, Stratford General Hospital)

Please return form by mail, fax or email to:

Lori Hartman, Medical Services
Phone: 519-272-8210, Ext. 2438, Fax: 519-271-7137
Email: lori.hartman@hpha.ca

FORMS MUST BE RETURNED NO LATER THAN THREE WEEKS PRIOR TO PLACEMENT

PART A – TRAINEE INFORMATION					
Surname			First Name		Male Female
Street Address					
City				Postal Code	
Email Address:					
Name of University/School					
Training Program (e.g. Family Medicine)					
Trainee Category	UnderGraduate – Year PostGraduate – Year Physician Assistant			Shadowing Dental Midwifery	
Student #		CPSO #		CMPA #	
Rotation #1	Start		End		Service
	Preceptor			Hospital	
Rotation #2	Start		End		Service
	Preceptor			Hospital	
PART B – IMMUNIZATION REQUIREMENTS FOR HURON PERTH HEALTHCARE ALLIANCE					
PLEASE REFER TO ATTACHED APPENDIX A					
All HPHA trainees MUST be current with immunization requirements (Appendix A) prior to starting placement.					
I am current with HPHA's immunization requirements: Yes No					
Respiratory Fit Testing is a requirement of all HPHA trainees:					
I am fit/current with an N95 respiratory mask: Yes Size: _____ No					
I hereby apply for privileges at Huron Perth Healthcare Alliance.					
Trainee Signature: _____ Date: _____					



Huron Perth Healthcare Alliance Occupational Health Services Pre-Placement Health Review

APPENDIX A

Current immunization in accordance with the Immunization Requirements as below is a requirement of your professional/student placement.

Immunization Requirements for Huron Perth Healthcare Alliance 2013

Vaccine or Test	Requirements
Tetanus/Diphtheria (Td)	Documentation of Td or Tdap vaccination within the last 10 years
Tetanus/Diphtheria/Pertussis (Tdap)	A single dose of Tdap should be offered to all HCW's (19 – 64 yr), who have not previously received an adolescent or adult dose of Tdap.
Measles, Mumps, Rubella	Documentation of 2 Measles, Mumps, Rubella vaccinations OR Laboratory evidence of immunity
Varicella	Documentation of 2 Varicella vaccinations, OR Laboratory evidence of immunity
Hepatitis B	Hepatitis B vaccination series and proof of immunity by serology. Individuals refusing the Hepatitis B vaccine must sign a Declination Form.
Influenza	Documentation of an annual Influenza Vaccination.
TB Skin Test (TST)	<ol style="list-style-type: none"> 1. Documentation that a baseline 2 step TB skin test has been completed, or 2. 2 or more documented negative TB skin tests at any time, or 3. Documentation of a negative TB skin test within the last 12 months, <p>THEN: A one step TB skin test must be completed.</p> <p><u>(Definition of 2 step:</u> TB skin test is given, then read 2-3 days later and if negative the process is repeated in other arm within 1 to 4 weeks)</p> <p>All TB skin testing results must be reported in millimetres.</p> <p>Individuals who have a history of a positive skin test are required to provide documentation of the results of a chest x-ray done within the last twelve months.</p>

Respirator Fit Testing (Is a requirement of your professional/student placement)

Respirator fit testing must be current and renewed every two years.
HPHA only carries the following N95 Respirators: N95 3M 8210; N95 3M 9210; and N95 3M 8110S.

HURON PERTH HEALTHCARE ALLIANCE

(Clinton Public Hospital, Seaforth Community Hospital, St. Marys Memorial Hospital, Stratford General Hospital)

8.23 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 a Huron Perth Healthcare Alliance 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 Huron Perth Healthcare Alliance.
- (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) name of the training program enrolled in
 - v) signature of program director
 - vi) name and signature of local Supervisor
 - vii) statement, signed by the resident, attesting to the fact that he/she has read Section 8.23 (d), and agrees to abide by the stipulations thereof. Implicitly, a copy of Section 8.23 (d) will accompany the application form when sent to the resident.
- (d) A 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: _____

Ref: Section 8.23, SGH By-Laws, June, 2002.

Return Form to: **Lori Hartman**
 Administrative Assistant, Medical Services
 Huron Perth Healthcare Alliance
 46 General Hospital Drive
 Stratford, ON N5A 2Y6
 Telephone: (519) 272-8210, ext. 2438
 Fax: (519) 271-7137

Huron Perth Healthcare Alliance	
Terms and Conditions of Employment	Original Issue Date: October 01, 2001
Confidentiality	Review/Effective Date: April 01, 2010
Approved By: Vice President, Workplace Health	Next Review Date: March 31, 2012

This is a CONTROLLED document for internal use only.

Any documents appearing in paper form are not controlled and should be checked against the document (titled as above) on the file server prior to use.

Preamble:

All Huron Perth Healthcare Alliance employees or affiliates (see [#Definition](#)) may have access to confidential information by virtue of their employment or affiliation with the Alliance.

The Alliance recognizes the individual's rights to privacy in relation to personal or personal health information (PHI) and its obligation to ensure the privacy and confidentiality of all personal or personal health information under its control, regardless of format (e.g. written, electronic or verbal).

It is unethical and unlawful for any Alliance employee or affiliate to access, use, discuss or disclose the personal or personal health information of any patient, Alliance staff or affiliate to anyone except through the course of performing their express role.

Breaches of privacy and confidentiality may result in serious consequences for an Alliance employee or affiliate, including loss of trust or reputation, loss of access to information systems, embarrassment, discipline up to and including termination of employment or affiliation, reporting to and discipline by professional associations, fines or legal action.

Definitions

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

Personal Health Information - information, oral or recorded, about an individual that does or could identify that individual and that:

- relates to physical or mental health
- includes family history as it is reflected in the record of personal health information
- identifies the healthcare provider
- relates to payments or eligibility for healthcare
- relates to donation of body part or bodily substance
- includes the health number
- identifies Substitute Decision Maker
- includes any identifying non-health information

Policy:

All reasonable measures must be taken to ensure that sensitive information is collected, used and disclosed only in circumstances necessary and authorized for patient care, research or education or as necessary in the conduct of the business of the Huron Perth Healthcare Alliance facilities and/or programs.

Circumstances appropriate for access to and disclosure of sensitive information

i) regarding personal information (patient, staff, visitor) include:

- When necessary for the care of the patient
- For continuity of care or in the patient's best interests
- When authorized by the person the information is about
- For research or education authorized by an appropriate body
- For purposes of quality improvement or within the Quality of Care Committee process
- If authorized by law (e.g. court order or subpoena)
- For an authorized person to contact next of kin

ii) regarding corporate information

- If necessary for the purposes of conducting business
- If authorized by law (e.g. court order, subpoena, statutory authority)

Alliances employees and affiliates will protect an individual's privacy and confidentiality by:

- Following the **'need to know'** rule by accessing only the information that is required as part of their role in the Alliance, e.g. health care providers access patient information for those patients to whom they are assigned or for whom they are providing care
- Not disclosing that they saw a patient or visitor, or discussing confidential information, with anyone that does not need to know, including other employees or affiliates, at home or in public places outside the hospital
- Respecting patient information of a sensitive nature including nature and cause of illness, treatment options under consideration, reactions of the patients, financial status, conditions of the patients home or domestic difficulties
- Making every effort to discuss confidential information out of the range of others that do not need to know, e.g. do not discuss confidential information in public areas in the hospital such as corridors, elevators, cafeteria
- Discussing sensitive information with patients in a low voice or an area where other patients cannot overhear, if possible
- Not calling patients in waiting rooms or other public areas by their first and last name (see [Calling Patients in Waiting Room Policy](#))
- Wearing an identification badge at all times
- Checking the identification badge or questioning anyone that does not appear to have authority to access, use or disclose personal or personal health information
- Not leaving confidential information in unattended or unsecured locations where it may be accessed by unauthorized persons, e.g. lock confidential hard copy information in a cabinet or room
- Not taking original records containing confidential information that are the property of the Alliance from the premises, unless authorization has been granted
- Ensuring that, when authorization has been granted for the removal of the original records from the premises (e.g. taking chart to court) or when copies of confidential information are provided for removal from the hospital (e.g. for the physician to take to their office), they are secured against loss, theft or unauthorized access
- Staff / affiliates who are considering storage of PHI on any computing devices (PC's, laptops, USB drives, CD's, smartphones etc) require express written approval

from the HPHA IT Department. Those who are permitted to store PHI for portability must contact the IT Department for application of encryption software on all computing devices.

- Not sharing their computer password with anyone
- Logging off a computer when it is unattended so that others cannot access confidential information
- Destroying confidential information in a secure manner, using Shred-it boxes that are located throughout the Alliance
- Informing their Manager/Program Director or the Chief Privacy Officer when they witness or suspect anyone breaching the privacy and confidentiality of an Alliance patient, employee or affiliate
- Informing patients or others that ask, how they or the Alliance protects their privacy or confidentiality
- Checking with their Manager/Program Director or the Chief Privacy Officer if they are unsure of anything as it relates to privacy or confidentiality
- Reviewing and understanding privacy and related policies as they relate to the individual's role.

a hyperlink has been created to the [Privacy Home Page](#) that contains the following policies:

[Acceptable Use of Computers/Electronic Resources](#)
[Audits of Electronic Personal Health Information](#)
[Calling Patients in Waiting Rooms](#)
[Confidentiality](#)
[Information System Remote Access](#)
[Information System Access](#)
[Media Relations & Public Statements](#)
[Patient Access to Personal Health Information](#)
[Patient Request for Correction to Personal Health Information](#)
[Police Requests for & Disclosure of Personal Health Information](#)
[Privacy Policy](#)
[Privacy Breach of Patient Health Information](#)
[Potential Privacy Breach Investigations](#)
[Protection of Electronic Information](#)
[Records Retention, Storage and Destruction](#)
[Restricting Disclosure of Patient Health Information \("lock-box"\)](#)
[Release of Personal Health Information](#)
[Request For Information For Program Planning / Quality Assurance / Utilization Purposes](#)
[Research Request For Participation](#)
[Telephone Messages](#)
[Transmission of Personal Health Information by Fax](#)

Confidentiality Agreement

I understand and agree:

- to abide by the above-mentioned statements for the duration of my employment or affiliation with the Alliance and after this ceases
- that breaches of privacy and/or confidentiality are serious offences and may result in disciplinary action up to and including termination of employment or affiliation with the Alliance and/or reporting to professional bodies

Name (please print)

Signature

Date

Huron Perth Healthcare Alliance		
HR Policies and Procedures	Original Issue Date:	March 01, 2004
Acceptable Use of HPHA Computers/Electronic Resources	Review/Effective Date:	November 29, 2012
Approved By: Chief Executive Officer	Next Review Date:	November 28, 2014

This is a CONTROLLED document for internal use only.

Any documents appearing in paper form are not controlled and should be checked against the document (titled as above) on the file server prior to use.

The Huron Perth Healthcare Alliance Acceptable Use Agreement requires that all Users read carefully, understand and abide by the following policy. No User account is enabled until the User agrees to the Acceptable Use of HPHA Computers/Electronic Resources policy.

Preamble

Huron Perth Healthcare Alliance's computing/electronic resources have been acquired, and are allocated to individuals and groups, for specific patient care, academic and administrative purposes that advance Huron Perth Healthcare Alliance's mission, vision and values. The policy applies to all Users of Huron Perth Healthcare Alliance's computing/electronic resources. Computing/electronic resources shall be understood to include corporate and patient care data. This includes, but is not limited to, Meditech, PACS, Email, Internet, Intranet, network file shares, departmental-specific software, corporately owned cell phones/smart phones, personal digital assistants (PDAs), printers and files residing on individual computers.

Policy

Use of the Alliance's computer/electronic resources is a privilege. All Users must ensure that Huron Perth Healthcare Alliance's computing/electronic resources are used in a productive, positive, ethical and lawful manner. As all Users are ambassadors of the Alliance it is expected that all Users will conduct themselves according to the high standards of professional ethics and behaviour associated with our Healthcare System and across the industry.

As a condition of access to computing/electronic resources, a User agrees to use the computing/electronic resources solely for authorized patient care, academic, administrative and/or incidental, non-commercial personal use and agrees to assume responsibility for any unauthorized use, misuse or illegal use of these computing/electronic resources.

Personal Health Information (PHI) is not to be left in written form or displayed on computer terminals in areas or locations where unauthorized individuals may access it. Storage of PHI director to PC's, laptops, USB drives, CD/DVD's, smartphones, tablets etc., is strictly prohibited. Staff / affiliates who are considering storage of PHI on any computing devices (PC's, laptops, USB drives, CD's, smartphones etc) require express written approval from the HPHA IT Department. Those who are permitted to store PHI for portability must contact the IT Department for **application of encryption software** on all computing devices. (**Protection of Electronic Information Policy**) PHI should be communicated through clinical documentation. PHI should not be communicated via email which is susceptible to breaches of confidentiality.

Accessing or attempting to access your own patient file using the Meditech system is considered to be inappropriate use of the computer system. Staff wishing to access their own personal health information must follow the procedure set out in the **Patient Access to Personal Health Information Policy**.

Personal use of Alliance computers/electronic devices is permissible provided that 1) it is conducted on personal time and in accordance with acceptable use guidelines as set out in this policy, 2) the incremental cost of the usage is negligible, and 3) no business activity is preempted or interfered with as a result of the personal use.

Never share your computer password.

Users are responsible for all traffic originating under their User account or mnemonic regardless of:

- Whether or not they generated it,
- Whether or not they know what they are doing,
- Whether or not they realize that they have violated any specific policies.

Given the above, it is imperative that all Users ensure that proper sign off procedures are followed whenever they physically leave their computer terminal.

To Lock Computer:

- Press control K
- swipe proximity card
- Start button - Log off

To Shut Down Computer:

- Start Button - shut down

Users must also be aware that each operating system has different levels of security with the Meditech System being the most secure and the Internet being the least secure. Maintaining an appropriate level of confidentiality shall always be the User's top priority.

Remote access can only be used in secure environments. Examples of inappropriate locations include, but are not limited to, airport terminals, airplanes, trains and Internet Cafes. Users with remote access must ensure that their computers are attended to at all times. Printing of hospital data at remote locations is not permitted. Data must not be saved to off-site computers or hard-drives. Remote access users must ensure proper technical measures to protect the organization's data (e.g. firewall, up-to-date antivirus, encryption protection systems and current operating system updates/patches).

Examples of unauthorized use or misuse of computing/electronic resources include:

- Using computing/electronic resources for purposes other than those for which they were allocated;
- Sending emails to All Users and large groupings such as Entire Classification or Union Groups without authorization by the appropriate Leader (see **All Users Email**

Policy)

- Using computing/electronic resources to access inappropriate Web sites dealing with what would generally be considered to be distasteful material;
- Using a computer account without authorization or providing computing/electronic resources to individuals or groups without the specific authorization of the relevant Leader;
- Inspecting, altering, deleting, obtaining copies of, publishing or otherwise tampering with files, programs or passwords that the individual is not authorized to access;
- Accessing or attempting to access information, installing or attempting to install or download software, that is not specifically authorized for use or license by Huron Perth Healthcare Alliances IT department;
- Accessing or attempting to access Patient or Corporate Information except through the course of performing your role within the organization;
- Using computing/electronic resources, particularly electronic mail, web servers and bulletin boards to send fraudulent, harassing or obscene messages or to publicly embarrass, expose, criticize or solicit support for personal agendas;
- Developing or using programs that harass other Users or that damage the software or hardware components of the computing/electronic resources and/or placing any destructive or nuisance programs, such as viruses in the computing/electronic resources;
- Attempting to circumvent security systems on any computing/electronic resource;
- Compromising or attempting to compromise the integrity of the computing/electronic resources by accessing or attempting access or alteration of system control programs or files;
- Using unlicensed or unauthorized copies of computer software;
- Breaching the terms and conditions of a software licensing agreement to which Huron Perth Healthcare Alliance is a party;
- Theft or misappropriation of computing/electronic resources, such as equipment, data programs or time;
- Engaging in any action that unfairly denies or restricts the use of computer facilities to authorized Users.

Huron Perth Healthcare Alliance monitors and audits the use of all Computer Equipment for legitimate business purposes. By using Alliance equipment, the User is aware that the Huron Perth Healthcare Alliance monitors and audits use of computer equipment and related activity.

Should Users discover or suspect any inappropriate or unacceptable activity, Users must contact their Leader and the Information Services Department immediately.

Users found to have breached this Policy are subject to temporary or permanent loss of access privileges and/or legal sanctions and/or discipline up to and including termination.

(Please review and complete the signature sheet below.)

HURON PERTH HEALTHCARE ALLIANCE

ACCEPTABLE USE AGREEMENT FOR COMPUTERS/
ELECTRONIC RESOURCES

I have read, understand, and will observe the Huron Perth Healthcare Alliances Acceptable Use of Computers/Electronic Resources policy.

Name (please print): _____

Signature: _____

Date: _____

Department: _____