

## REGISTRATION FOR CLINICAL PLACEMENT

**LEARNERS:** All required paperwork must be received at least 4 weeks prior to your start date. Learners without complete paperwork will not be allowed to start until all paperwork has been received and processed.

LEARNER'S NAME First Name(\*): \_\_\_\_\_ Middle Name(\*): \_\_\_\_\_

Last (Surname) Name(\*): \_\_\_\_\_

**\*Please note: First and Last Name as well as Middle Name(s) (if any) are required fields.**

CPSO #: \_\_\_\_\_ CMPA#: \_\_\_\_\_ STUDENT #: \_\_\_\_\_

UNIVERSITY AFFILIATION: \_\_\_\_\_

TRAINING PROGRAM: \_\_\_\_\_ CATEGORY (CC, PGY1, PGY2, etc...): \_\_\_\_\_

ROTATION START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

PLACEMENT SERVICE/DEPARTMENT: \_\_\_\_\_

N-95 MASK TYPE: \_\_\_\_\_ \*FIT-TESTING DATE: \_\_\_\_\_

**\*Fit-testing must be current; within 2 years of the fit-testing date.**

STUDENT ADDRESS AND PHONE: \_\_\_\_\_

LEARNER'S EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME & PHONE: \_\_\_\_\_

"I understand that Personal Protective Equipment (PPE) is designed to protect the wearer from exposure to infectious microorganisms or other hazardous agents. As a learner of Grand River Hospital and/or St. Mary's General Hospital, I agree to don the necessary PPE as required.\*"

\_\_\_\_\_  
Learner's Signature

\_\_\_\_\_  
Date

### Additional Required Documentation:

- ☐ Proof of completion of online Privacy & Confidentiality for Professional Staff course
- ☐ Proof of completion of online Accessibility - Integrated Accessibility Standards Regulations course
- ☐ Signed Confidentiality Agreement
- ☐ Letter of Good Standing indicating insurance coverage, up-to-date immunization status and clear police check (if not sent directly by program).

\*Contact Chelsea Hillier at chelsea.hillier@grhosp.on.ca if you would like a copy of the PPE policy for review.

**PRIVACY, SECURITY & CONFIDENTIALITY PLEDGE, ACKNOWLEDGEMENT & AGREEMENT (Privacy Pledge)**

Name: \_\_\_\_\_  
(Please Print)

**Affiliation with Grand River Hospital (GRH)/St. Mary's General Hospital (SMGH)** \_\_\_\_\_  
(Employee, professional staff member (include profession), visiting health professional, resident, student (include program), volunteer, consultant, vendor or contractor, employee of a vendor or contractor)

I completed GRH/SMGH's annual privacy and security training on \_\_\_\_\_ or not required as per procedure ☐

I pledge to keep confidential any information obtained during the performance of my duties at Grand River Hospital (GRH) and/or St. Mary's General Hospital (SMGH). I understand that confidential information, meaning information that I have only because of my affiliation with GRH/SMGH, includes, but is not limited to, information relating to:

**Personal health information (PHI): PHIPA (s. 4) defines PHI as identifying information about an individual in oral or recorded form, if the information:**

- Relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family
- Relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual
- Is a plan of service within the meaning of the *Long-Term Care Act, 1994* for the individual
- Relates to payments or eligibility for health care in respect of the individual
- Relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance
- Is the individual's health number
- Identifies an individual's substitute decision-maker

**This means PHI in any format (including paper or electronic) conversations, registration information, financial history, the fact that someone is, has been or may become a patient of Grand River Hospital and/or St. Mary's General Hospital.**

**Personal information (PI): FIPPA defines PI as a broad category of information, of which personal health information or PHI is one type. PI includes, but is not limited to information about any individual relating to:**

- race or ethnic origin, religion,
- age, sexual orientation, or marital status.
- personal opinions or views (with some exceptions), and
- education, medical, psychiatric, criminal or employment history of the individual

**This means PI of GRH and/or SMGH employees, physicians, students, volunteers, researchers, contractors or vendors (such as but not limited to employee records, disciplinary action, performance reviews)**

**GRH/SMGH Confidential information:** includes information, in any format, created or received by the Hospitals in the course of its business, executive and corporate information (including, but not limited to, information pertaining to the Hospitals medical staff in their professional capacity, Board and Executive Committee meeting minutes, working drafts of corporate documents), financial information, human resources information (including, but not limited to, payroll, personnel, or legal information, and staff health records – to the extent the information is not also Personal Information).

**This means information such as, but not limited to contracts, financial information, memos, peer review information, quality reports etc.**

By signing this Privacy Pledge, I am acknowledging that I understand and agree to the following:

1. I am only allowed to collect, use or disclose (including: receive, look at, access, ask for, view, copy, record, print, read, listen, share with others) confidential information on a "need to know basis" only, and even then only the minimum amount required, as required for my role or as I have been authorized to do so or as required by law. If I have any doubt as to whether I am permitted to access, use or disclose confidential, I will consult my manager/supervisor or the GRH/SMGH Privacy and Access Office (PAO).
2. I will not communicate confidential information either within or outside GRH/SMGH, except to persons authorized to receive such information and only for the purposes of performing my duties. For clarity, I will not access, use or disclose PHI for the purpose of: training or education (including self-directed training or education) following-up on the health status of a former patient (even on compassionate grounds), including to send a note to a former patient or his/her family; providing PHI to someone in or outside of GRH/SMGH requesting it for purposes unrelated to providing health care to the patient; or any work, activity or research that I am engaged in outside of GRH/SMGH without written permission from my supervisor/manager or the Privacy and Access Office.
3. I will not collect, use or disclose the confidential information of family, friends, acquaintances or co-workers and will only access my own PHI by making a request through the GRH/SMGH Health Records department. Unless required to perform my work at/for GRH/SMGH, I am not allowed to access the PHI of any person who is a celebrity or otherwise the subject of media attention or in the public eye.
4. I will not share my passwords or credentials to GRH/SMGH electronic information systems with anyone, even with an employee or affiliate or a person authorized to access the system. I understand I am responsible for protecting my passwords and access to GRH/SMGH's systems and records and that I am responsible for all actions performed when the electronic information system has been opened using my password.
5. I will access, process and transmit confidential information using only authorized hardware, software, or other authorized equipment. I understand that I may not save confidential information on an unencrypted USB key or other unencrypted portable device.
6. I shall not remove confidential information from GRH/SMGH premises (including taking it home to work on) except as authorized. If authorized, I shall securely store the information and ensure it is in my custody and control at all times. PHI must not be removed from GRH/SMGH in any form, on any device (laptop, tablet, memory stick, phone). I am not allowed to photograph PHI. I understand that posting or otherwise communicating PHI of anyone other than myself, on social media, chat or like electronic platforms, is an unauthorized removal and disclosure of the PHI.
7. I will not alter, destroy, copy or interfere with confidential information, except with authorization and in accordance with GRH/SMGH policies and procedures.
8. I will immediately report all incidents involving loss, theft or unauthorized use or disclosure of confidential information to my immediate supervisor/manager and to GRH/SMGH's Privacy and Access Office.
9. I will comply with GRH/SMGH's privacy and security-related policies. If I need help understanding these policies, I will ask my supervisor/manager or contact the GRH/SMGH Privacy and Access Office.

I understand that GRH/SMGH audits access to its records. GRH/SMGH has a right even where it does not have an obligation to disclose my name to any affected patient, his or her counsel and the Office of the Information and Privacy Commissioner if I access, use, disclose or destroy PHI for an unauthorized purpose.

I understand that by failing to comply with a term of this Privacy Pledge, I may also be failing to comply with privacy or other law, or infringing the rights of another person. A failure to comply may result in corrective action that may include but is not limited to: an investigation, retraining, loss of access to systems, reporting my conduct to a professional regulatory body or sponsoring agency, school or institution, reporting my conduct to the Information and Privacy Commissioner of Ontario, restriction or revocation of privileges prosecution, fine and/or money damages as well as action taken by GRH/SMGH to limit, suspend or terminate my affiliation with GRH/SMGH.

I understand and agree to abide by the conditions outlined in this pledge, and they will remain in force even if I cease to be employed by or associated with GRH/SMGH.

Signature: \_\_\_\_\_

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

**Mandatory Online Training at**  
**GRAND RIVER HOSPITAL AND ST. MARY'S GENERAL HOSPITAL**

**All students, residents, observers, and midwifery students participating in placements at Grand River Hospital and/or St. Mary's General Hospital are required to complete the two online training modules listed below prior to their start date. You may be required to complete additional modules as required for specific departments.**

**1) Privacy and Confidentiality for Professional Staff Course**

This course will provide you with the information required to understand privacy and confidentiality and how it applies to you as a professional staff of the hospital. It is based on Ontario privacy legislation and affiliated hospital policies.

**\*\*This module requires renewal on a yearly basis; our learning management system will send you an email reminder if you are overdue.**

**2) Accessibility - Integrated Accessibility Standards Regulations (IASR)**

All people have equal right of access to all goods and services provided by Grand River Hospital. Service will be provided in a manner that promotes the dignity, autonomy, respect, privacy and safety of persons with disabilities and is compliant with Integrated Accessibility Standards Regulations of the Accessibility for Ontarians with Disabilities Act (AODA).

**If you will be in the Operating Room during your rotation, or are unsure, please complete the below module. If you will NOT be in the Operating Room during your rotation, then completion of this module is not mandatory. If you are a local McMaster Waterloo Regional Campus clerk or resident, completion of this module is required at the beginning of your program.**

**1) Waterless Surgical Scrub Review**



In the course we will discuss the importance of using a surgical scrub within the Operating Room (OR). We will review surgical scrub methods as well as describe the factors that impact the effectiveness of the surgical scrub.

**You should logon to our learning management system EDGE prior to each rotation to make sure that you have completed the necessary modules required. Instructions on how to do so are indicated on the next page.**

**Directions for using the online tutorials via Grand River Hospital website:**

Please visit: <https://edge.dualcode.com/login/signup.php> to create your account (*or sign-in if you have already created one*).

**Note:** If you are a clinical clerk, please sign-up under the type “Student – Clinical Clerk”  
If you are a resident, please sign-up under the type “Student – Resident”

- Click on the course title that you are required to take (these should populate on your home page, if not; you can manually search for a course using the “Course Catalogue” tab.)
- Click on the course content icon to open the course 
- Optional - expand the window using the maximize button in the upper right corner 

If you are having any difficulties accessing the modules, please first ensure that both pop-ups and cookies are enabled on your browser. If you are still experiencing challenges, try a different browser or contact GRH helpdesk at at [519-749-4300 ext. 2762](tel:519-749-4300); they are available to assist you 24/7.

Upon successful completion of the module(s) your results will be logged. There is no need to provide the medical education coordinator with proof of completion.

**\*Chelsea Hillier**, Medical Education Coordinator - Chief of Staff Office  
Grand River Hospital and St. Mary's General Hospital  
Ph: 519-749-4300 x2525 or 519-744-3311 x6019  
Fax: 519-749-4293  
E: [chelsea.hillier@grhosp.on.ca](mailto:chelsea.hillier@grhosp.on.ca)