

**APPLICATION FOR
MEDICAL STUDENTS/INTERN/RESIDENT
OTHER GRADUATED PHYSICIAN/MIDWIFE/NURSE PRACTITIONER
WOODSTOCK GENERAL HOSPITAL**

NAME: _____

OTHER LAST NAME IF APPLICABLE: _____

MAILING ADDRESS: _____

PHONE: _____ **E-MAIL:** _____

1. CATEGORY

(Check one): Medical Student () Resident () Midwife/Nurse Practitioner ()
Year _____ Year _____ Year _____

1.1 For Resident/Midwife/Nurse Practitioner

Ontario Licence #: _____

CMPA # _____

2. MEDICAL SCHOOL CURRENTLY ENROLLED IN: _____

2.1 Training Program _____

I, _____, confirm that _____

is a student in good standing with _____
Name of Medical School and/or Training Program

Undergraduate Medical Education Co-ordinator

Date

OR

Program Director

Date

UNIVERSITY STUDENT # _____ (Mandatory)

3. DATES OF ROTATION: _____

4. WOODSTOCK GENERAL HOSPITAL SUPERVISOR: _____

I hereby apply for _____ privileges at Woodstock General Hospital. I agree to comply with Woodstock General Hospital Bylaws (a copy of which is available through the Medical Staff Office).

Signature

Date

WGH Supervisor (Name)

Supervisor's Signature

Medical Student/Resident/Midwife/Nurse Practitioner

Name: _____

_____ Recommended_____Not Recommended___ Date_____
Chief of Department

_____ Recommended_____Not Recommended___ Date_____
Chair, Credentials Committee

_____ Recommended_____Not Recommended___ Date_____
Chair, Medical Advisory Committee

_____ Recommended_____Not Recommended___ Date_____
Secretary, Board of Directors

Originated: Credentials - November 4, 2003
 Medical Advisory Committee - November 5, 2003
Revised: Credentials - May 4, 2004
 Medical Advisory Committee - May 5, 2004
 Credentials – November 10, 2016
 Medical Advisory Committee - November
Revised: November 10, 2016



WOODSTOCK HOSPITAL

WOODSTOCK GENERAL HOSPITAL **MEDICAL STUDENT/RESIDENT/MIDWIFE/NURSE PRACTITIONER**

1. Privileges will be granted to medical students enrolled in a recognized medical school, under section "Medical Student" as defined below, provided that the student has a local Supervisor.
2. The local Supervisor shall be a member of the Active Staff of Woodstock General Hospital.
3. Application forms for medical student privileges will be abbreviated, and need include only:
 - i) name, address, telephone number and email address;
 - ii) name of medical school in which the student is enrolled;
 - iii) signature of the Dean, or that person responsible for undergraduate education;
 - iv) signature of local Supervisor; and
 - v) statement, signed by the student, indicating recognition of and acceptance of limitations placed on that student's in-hospital activities, as defined by Woodstock General Hospital Bylaws.
 - vi) Completion of the enclosed Accessibility for All Ontarian's (accessible customer service) Education Package and Quiz. Certificate of Completion can also be submitted if education completed elsewhere (see attached)
 - vii) Completion of the enclosed Code of Conduct (Bill #168) Education Package and Quiz. Certificate of Completion can also be submitted if education completed elsewhere (see attached).
 - viii) Completion of HUGO (CPOE) training.
 - ix) FOR EMERGENCY ROTATIONS: Completion of FirstNet training (Online, see attached).
4. The medical student shall:
 - i) work only under the supervision of his/her designated local Supervisor;
 - ii) the Supervisor will be, with the student, responsible to the Medical Advisory Committee, Hospital Administration, and the Board, for consequences of the student's actions; and
 - iii) student's written orders for medication, investigation, discharge, etc. shall not be processed by nursing staff, until verified by a licensed Physician.
5. The Resident/Midwife/Nurse Practitioner (Physician/Midwife/Nurse Practitioner with an educational licence) shall:
 - i) work only under the supervision of his/her designated local Supervisor;
 - ii) the Supervisor will be, with the student, responsible to the Medical Advisory Committee, Hospital Administration, and the Board, for consequences of the student's actions; and
6. Graduate positions require written approval by the Chief of Department involved.

I have read and agree to abide by the above.

Date

Signature

PLEASE RETURN APPLICATION PACKAGE TO HEATHER SCHERER, SR. MEDICAL STAFF ASSISTANT AT HSCHERER@WGH.ON.CA OR BY FAXING IT TO 519-421-4263.



LONDON HEALTH SCIENCES CENTRE, MEDICAL IMAGING

Request for access to PACS Centricity Web Browser

Position: Chiefs; Managers; Physicians/Residents; Tech Supp/
(Please Circle) Super-Users; Technician/Coordinator; Nurse; Trans 1;
Lib 1-Snr; Lib 2; Scheduler 1; Regist Sched; Diag. Asst:

Name: _____

Department: _____

Pager: _____

Work Extension: _____

Email Address: _____

Residency/Fellow Completion Date: _____

Manager/Co-Coordinator's Signature (Request Approved) _____

Please print name and Title _____

*I acknowledge that my use of the Diagnostic Imaging PACS Web Browser,
is limited to my patients or consults.*

I will not allow use of my Username/Password by any other Individual.

Signature: _____

Date: _____

PLEASE RETURN FORM TO: Ann Birkin, The Stiller Centre, 3rd floor,
700 Collip Circle, London, ON, N6G 4X8

OFFICE USE ONLY:

Username: _____

Password: _____

Notified: _____

London Health Sciences Centre Systems Access Agreement

This document summarizes your obligations when using the London Health Sciences Centre (LHSC) computer network, and its information systems and data. Failure to comply with these obligations may lead to the discontinuation of your hospital network privileges. It is the responsibility of Information Management to monitor and enforce the conditions of this agreement. Any inappropriate use of the network may also result in disciplinary action up to and including termination/loss of privileges.

Access will be granted for a period of 180 days. It is your responsibility to notify the Coordinator, Technology Solutions (Ext 72527) if further access is required.

1. Use of Computer Resources

a. Acceptable Use

LHSC computer resources are allocated to groups and individuals for patient care, research, educational, and administrative purposes only, and should be used in accordance with established policy.

b. Unacceptable Use

Specifically, the following are considered unacceptable:

- accessing, modifying, deleting, copying, printing, disclosing, restricting access, or otherwise tampering with files and/or data to which you have not been given authorization to access. Electronic patient records may be accessed only if there is a direct patient care or approved research relationship with patient consent.
- sending or arranging to receive email in a manner that violates hospital policies or legislation, e.g. Harassment, Ontario Human Rights Code.
- accessing pornographic Internet sites
- usage that is disruptive to the operations of the hospital, such as:
 - chain letters
 - sending to all e-mail users for communicating information other than of a corporate nature and important to the broad audience
 - playing games (except for training purposes)
- theft of, or any other criminal activity related to equipment, and/or software, and/or data use of personal software on the hospital's hardware
- use of hospital computer resources to run or support a private business

System User's Confidentiality Obligations

You will be assigned a unique identifier and a confidential password to access the appropriate systems for which you have approval. It is your responsibility to maintain the confidentiality of that password. The hospital systems maintain an internal record of all transactions carried out by you through the use of your password. This internal record of your activity may be audited as part of the hospital's security management practices. You are responsible and accountable for all transactions associated with your password.

At any time, you suspect that the confidentiality of your password has been compromised, you should immediately change your password and inform your direct supervisor as well as Information Services.

Any patient-related information accessed through the hospital systems is strictly confidential and should be used only in the performance of necessary duties and in accordance with hospital policy. Individuals accessing electronic patient records for research purposes must document the reason for access in the comments section of the electronic patient record.

You have read, understand, and agree to abide by the responsibilities outlined in this document:

I, Name (please print) _____ Signature _____

Professional Designation _____ Employee Number _____

Location & Campus _____ Extension/ Beeper # _____

SC/SJHC contact. If research request, indicate Primary Investigator/Individual who verifies that access is required and supports request:

Name (please print) _____ Signature _____

Please Fax signed form to the Privacy Office at (519) 667-6706

System Access Request

Request Date (dd/mm/yy) _____

Applicant Information

Hospital Name: _____ Network login name: _____

Legal Name: _____
Last Given Middle Preferred Name

Dept/Prog/Location: _____ Phone No: _____ Ext: _____

Position/Job Title: _____ Email: _____ Pager # _____

Day/Month of Birth: dd ____ mm ____

Describe your relationship to the hospital:

☐ Physician with privileges: OHIP Billing #: _____☐ Employee of hospital: Employee ID # (from pay stub) _____☐ 3rd party employee: Name of employer/agency: _____ Driver's license # _____☐ Student: Area of Study/School _____ Student ID # _____☐ Other specify _____

Driver's license # _____

If applicant is a student or 3rd party employee indicate dd/mm/yy this individual is expected to leave _____

Are you employed by or currently have privileges at another hospital?

☐ No ☐ Yes – List hospitals: _____
Do you have a login account at any of these hospitals? Yes ☐ No ☐Reason for request: ☐ Clinical Care ☐ Research ☐ 3rd party work ☐ Other _____If this is a request for research/3rd party work, describe nature of work (include title of research project), the reason for the request and what type of information is needed (e.g., laboratory results).

Research: Research "R" # _____

Systems required to access:

☐ Cerner ☐ Other _____**Authorizing Information**

Department/Area Leader Requesting System Access (or Principal Investigator if this is a research request).

I certify that the information submitted on this System Access Request Form is accurate and complete and that the applicant requires access as requested to perform his/her functions and duties at this hospital.

Print Name _____ Signature _____ Title _____

Dept/Program/Location _____ Phone # _____ Ext. _____ Email _____ Date (dd/mm/yy) _____



WOODSTOCK HOSPITAL

CERTIFICATION OF COMPLETION OF TRAINING (HUGO)

I, _____, have completed my HUGO education and
training at _____ on _____

Printed Name

Signature



PHIPA

On November 1, 2004, the Ontario government enacted the **Personal Health Information Protection Act** (PHIPA). The act provides direction to all individuals who collect, use, disclose and retain personal information and personal health information. These individuals may include staff, physicians, volunteers, students and contracted staff at healthcare facilities.

Patient Rights

A patient has the right to:

- Consent or refuse the collection, use & disclosure of their Personal Health Information (PHI). Refusal is subject to legal exceptions, such as a warrant or a subpoena.
- Access their PHI at any time.
- Request changes to information they feel is inaccurate.
- Know who accesses and uses their PHI. The patient may request an audit.
- Know to whom their PHI has been disclosed.
- Challenge the hospital's compliance with Privacy laws.

What Is Privacy?

Definition

Privacy is the right of an individual to control his or her own personal information. In other words, a person can determine how, when and to what extent they will share information with others.

Privacy Policy

Subject: Privacy Policy

Approval: Natasa Veljovic
President / CEO

Date: October 2004

Reviewed / Revised: August 2012

Board of Trust
Approved February 22, 2005

The Thames Valley Planning Partnership Hospitals which includes Woodstock Hospital (hereafter referred to as the TVHPP Hospitals) are responsible for personal health information under each respective organization's custody and control and are committed to a high standard of privacy for their information practices.



The TVHPP Hospitals adopted the following 10 Principles set out in the National Standard of Canada Model Code for the Protection of Personal Information:

1. Accountability
2. Identifying Purposes
3. Consent
4. Limiting Collection
5. Limiting Use, Disclosure, and Retention
6. Accuracy
7. Safeguards
8. Openness
9. Individual Access
10. Provide Recourse

The TVHPP Hospitals are adopting common policies, procedures and practices with respect to fair information practices.

This policy will apply to personal health information collected, used, disclosed and retained by the TVHPP Hospitals, subject to legal requirements.

PURPOSE

The TVHPP Hospitals have implemented a number of shared services, including some consolidated clinical services, common medical staff, laboratory services and integrated information systems and privacy office. To the extent that personal health information is collected, used, disclosed, and retained within the shared services, the TVHPP Hospitals recognize that each organization has both independent and joint obligations with respect to fair information practices.

The privacy policy is the foundation for other policies and procedures, setting the principles upon which the TVHPP Hospitals collect, use and disclose personal health information.

Principle #1 - Accountability for Personal Health Information

Woodstock General Hospital (hereafter also known as the Hospital) is responsible for personal health information under its control and has designated individuals (Privacy Officer, and Team) who are accountable for compliance using the following principles:

- Accountability for the Hospital's compliance with the policy rests with the Chief Executive Officer, and, ultimately the Board, of each organization, although other individuals within the Hospital are responsible for the day-to-day collection and processing of personal health information. In addition, other individuals within the Hospital are delegated to act on behalf of the Chief Executive Officer, such as the Privacy Officer.
- The name of the Privacy Leadership designated by the Hospital to oversee compliance with these principles is a matter of public record.



- The Hospital is responsible for personal health information in its possession or custody, including information that has been transferred to a third party for processing. The Hospital will use contractual or other means to provide a comparable level of protection while the information is being processed by a third party.

The Hospital will:

- Implement policies and procedures to protect personal health information, including information relating to patients, staff, and agents.
- Establish policies and procedures to receive and respond to complaints and inquiries.
- Train and communicate to staff and agents information about the Hospital's privacy policies and practices.
- Develop plans and communicate to the public and key hospital stakeholders' information to explain the Hospital's privacy policies and procedures.

Principle #2 - Identifying Purposes for the Collection of Personal Health Information

At or before the time personal health information is collected, Woodstock Hospital will identify the purposes for which personal health information is collected. The primary purposes for collecting personal health information are the delivery of direct patient care, the administration of the health care system, research, teaching, statistics, and meeting legal and regulatory requirements.

Identifying the purposes for which personal health information is collected at or before the time of collection allows the Hospital to determine the information it needs to collect to fulfill these purposes.

The identified purposes are explained at or before collection (of the information) to the individual from whom the personal health information is collected, this explanation can be given orally or in writing: for example, an admission form, or posted notice, may give notice of the purposes. A patient who presents for treatment, and receives an explanation, is also giving implied consent for the use of his or her personal health information for authorized purposes. Patients will be given the option to accept or reject each such use.

When personal health information, that has been collected, is to be used for a purpose not previously identified, the new purpose will be identified prior to use. Unless the new purpose is required by law, the consent of the individual is required before information can be used for that purpose.

Persons collecting personal health information will be able to explain to individuals the purposes for which the information is being collected.



Principle #3 - Consent for the Collection, Use, and Disclosure of Personal Health Information

The knowledge and consent of the individual are required for the collection, use, or disclosure of personal health information, except where inappropriate.

Note:

In certain circumstances personal health information can be collected, used, or disclosed without the knowledge and consent of the individual: for example, legal, medical, or security reason may make it impossible or impractical to seek consent. When information is being collected for the detection and prevention of fraud or for law enforcement, seeking the consent of the individual might defeat the purpose of collecting the information. Seeking consent may be impossible or inappropriate when the individual is a minor, seriously ill, or mentally incapacitated. In addition, if the Hospital does not have a direct relationship with the individual, it may not be possible to seek consent.

- Consent is required for the collection of personal health information and the subsequent use or disclosure of this information. Typically, the Hospital will seek consent for the use or disclosure of the information at the time of collection. In certain circumstances, consent with respect to use or disclosure may be sought after the information has been collected, but before use (for example, when the Hospital wishes to use information for a purpose not previously identified).
- The principle requires "knowledge and consent". The Hospital will make a responsible effort to ensure that the individual is advised of the purposes for which the information will be used. To make the consent meaningful, the purposes must be stated in such a manner that the individual can reasonably understand how the information will be used or disclosed.
- The Hospital will not, as a condition of the supply of a product or service, require an individual to consent to the collection, use, or disclosure of information beyond that required to fulfill the explicitly specified and legitimate purposes.
- The form of the consent sought by the Hospital may vary, depending upon the circumstances and the type of information. In determining the form of consent to use, the Hospital will take into account the sensitivity of the information.
- In obtaining consent, the reasonable expectations of the individual are also relevant. The Hospital can assume that an individual's request for treatment constitutes consent for specific purposes. On the other hand, an individual would not reasonably expect that personal health information given to the Hospital would be given to a company selling health-care products.
- The way in which the Hospital seeks consent may vary, depending on the circumstances and the type of information collected. The Hospital will generally seek express consent when the information is likely to be considered sensitive (e.g., genetic testing). Implied consent would generally be appropriate when the information is less sensitive. An authorized representative such as a substitute decision maker if the patient is not capable, a legal guardian or a person having power of attorney can also give consent.



- Individuals can give consent in many ways, for example:
 - An admission form may be used to seek consent, collect information, and inform the individual of the use that will be made of the information. By completing and signing the form, the individual is giving consent to the collection and the specified uses;
 - Consent may be given orally when information is collected over the telephone, or
 - Consent may be given at the time that individuals use a health service.

An individual may withdraw consent at any time, subject to legal or contractual restrictions and reasonable notice. The Hospital will inform the individual of the implications of such withdrawal.

Principle #4 - Limiting Collection of Personal Information

The collection of personal health information will be limited to that which is necessary for the purposes identified by the Woodstock Hospital. Information will be collected by fair and lawful means.

- The Hospital will not collect personal health information indiscriminately. Both the amount and the type of information collected will be limited to that which is necessary to fulfill the purposes identified.
- The requirement that personal health information be collected by fair and lawful means is intended to prevent the Hospital from collecting information by misleading or deceiving individuals about the purpose for which information is being collected. This requirement implies that consent with respect to collection must not be obtained through deception.

Principle #5 - Limiting Use, Disclosure and Retention

Personal health information will not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or as required by law. Personal health information will be retained only as long as necessary for the fulfillment of those purposes.

- If using personal health information for a new purpose, the Hospital will document this purpose.
- The Hospital will develop guidelines and implement procedures with respect to the retention of personal health information. These guidelines will include minimum and maximum retention periods. Personal health information that has been used to make a decision about an individual will be retained long enough to allow the individual access to the information after the decision has been made. The Hospital is subject to legislative requirements with respect to retention periods.



- Personal health information that is no longer required to fulfill the identified purposes will be destroyed, erased, or made anonymous. The Hospital will develop guidelines and implement procedures to govern the destruction of personal information in accordance with applicable legislative requirements.

Principle #6 - Ensuring Accuracy of Personal Information

Personal information will be as accurate, complete, and up-to-date as is necessary for the purposes for which it is to be used.

- The extent to which personal health information will be accurate, complete, and up to date will depend upon the use of the information, taking into account the interests of the individual. Information will be sufficiently accurate, complete, and up to date to minimize the possibility that inappropriate information may be used to make a decision about the individual.
- The Hospital will not routinely update personal health information, unless such a process is necessary to fulfill the purposes for which the information was collected.
- Personal health information that is used on an ongoing basis, including information that is disclosed to third parties, will generally be accurate and up to date, unless limits to the requirement for accuracy are clearly set out.

Principle #7 - Ensuring Safeguards for Personal Information

Security safeguards appropriate to the sensitivity of the information will protect personal information.

- The security safeguards will protect personal health information against loss, theft, unauthorized access, disclosure, copying, use, or modification. The Hospital will protect personal health information regardless of the format in which it is held.
- The nature of the safeguards will vary depending on the sensitivity of the information that has been collected, the amount, distribution, and format of the information, and the method of storage. A higher level of protection will safeguard more sensitive information, such as health records.
- The methods of protection will include:
 - Physical measures, for example, locked filing cabinets and restricted access to offices;
 - Organizational measures, for example, limiting access on a "need-to-know" basis, and
 - Technological measures, for example, the use of passwords, encryption and audits.



- The Hospital will make its staff and agents aware of the importance of maintaining the confidentiality of personal health information. As a condition of employment, appointment, or agency, all hospital staff and agents must sign the Hospital's Confidentiality Agreement. In addition, those with access to electronic health records must sign individual User Agreements.

Care will be used in the disposal or destruction of personal information, to prevent unauthorized parties from gaining access to the information.

Principle #8 - Openness About Personal Information Policies and Practices

The Woodstock Hospital will make readily available to individuals specific information about its policies and practices relating to the management of personal health information.

- The Hospital will be open about its policies and practices with respect to the management of personal health information. Individuals will be able to acquire information about the hospital's policies and practices without unreasonable effort. This information will be made available in a form that is generally understandable.
- The information made available will include:
 - The contact information to reach the Privacy Officer who is accountable for the Hospital's privacy policies and practices, and to whom complaints or inquiries can be forwarded;
 - The means of gaining access to personal health information held by the Hospital;
 - A description of the type of personal health information held by the Hospital, including a general account of its use;
 - A copy of any brochures or other information that explains the Hospital's policies, standards, or codes, and
 - What personal health information is made available to related organizations?
- The Hospital will make information on their policies and practices available in a variety of ways to address varied information needs and to ensure accessibility to information: for example, the Hospital may choose to make brochures available in their places of business, mail information to their clients, post signs, provide online access, or through the Internet and Intranet.

Principle #9 - Individual Access to Own Personal Health Information

Upon request, an individual will be informed of the existence, use, and disclosure of his or her personal health information and will be given access to that information. An individual will be able to challenge the accuracy and completeness of the information and have it amended as appropriate.



Note:

In certain circumstances, the Hospital may not be able to provide access to all the personal health information it holds about an individual. Exceptions to the access requirement will be limited and specific. The reasons for denying access will be provided to the individual upon request. Exceptions may include information that is prohibitively costly to provide, information that contains references to other individuals, information that cannot be disclosed for legal, security, or proprietary reasons, and information that is subject to solicitor-client or litigation privilege.

- Upon request, the Hospital will inform an individual whether or not it holds personal health information about the individual. The Hospital will seek to indicate the source of this information and will allow the individual access to this information. However, the Hospital may choose to make sensitive health information available through a medical practitioner. In addition, the Hospital will provide an account of the use that has been made or is being made of this information and an account of the third parties to which it has been disclosed.
- An individual will be required to provide sufficient information to permit the Hospital to provide an account of the existence, use, and disclosure of personal health information. The information provided will only be used for this purpose.
- In providing an account of third parties to which the Hospital has disclosed personal health information about an individual, the Hospital will attempt to be as specific as possible. When it is not possible to provide a list of the organizations to which the Hospital has actually disclosed information about an individual, the Hospital will provide a list of the organizations to which the Hospital may have disclosed information about the individual.
- The Hospital will respond to an individual's request within a reasonable time and at a reasonable cost to the individual. Fees will be established on a cost recovery basis. The requested information will be provided or made available in a form that is generally understandable. For example, if the Hospital uses abbreviations or codes to record information, an explanation will be provided.

When an individual successfully resolves the inaccuracy or incompleteness of personal health information, the Hospital will amend the information as required, in accordance with professional standards of practice. Depending upon the nature of the information challenged, amendment may involve the correction, deletion, or addition of information. Information contained within health records will not be deleted, but rather, the original must be maintained, with any amendments or corrections being made in a transparent manner. Where appropriate, the amended information will be transmitted to third parties having access to the information in question.

When a challenge is not resolved to the satisfaction of the individual, the Hospital will record the substance of the unresolved challenge. When appropriate, the existence of the unresolved challenge will be transmitted to third parties having access to the information in question.



Principle #10 - Challenging Compliance with the Hospital's Privacy Policies and Practices

An individual will be able to address a challenge concerning compliance with this policy to the Chief Executive Officer.

The Hospital will put procedures in place to receive and respond to complaints or inquiries about its policies and practices relating to the handling of personal health information. The complaint procedures will be easily accessible and simple to use.

The Hospital will inform individuals who make inquiries or lodge complaints of the existence of relevant complaint procedures. A range of these procedures may exist.

The Hospital will investigate all complaints. If a complaint is found to be justified, the Hospital will take appropriate measures, including, if necessary, amending its policies and practices.

DEFINITIONS

Agent

A person who acts on behalf of the organization in exercising powers or performing duties with respect to personal / private information whether or not employed (or remunerated) including volunteers, students, physicians, consultants, nurses, vendors and contractors.

Patients

Includes inpatients, outpatients, residents and clients.

Personal Health Information

Personal Health 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 services 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.

Privacy and Confidentiality Education Program



Personal Information

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

Originator:

Manager, Privacy Office

Reference:

Personal Information Protection and Electronic Documents Act, 2000



What Is Confidentiality?

Confidentiality is the moral, ethical, professional and employment obligation of staff and affiliates to protect information entrusted to them regardless of format; formats may include, but are not limited to verbal, written and electronic.

Confidentiality at Woodstock General Hospital

Woodstock General Hospital has a responsibility to ensure confidentiality is maintained by their staff and affiliates. Failure to maintain confidentiality may result in disciplinary action, including:

- Loss of privileges / affiliation
- Reporting to your professional college
- Civil action
- Criminal prosecution
- Institutional and personal fines
- Termination of contract / employment

Personal information includes name, date of birth, address, Health Card Number and extended health insurance numbers.

Personal health information includes information relating to previous health problems, the record of visits to the hospital and what health care we provide during those visits.

How Do I Maintain Confidentiality?

People have the right to control the collection, use, sharing and retention of personal information and personal health information. It is your responsibility to hold patient and employee information in the highest confidence.

Note that Privacy laws do not affect mandatory reporting by Regulated Health Professionals - e.g. reportable diseases, child abuse, etc.

1. Discuss the intended use and sharing of the information with the individual, and respect their decisions regarding use and sharing. If seeking information about the individual from other sources, e.g. family physician, community pharmacies, ask for consent from the patient/client.
2. Protect information that you have in your control:
 - File or put away charts in their proper place
 - Lock filing cabinets and offices
 - View information - whether in print or on screen - away from other's view
 - Do not store personal health information on the hard drive of any computer
 - Log off your secure network application when you are finished.



3. Do not e-mail confidential or sensitive information with identifiable staff and patient clinical information to sources outside of Woodstock Hospital email system (wgh.on.ca).
4. Maintain the confidentiality of information about staff and affiliates the same as patient information. Respect your colleagues' right to privacy.
5. Access only the information that is essential for you to do your work, whether it is providing direct care to a patient or providing services to the hospital. This includes accessing your own record or that of your family and friends. Accessing information that does not pertain to your work may result in disciplinary action.
6. Do not share your password. Log out of the hospital network system when you are finished.
7. Dispose of printed confidential information by putting it in confidential waste receptacles or by shredding the documents.
8. Consider the sensitivity of information being sent via inter-departmental mail. If sensitive, send in a sealed envelope.
9. Discuss confidential information in private areas, where others cannot overhear the information. **DO NOT** discuss confidential information in public areas such as:
 - Elevators
 - Cafeteria
 - Coffee shops, retail spaces
 - Other patient's rooms
 - Hallways
 - In public
 - At home
10. When using wireless devices like Laptops and Personal Digital Assistants (PDAs):
 - Password protect all your programs
 - Ensure the portable device and hard drive is encrypted
 - Keep the information you store on your device to a minimum - get in the habit of downloading and uploading your work from the hospital's virtual drives
 - Remove patient-identifying information from these devices as much as possible
 - Ensure the security of your PDAs and laptops when not in use. Do not leave them unattended. If the device must be left in your car, secure it in the trunk and away from view of would-be thieves.



Confidentiality Policy

Policy

Subject: Confidentiality

Approval: Natasa Veljovic
President / CEO

Date: May 2005

Reviewed / Revised: August 2012

Board of Trust
Approved May 31, 2005

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

Woodstock General Hospital 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 organization's operations, which is not publicly disclosed by the organization (e.g., unpublished financial statements, legal matters).

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 (See References).
- To collect, access, and use confidential information only as authorized and required to provide care or perform their assigned duties.

Privacy and Confidentiality Education Program



- To divulge, copy, transmit, or release confidential information only as authorized and needed to provide care or perform their duties. (See Release of Information Policy).
- To safeguard passwords and / or any other user codes that access computer systems, programs and telephones.
- To identify confidential information as such when e-mails or fax transmissions and to provide direction to the recipient if they receive a transmission in error. (See E-Mail Policy).
- 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. These activities are a mandatory condition of employment / appointment / contract / association for staff / affiliates at Woodstock General Hospital.
- To report to their Manager suspected breaches of confidentiality, or practices within the organization that compromise confidential information. If the Manager is the individual suspected of the breach, staff / affiliates may contact Human Resources or the Privacy Officer.

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.

PROCEDURES

A. General

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

B. 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 and non-medical students,



- Medical Affairs Office for Physicians, Residents, Medical Students, Dentists, Midwives and Nurse Practitioners,
 - Volunteer Services for volunteers
 - Service area 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 Staff Development / Professional Practice Leaders / Managers to stipulate in Education Affiliation Agreements with educational institutions, the obligation to ensure that students and faculty abide by the organization's standards of confidentiality.
- C. Investigating Alleged Breaches of Confidentiality**
- It is the responsibility of Managers, in conjunction with Human Resources, and the Privacy Officer, to investigate alleged breaches in confidentiality.

DEFINITION OF TERMS

Affiliates

Individuals who are not employed by the organization by perform specific tasks at or for the organization, including appointed professionals (e.g., physicians / midwives / dentists / nurse practitioners), 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.

Personal Health Information

Personal health information with respect to an individual, whether living or deceased and includes:

- a) Information concerning the physical or mental health of the individual;
- b) Information concerning any health service provided to the individual;
- c) Information concerning the donation by the individual of any body part of any bodily substance of the individual;
- d) Information derived from the testing or examination of a body part of bodily substance of the individual;
- e) Information that is collected in the course of providing health services to the individual, or
- f) 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.

REFERENCES

Related Corporate Policies:

Privacy Policy

E-Mail Policy (not yet published)

Release of Information Policy (not yet published)

Legislation:

Personal Information Protection and Electronic Documents Act, (PIPEDA) (2004)

Personal Health Information Protection Act (PHIPA) (2004)

Public Hospitals Act, 1990 (as amended)

Regulated Health Professional Act, 1991 (as amended)

Standards:

College of Nurses of Ontario, Standards of Practice - Confidentiality

College of Physicians and Surgeons of Ontario - Confidentiality and Access to Patient Information



Sample Questions to Prepare for Mandatory Knowledge Application Quiz

Physicians / Midwives / Dentists

Scenario #1

A physician sees patients at several hospital campuses. She ends the day at one campus, but will start the following day at another. She has a patient's hardcopy health record in her office from a previous visit - she realizes she needs that record for the morning at another campus.

Choose the correct action for the physician:

1. Take the records home. Bring them to the clinic the next day and then return them to Health Records when they are no longer needed.
2. **Send them to *Health Records*. They will courier the records to her clinic the next day. (Correct)**

The record should be sent to *Health Records* where it will be sent via a contracted courier to the other campus. If the patient needed care that night, the record would not be available. The original health record should not be removed from hospital, unless legally required to do so.

Scenario #2

A research project collects names and health information from patients. This information is stored in a database on a laptop computer. The laptop is stolen.

What does the researcher need to do first?

1. Purchase a new laptop and re-create the database from hardcopy records.
2. **Notify *Risk Management* and the *Privacy Office*. (Correct)**

The researcher must notify Risk Management and the Privacy Office to make them aware that confidential information has been stolen. A list of the patients and the type of information that is contained within the database need to be created.

Risk Management and the Privacy Office will assist the researcher in contacting patients to notify them that their information was stolen and could potentially be accessed by other individuals.



Scenario #3

You perform some blood test on Bob and the results indicate he is HIV positive. You suggest to Bob that he tells his partner, since he is also at risk or may have already contracted the disease. You also tell him that you are going to inform the local Medical Officer of Health.

He does not consent to this and says that he'll launch a civil lawsuit if you breach his rights to privacy and confidentiality.

What do you do?

1. Tell him that you are obliged to inform the local Medical Officer of Health because HIV/AIDS is a reportable disease. (Correct)
2. Do nothing. You do not have consent.

You are obligated to inform the local Medical Officer of Health, under the Laboratory and Specimen Collection Licensing Act and the Health Protection and Promotion Act.

Acquired Immunodeficiency Syndrome is a reportable disease. Privacy legislation does not alter the obligation to report these diseases.

Clinical Staff

Laboratory Technologists / Medical Radiation Technologists / Dieticians (RD) / Occupational Therapists / Physiotherapists / Social Workers / Speech-Language Therapists / Respiratory Therapists / Pharmacists / RSA / Orderly / Diagnostics Department / CCAC (?) / Students / Chiropody / Techs - Pharmacy, Lab, Dialysis / Massage Therapists

Scenario #1

On route to Radiology, a patient being transported in a wheelchair is asked to hold their health record while the porter pushes the wheelchair. The patient proceeds to open and read the record.

What do you think? Is the patient allowed to read their record?

1. Yes - Patients have the right to review their health records (Correct)
2. No - Patients do not have the right to review their health records

The information contained in the health record belongs to the patient. The health record itself belongs to the organization. You should suggest, however, that the patient request to review their health record at a time when one of the health care team can interpret some of the terminology and explain the record in the context of the treatment plan.



Scenario #2

You are organizing a curling team to compete with other teams in your community. You want a 'ringer.' You recall a former patient who mentioned she was quite good at the sport and but had not played since she moved to your community - she was eager to start again. You access her telephone number from her electronic health record. You make certain to ignore all other information.

What do *you* think? Choose the description that best describes your actions:

1. No breach of privacy: Telephone numbers are public information. You simply accessed it in a different way.
2. **Breach of privacy: You breached the patient's privacy because the phone number was collected out of context of providing her care. (Correct)**

This is a breach of her privacy. The patient's phone number was collected in the context of her admission to the hospital and for the purpose of providing her care and other core activities of the hospital. She has not consented to the use of this information for other purposes.

Scenario #3

A nurse prepares to fax a transcribed report to a different health care facility. The report is for a patient being referred to a specialist for consultation. The patient's physician has discussed the consultation with the patient.

What do you think?

1. **The nurse may send the fax (Correct)**
2. The nurse still needs to get written consent

The nurse may send the fax. If the physician has discussed the consult with the patient and the patient has not opposed to being referred to the other practitioner, there is implied consent that health information will be shared between the two practitioners for the purpose of this consultation.

Patients are informed by means of brochures, posters and web site information that we share information within the "circle of care" for the purpose of their ongoing health care.



Non-Clinical Staff

Senior Administration / Management / Dietary / Finance / Housekeeping / Human Resources / Information Management / Payroll Office / Foundation / Porters / Clerical Support Staff / Ward Clerks / Lifeline / Health Records / Staff Development / Chaplains / Auxiliary / Volunteers / Students / Admitting / Central Supply Registry / Stores / Purchasing / Environmental Services / Pharmacy / Contract Employees / Diagnostics / Lab Clerical Support / Sterivision

Scenario #1

You leave work for the day. As you near the parking lot, you find a stack of papers with patient names, addresses, phone numbers and sensitive health information. What do you do?

1. Do nothing and leave them there. Someone probably left them for a minute and will return to pick them up.
2. Pick them up and take them to **Security**. Follow-up with **Risk Management**. (Correct)

This information should be secured until the owner is located. If the stack is too big, call security and wait for them. Make certain to follow through with Risk Management.

Scenario #2

You are in an elevator at the hospital and you overhear a discussion about the care of an individual who you know from your church - Mr. Joseph Schmolenke. The following Sunday, one of your friends indicates that they heard Joe was ill. You relay the content of the discussion you overheard in the elevator.

Have you breached confidentiality?

1. Yes (Correct)
2. No

Yes, you have breached your obligation to maintain the information that you came across in the hospital as confidential information. You should remain silent and not disclose that you were aware of Mr. Schmolenke's presence at the hospital.



Scenario #3

You have to go into a patient's room to service a light fixture. When you enter the room, you see the physician and residents talking to the patient. The patient seems quite upset.

What do you do?

1. Enter the room and quietly fix the light.
2. Leave the room and come back later. (Correct)

Leave the room and come back later. The health care team appears to be talking about sensitive information, which you do not need to hear. By leaving, you will allow the team to finish the discussion without concerns of breaching the patient's privacy.

PLACE NAME / DEPARTMENT LABEL HERE

Circle Answers
Here! Return with
Confidentiality
Agreement

SCORE

- | | |
|--------|---------|
| 1. A B | 6. A B |
| 2. A B | 7. A B |
| 3. A B | 8. A B |
| 4. A B | 9. A B |
| 5. A B | 10. A B |

Physicians / Midwives / Dentists

1. The police call your unit requesting information about a patient. They describe the injuries that an individual may have sustained, but they do not have the person's name or physical description. The nursing staff is aware of an individual that is consistent with this police description.

Can you release the name of the patient?

- (A) Yes - It is unlawful to obstruct a criminal investigation.
(B) No - Releasing information in this context requires the patient's consent or a warrant.

2. The son of a capable, 60-year-old female patient asks to see the health record of his mother.

Is he allowed to view the record?

- (A) The son is not allowed to see his mother's record without her written consent.
(B) He should see the record. The son is a primary relative who has his mother's best interest at heart.

3. A staff member is suddenly admitted for emergency treatment. The next day, you take a call from a family member who informs you that the co-worker will not be in for a while due to an unspecified illness.

As a colleague, you are very concerned. You decide to access your co-worker's electronic patient record to determine the cause.

Choose the best description for your behaviour:

- (A) You have the right to access the co-worker's electronic patient record (EPR) because you have access to the EPR system.
(B) You breached the patient's right to privacy and confidentiality.

4. You have just seen a patient referred by a Family Physician. Unfortunately, the patient was not able to provide you with enough information on his initial consult request. The patient has left, so you contact the referring Physician.

Are you in breach of your patient's privacy?

- (A) There is implied consent by the patient that there would be sharing of information from the referring Family Physician - No, I am not breaching my patient's right to privacy.
(B) I should have received consent first from the patient, so yes, I am in breach of my patient's privacy.

5. You are standing in line in a cafeteria and two staff member are discussing a patient they are caring for on their unit. They call the patient by name and discuss the diagnosis and the gravity of the patient's prognosis.

How do you react?

- (A) Do nothing. Healthcare providers are stressed for time. They need to leverage whatever time they have to provide the best care for their patients.
- (B) Remind staff that they cannot discuss confidential information in public areas.

6. A physician dictates a letter to the Ministry of Transportation to advise that a patient cannot drive a vehicle for a certain length of time because of a medical condition. In the letter he supplies the patient's name, date of birth and address. No consent is obtained to release this info.

Is this a breach of the patient's confidentiality?

- (A) Yes
- (B) No

7. As a health care professional, I have access to electronic patient records. I can access any record I want so long as I keep the information confidential.

- (A) True
- (B) False

8. Privacy is the right of an individual to control his or her own personal health information?

- (A) True
- (B) False

9. A nurse prepares to fax a transcribed report to a different health care facility. The report is for a patient being referred to a specialist for consultation. The patient's physician has discussed the consultation with the patient.

The nurse can now do what?

- (A) The nurse may send the fax.
- (B) The nurse needs to get written consent before sending the fax.

10. You enter an elderly patient's room to talk about some sensitive information regarding her diagnosis and possible treatments. The patient has several visitors.

What should you do?

- (A) Ask the patient whether they wish the visitors to be present to discuss the information.
- (B) Proceed with the conversation. They are probably family members and they can be important to her recovery.



CONFIDENTIALITY AGREEMENT

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

This statement confirms that I have read and understand the Confidentiality Policy for the Woodstock General Hospital.

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

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

I understand that I may consult my Manager / Coordinator / Department Chief / Chief of Staff / Professional Practice Leader / Human Resources, 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 loss of privileges or affiliation with Woodstock General Hospital, reporting to an individual's professional College, and / or civil action / criminal prosecution, and / or fines levied by the Ontario Privacy Commissioner.

I have completed the following module of the Privacy and Confidentiality education program:

☐ Professional

☐ Non-Clinical Support

☐ Regulated Health Professional

☐ Other (Specify): _____

☐ Clinical Support

Printed Full Name: _____

Signature: _____

Date (mmm/dd/yyyy): _____

HOW TO DOCUMENT ACCESSIBILITY FEEDBACK USING THE SERS SYSTEM

- Select the icon titled "SERS LIVE—Online Incident Form" on any WGH computer desktop

Please login

User ID:

Password:

- Log in using your first initial and last name—the same is used for the password

- Select "Report event"

[illegible]

- Complete the details of the event and select "ENVIRONMENT" under General Event Type. When completed select "Next"

- Fill out the details of the person affected. When completed, select "Next"
- Complete the event details including date & time, location, etc. When completed select 'Next'

1. What is the purpose of the study?
 The purpose of the study is to determine the effect of the use of the Internet on the learning of English as a second language.

2. What is the research question?
 The research question is: "What is the effect of the use of the Internet on the learning of English as a second language?"

3. What is the hypothesis?
 The hypothesis is: "The use of the Internet will have a positive effect on the learning of English as a second language."

4. What is the significance of the study?
 The significance of the study is that it will provide information on the effectiveness of the use of the Internet in the learning of English as a second language.

5. What is the scope of the study?
 The scope of the study is limited to the use of the Internet in the learning of English as a second language.

6. What is the methodology?
 The methodology is a quantitative approach using a survey of 100 students.

7. What are the results?
 The results show that the use of the Internet has a positive effect on the learning of English as a second language.

8. What are the conclusions?
 The conclusions are that the use of the Internet is an effective method for learning English as a second language.

9. What are the recommendations?
 The recommendations are that the use of the Internet should be encouraged in the learning of English as a second language.

10. What are the limitations?
 The limitations are that the study was limited to the use of the Internet in the learning of English as a second language.

11. What are the future directions?
 The future directions are that the study should be expanded to include other languages and other methods of learning.

12. What are the references?
 The references are:

- 1. Smith, J. (2010). The use of the Internet in the learning of English as a second language. *Journal of English as a Second Language*, 10(1), 1-10.
- 2. Jones, M. (2011). The effect of the use of the Internet on the learning of English as a second language. *Journal of English as a Second Language*, 11(2), 1-10.
- 3. Brown, K. (2012). The use of the Internet in the learning of English as a second language. *Journal of English as a Second Language*, 12(3), 1-10.
- 4. White, L. (2013). The effect of the use of the Internet on the learning of English as a second language. *Journal of English as a Second Language*, 13(4), 1-10.
- 5. Black, N. (2014). The use of the Internet in the learning of English as a second language. *Journal of English as a Second Language*, 14(5), 1-10.
- 6. Green, P. (2015). The effect of the use of the Internet on the learning of English as a second language. *Journal of English as a Second Language*, 15(6), 1-10.
- 7. Grey, Q. (2016). The use of the Internet in the learning of English as a second language. *Journal of English as a Second Language*, 16(7), 1-10.
- 8. White, R. (2017). The effect of the use of the Internet on the learning of English as a second language. *Journal of English as a Second Language*, 17(8), 1-10.
- 9. Black, S. (2018). The use of the Internet in the learning of English as a second language. *Journal of English as a Second Language*, 18(9), 1-10.
- 10. Brown, T. (2019). The effect of the use of the Internet on the learning of English as a second language. *Journal of English as a Second Language*, 19(10), 1-10.
- 11. Green, U. (2020). The use of the Internet in the learning of English as a second language. *Journal of English as a Second Language*, 20(11), 1-10.
- 12. Grey, V. (2021). The effect of the use of the Internet on the learning of English as a second language. *Journal of English as a Second Language*, 21(12), 1-10.

- Under Specific Event Type, select “accessibility concern”. When completed select “Next”
- When you have completed the details you will be able to view the event summary. Make any necessary changes as required

- Once you are satisfied that everything is accurate, click “Submit Event”

Booklet

ACCESSIBLE CUSTOMER SERVICE



A guide for staff, students and volunteers

AVCCS

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ACCESSIBILITY RESOURCES

For more information on the Accessibility for Ontarians with Disabilities Act 2005, or the various forms of disabilities, please contact the following:

Accessibility Directorate of Ontario
1-888-520-5828 or 1-888-335-6611 (TTY)
<http://www.accesson.ca/>

Office for Disability Issues (Government of Canada)
1-800-622-6232 or 1-800-926-9105 (TTY)
<http://www.sdc.gc.ca/>

Government of Ontario: Equal Opportunity
<http://www.equalopportunity.on.ca/>

City of Woodstock
519-539-1291
<http://www.city.woodstock.on.ca/>

CNIB 519-752-6831 or 416-480-8645 (TTY)
<http://www.cnib.ca/>

Canadian Hearing Society (London Regional Office)
519-667-3325 or 519-667-3323 (TTY)

Canadian Mental Health Association of Oxford County
(519)-539-8055 Crisis Line: (519)-539-8342
branch@cmhaoxford.on.ca
<http://www.cmhaoxford.on.ca/>

Community Care Access Centre-Oxford
519-539-1284
mail@oxford.ccac-ont.ca

LEARNING DISABILITIES

WHAT THIS MEANS:

- It includes a range of disorders, both visible and invisible, that affect verbal and non-verbal information acquisition, retention, understanding and processing
- People with this disability have average to above-average intelligence, but take in and process information differently



- People with this disability may have difficulty with reading, problem-solving, time management, way-finding and processing information

TIPS FOR CUSTOMER SERVICE:

- Respond to any and all requests for verbal information and assistance with courtesy
- Be patient and allow for extra time when necessary
- Remember that the person is an adult; and unless you are informed otherwise, can make their own decisions
- Be patient and verify your understanding

OTHER DISABILITIES

WHAT THIS MEANS:

- Smell: The inability to sense smells, or hypersensitivity to odours
- Touch: Affects a person's ability to sense texture, temperature, vibration or pressure, either in reduced ability or hypersensitivity
- Taste: Can limit the experience of the four taste sensations (sweet, bitter, salty and sour)

TIPS FOR CUSTOMER SERVICE:

- Don't judge; simply offer assistance and be patient
- Try to reduce stress or anxiety
- Stay calm; focus on the service they need and how you can help

THE NEW PROVINCIAL LEGISLATION

In 2005, the government of Ontario set a goal of making the province completely accessible to people with disabilities by 2025. To reach this ambitious target, the province enacted legislation called The Accessibility for Ontarians with Disabilities Act. The act sets out minimum requirements that all public and private sector agencies must fulfill as well as fines those agencies could face for non-compliance.

There are five areas or standards of accessibility identified in the act: **customer service, information and communication, employment, built environment** (bricks and mortar) and **transportation**.

The first standard, *Accessible Customer Service*, came into force in July 2008. Public sector agencies like hospitals, school boards and municipalities needed to comply with its requirements by 2010 and private sector agencies like stores, banks, hotels and doctors' offices needed to comply by January 2012. Following the requirements of this standard, the hospital had created an Accessible Customer Service policy which includes procedures covering the use of assistive devices, use of service animals, use of support people, notices of service disruption, training of staff, volunteers and board members and a feedback mechanism for public input.

The policy is consistent with the principles of dignity, independence, integration and equal opportunity. It is available both internally, to all staff, volunteers and affiliates, and externally to the public at large, and it will be available in a variety of formats (Braille, large print, electronic version, etc.) upon request.

Ontario's **next** three accessibility standards (part of the new Integrated Accessibility Standards Regulation) will remove barriers in these areas:

- Transportation
- Employment
- Information and Communications

The requirements will be phased in over time between 2011-2021. This will give organizations the time they need to build accessibility into their regular business processes

WHAT IS DISABILITY?

The Accessibility for Ontarians with Disabilities Act, 2005 defines a disability as:

- (a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- (b) a condition of mental impairment or a developmental disability,
- (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- (d) a mental disorder, or
- (e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*; ("handicap")

DISABILITY IN ONTARIO

About 1.85 million people in Ontario have a disability according to this definition. That's roughly one in seven people, or 14 per cent of the total population.

Nationwide, Canadians with disabilities have a combined spending power of \$21 to \$25 billion per year; this is bound to rise substantially as the seniors population in Canada doubles by 2025.

ACCESSIBILITY AT WH

Here at the Woodstock Hospital, we have an Accessibility Plan which is reviewed on a yearly basis with input from an external panel of community members with disabilities. We also have an accessible customer service policy created by our Accessibility Working Group, a WH team which meets regularly to discuss accessibility issues in the hospital. Both documents are available on the WH website.

The hospital's Accessibility Co-ordinator is Janis Humeston. She can be reached at Ext. 2286.

INTELLECTUAL DISABILITIES

WHAT THIS MEANS:

- A person's ability to think and reason is affected
- This may be caused by genetic factors, like Down Syndrome, exposure to environmental toxins, as in Fetal Alcohol Syndrome, brain trauma or psychiatric disorders
- The person may have difficulty with understanding written and spoken information, processing conceptual information, perception of sensory information and memory

TIPS FOR CUSTOMER SERVICE:

- Use clear, simple language
- Be prepared to explain and provide examples regarding information
- Remember that the person is an adult; and unless you are informed otherwise, can make their own decisions
- Be patient and verify your understanding

MENTAL HEALTH DISABILITIES

WHAT THIS MEANS:

- It includes an range of disorders, usually defined as anxiety, mood or behaviour focused
- People with mental health disabilities may seem edgy or irritated, act aggressively, be perceived as pushy or abrupt, be unable to make a decision, or exhibit erratic behaviour

TIPS FOR CUSTOMER SERVICE:

- Treat each person as an individual and try to make him or her as comfortable as possible while attending to his or her needs
- Try to reduce stress or anxiety
- Stay calm; focus on the service they need and how you can help



DEAF-BLINDNESS

WHAT THIS MEANS:

- Deaf-blindness is a combination of hearing and vision loss
- The person may have significant difficulty accessing information and performing daily activities
- People who are deaf-blind communicate using various sign language systems, Braille, telephone devices, and/or communication boards
- Many people who are deaf-blind use the services of an intervener, who relays information, facilitates auditory and visual information and acts as a sighted guide. The intervener will sign on the individual's hand

TIPS FOR CUSTOMER SERVICE:

- Direct your attention to the person, not the intervener
- Understand that communication can take some time; be patient

SPEECH DISABILITIES

WHAT THIS MEANS:

- It involves the partial or total loss of the ability to speak
- The person may have difficulty with pronunciation, pitch, volume, hoarseness, breathiness, stuttering or slurring



TIPS FOR CUSTOMER SERVICE:

- Whenever possible, communicate in a quiet environment
- Verify your understanding; ask yes/no questions
- Offer alternate forms of communication (i.e. written)
- Be patient; don't interrupt or finish their sentences for them

WHAT IS ACCESSIBLE CUSTOMER SERVICE?

Accessible Customer Service is flexible service that meets the needs of individuals, including individuals with disabilities. Under the provisions of this act, as well as under the Ontario Human Rights Code, no one can be refused service because of a disability. We at WH are committed to providing the highest possible level of customer service to all of the people we serve.

To put this commitment into action when serving people with disabilities is quite simple.

We will put the person first, understanding that some methods of service may not work for all people and wherever possible providing our services in a way that works best for the individual. We will welcome comments and suggestions on how to improve in accessible customer service. And we will provide as much notice as possible if there is a disruption in service that is used by people with disabilities.

When in doubt about whether a person is disabled, or about how best to meet their needs, we will simply ask. "How can I help you?" is a good opening to a positive, courteous interaction. All that remains is to listen to the response and respect it.

WHAT IS THE INTEGRATED ACCESSIBILITY STANDARDS REGULATION?

The Integrated Accessibility Standards Regulation sets out the requirements for each of the three new standards:

Transportation—making it easier for people with disabilities to get to where they need to go (i.e. verbal announcements to notify route, major stops, not charging people with disabilities a higher fare or a fee to store wheelchairs).

Employment—expanding Ontario's labour pool and welcoming people with disabilities into more workplaces (i.e. working with employees who have a disability to figure out what information they might need in an emergency).

Information & Communication—giving people with disabilities access to more of the information we all depend on (i.e. help people with vision loss access more websites using their screen readers).

ASSISTIVE DEVICES

Some people living with disabilities may require assistive devices to help them function and increase their participation in routine activities. These may be mobility devices like wheelchairs, walkers or scooters; computer software or hardware; or sensory devices such as hearing aids.

We must make allowances for assistive devices in the hospital. We cannot prevent people living with a disability from participating in our services when they have an assistive device. Instead we should welcome these devices, since they can help us serve that person in a meaningful way.

SERVICE ANIMALS

A service animal is an animal specifically designated and trained to assist someone living with a disability. They are designated by the job they do, rather than by their breed or type. We are accustomed to seeing working guide dogs or even a seizure dog in our daily lives, but there are also rats, mice, cats, parrots, monkeys, pigs, snakes, or even miniature horses being used as service animals.

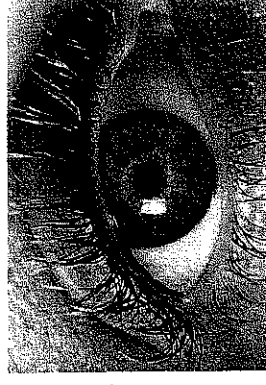
Anyone who requires the assistance of a service animal should have proof of that animal's function, in the form of a signed note from a doctor or nurse. If a person with a service animal is unable to provide this proof, the animal may be denied access to the building, but some other mutually-agreed upon accommodation should be arranged. For example, if the animal cannot accompany the person, perhaps a support person could come along, or a staff member could assist the person while they access our services.

Our accessibility policy states that service animals will be allowed within the facility, unless the animal is excluded by law or hospital policy surrounding infection prevention and control, health and safety or hygiene concerns. In that case an alternative arrangement should be made, as described above.

VISUAL DISABILITIES

WHAT THIS MEANS:

- A range of disabilities, from slightly reduced visual acuity to total blindness
- Vision loss can result in:
 - Difficulty reading or seeing faces
 - Difficulty maneuvering in unfamiliar places
 - Inability to differentiate colours or gauge distances
 - A narrow field of vision
 - The need for bright light or contrast
 - Night blindness



TIPS FOR CUSTOMER SERVICE:

- Verbally identify yourself to the person and gain permission before making any physical contact
- Do not touch or speak to any service animal person may have with them
- Be precise when giving directions
- Do not assume that the person cannot see you
- Verbally describe the setting, form and location as necessary
- Offer your arm to guide the person. Do not grab or pull

HEARING DISABILITIES

WHAT THIS MEANS:

- Hearing loss can cause problems in distinguishing certain frequencies, sounds or words
- Hearing loss may be congenital or acquired
- Hearing loss may occur or be experienced differently in each ear
- The person may be unable to use a public telephone, understand speech in noisy environments, or pronounce words clearly enough to be understood by strangers, depending on their level of hearing loss



TIPS FOR CUSTOMER SERVICE:

- Some deaf people may use sign language or require the services of an American Sign Language interpreter to communicate. Always direct your attention to the deaf person and not the interpreter
- If necessary, write notes back and forth to share information, but keep in mind that for the culturally deaf, who communicate using sign language exclusively direct word-for-word translation may be very difficult
- Face the person with the hearing disability head-on and keep your hands and other objects away from your face and mouth
- Attempt to talk in a quiet space. Hearing aids can amplify background noises as well as other nearby conversations.
- Speak clearly; don't shout
- Consider providing information or directions in alternate forms (verbal, written, pictures)

SUPPORT PEOPLE

Some people living with disabilities may require the help of a support person. This might be a paid professional, volunteer, family member or friend who may accompany the person to the hospital to help with communication, mobility, personal care or medical needs or with otherwise accessing goods and services.

A support person accompanying a person with a disability is to be permitted access to all hospital facilities. Some restrictions may apply where the service delivered would pose a threat to the well-being of others or the support person, for example during radiological procedures or in the operating room. The hospital will make alternate arrangements in such cases.

FEEDBACK MECHANISMS

Notices in customer service areas will notify patients and visitors that their feedback is welcomed for the continual improvement of service.

Contact information will be provided on the Woodstock Hospital website so that members of the general public can provide feedback regarding accessibility issues. These issues will also be addressed in inpatient exit surveys. Patient and visitor feedback, both positive and negative, can be entered by staff members into the SERS system for tracking and follow-up by appropriate managers.

NOTICE OF SERVICE DISRUPTION

The Woodstock Hospital will give notice of temporary disruptions to services or facilities used by people with disabilities, including the reason(s) for the disruption, anticipated length of the disruption and a description of any available alternative facilities, services or resources.

This notice will be posted both at the hospital in a conspicuous public area and on the VH website, as required.

DOCUMENTS

We generate many documents at the hospital to communicate various bits of information to patients and visitors. There are some people with disabilities for whom these traditional documents can be difficult to use and understand. For this reason, we are committed to making our documents available to people in variety of formats that suit their needs, upon request.

Alternate formats for people with visual disabilities could include large print, electronic format (we could e-mail documents to the home) or Braille. Other people with disabilities may prefer to have a document read aloud to them. Someone for whom English is a second language may find a diagram helpful, or may want to call on the services of an interpreter. **A comprehensive list of people willing to act as interpreters is available on the Artery.** This list also includes information on how to contact an American Sign Language Interpreter to assist a person with a hearing disability, upon request, 24 hours a day, seven days a week.

If you are interacting with someone who is relying on the services of an interpreter, be sure to address the person directly rather than focusing on the interpreter.

Under the provisions of the AODA, the hospital must make all documents related to our accessibility plan, policy and procedures available to the general public upon request. These documents, too, should be made available in the format that best suits the user.

KEEP IN MIND

- Each person may need a slightly different kind of accommodation.
- Some individuals may never disclose any information about their disability or may refuse accommodation; we must respect this.
- The principles of accessible customer service can apply to both internal and external customers (i.e. co-workers).

PHYSICAL DISABILITIES



WHAT THIS MEANS:

- A range of functional limitations, from minor difficulties in moving or co-ordinating parts of the body, through muscle weakness, pain, fatigue, tremors or paralysis
- Physical disabilities can be congenital, like Muscular Dystrophy or arthritis, or acquired, like tendonitis
- Physical disabilities can be permanent, as in permanent paralysis; temporary, as in recovery after surgery or injury; or variable, as in Multiple Sclerosis
- A physical disability may affect an individual's ability to:
 - Perform manual tasks such as holding a pen, turning a key or gripping a door knob
 - Move around independently
 - Control the speed or co-ordination of movements
 - Reach, pull or manipulate objects
 - Have strength or endurance

TIPS FOR CUSTOMER SERVICE:

- Wheelchairs and other mobility devices are part of a person's personal space - don't touch, move or lean on them
- Keep ramps and corridors free of clutter
- If a counter is too high or wide, step around it to provide service
- Provide seating for those who cannot stand in line
- Be patient - give the person time to proceed
- When giving directions to people with mobility limitations, consider distance, weather conditions, and physical obstacles such as stairs, curbs and hills.

Accessibility Quiz

Name: _____

Department: _____

Staff/Student/Volunteer (please circle)

Start Date: _____



WOODSTOCK
HOSPITAL

ACCESSIBLE CUSTOMER SERVICE QUIZ

Using your Accessibility Customer Service booklet, please answer the following questions.

1. Who is Woodstock Hospital's Accessibility Coordinator? _____
2. What can you do if a patient or visitor claims that his snake is a service animal?

3. What information needs to be included in a notice of service disruption?

4. What are the *next* three accessibility standards needed to remove barriers for people living with disabilities?

5. List two things you can do to accommodate the needs of a person with a hearing disability.

6. List two things you can do to accommodate the needs of a person with a vision disability.

7. List two things you can do to accommodate the needs of a person with a physical disability.

8. List two things you can do to accommodate the needs of a person with a learning disability.

9. Where can you find our Interpreter's List? _____
10. Where can we document the feedback we get on accessibility from patients, visitors, or event staff, students, volunteers or physicians?

11. Where is our WH Accessible Customer Service Policy located? _____
12. The province's goal is to ensure a fully accessible Ontario by what year?
A) 2050 B) 2015 C) 2025



WOODSTOCK HOSPITAL

CERTIFICATION OF COMPLETION OF TRAINING (AODA)

I, _____, have completed my Accessibility for All

Ontarians education and training at Woodstock Hospital in the year _____.

Signature

Completion Date

What Does Woman Abuse Look Like?

- * Physical
- * Sexual
- * Psychological or Emotional
- * Spiritual
- * Economic

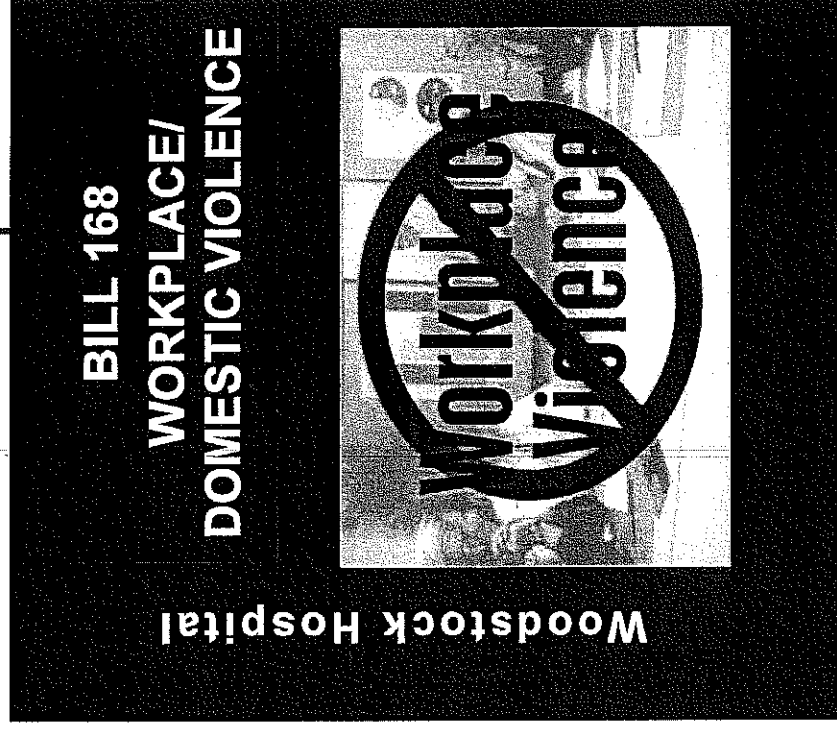
Warning Signs of Woman Abuse

- * She may be apologetic and makes excuses for his behaviour or becomes aggressive or angry.
- * She is nervous about talking when he is there.
- * She seems to be sick more often and misses work.
- * She tries to cover her bruises.
- * She makes excuses at the last minute about why she can't meet you or tries to avoid you on the street.
- * She seems sad, lonely, withdrawn and is afraid.

Resources Available

- * Personnel Policy—Code of Conduct
- * Management Methods Manual—Code of Conduct—Abuse of Staff/Hospital Affiliates by Patients/Clients/Family Member/Visitors
 - * Ensure all staff entitled to work in atmosphere that is free from verbal, physical, sexual and psychological abuse.
 - * Process for cognitively impaired patients
 - * Process for non-cognitively impaired patients
- * Expected Behaviour Signage
 - * Posted throughout the hospital
 - * Refer patients, visits as required
- * Neighbours, Friends & Families
 - * Contact a member of the WH NFF team
 - * Access information located throughout the hospital
- * Homewood—EAP Provider
 - * 1-800-265-8130

Booklet

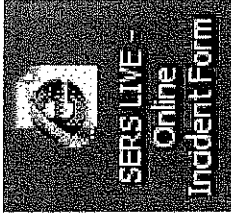


A guide for
staff, students
and volunteers

CODE OF CONDUCT

Why A Code of Conduct?

- ◆ It is the Woodstock Hospital's code of conduct that every person shall be treated with respect and dignity. This is in accordance with the hospital's Mission, Vision and Values and the Ontario Human Rights Code. The Code of Conduct behavioural expectations are detailed in the 4 components of Service Excellence.
- ◆ Woodstock Hospital is committed to supporting a culture that promotes an environment that is free from any act of aggression that causes physical or emotional harm, including assault, threat, verbal abuse, sexual harassment, and racial or religious harassment.
- ◆ A process is in place and is followed for handling of complaints of violence, harassment or discrimination and applies to all persons for whom the Woodstock Hospital Board of Trust is responsible, including employees, persons with practicing privileges, volunteers and students.



SERS Reporting

Who Reports

Any individual who witnesses or discovers an incident or near miss.

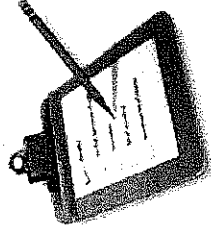
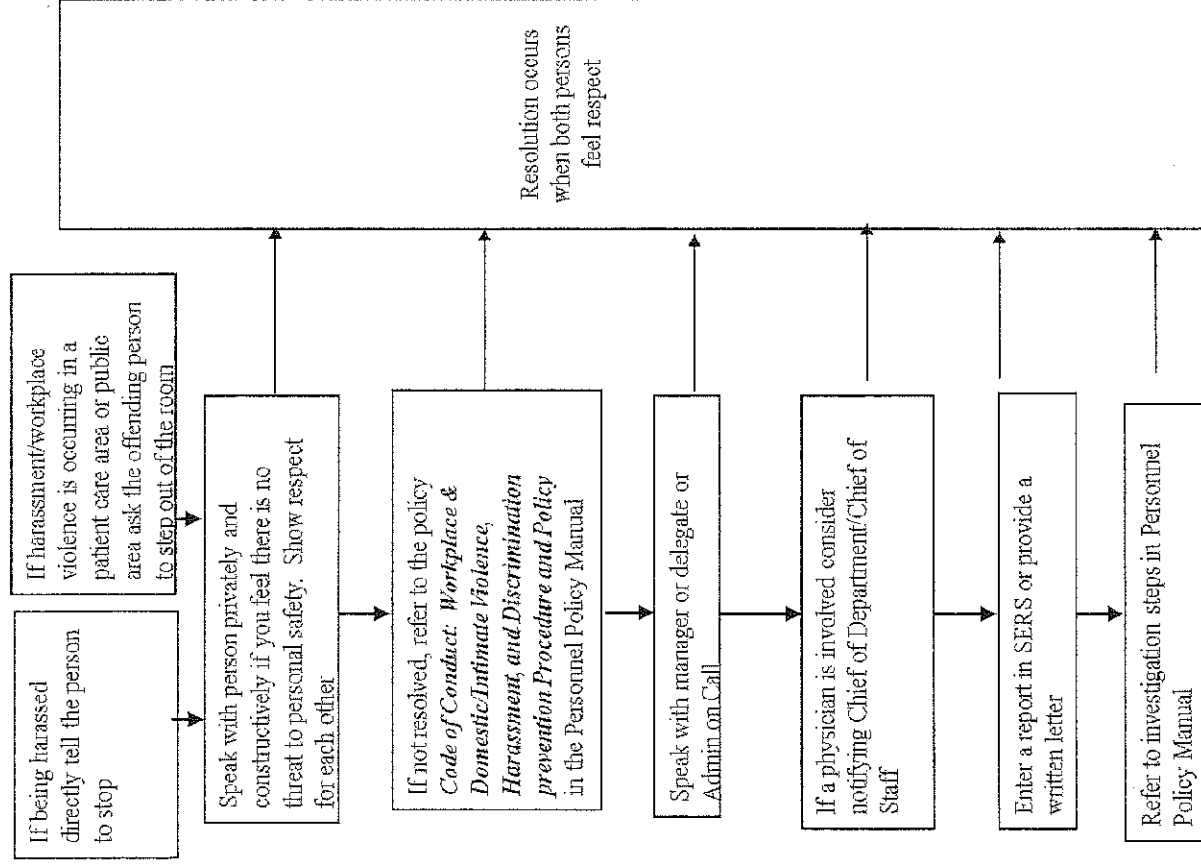
What is Reported

A reportable event or situation is any circumstance that is unexpected within the normal operations or the hospital.

When & Where to Report

Once the situation is stabilized, the individual who witnesses or discovers the incident or who is notified of the incident should immediately report the event in the SERS system as soon as possible. Dietary, Housekeeping and portering personnel should notify their supervisor verbally.

Code of Conduct



What Have We Done?

- * October 3, 2008 Linda Armstrong, DART provided in-service on Woman Abuse.
- * Reviewed dupont Coroner Inquest Report, Hospital Bylaws, Policies, etc.
- * September 2009 revised PPM-Code of Conduct Workplace & Domestic/Intimate Violence, Harassment & Discrimination Prevention Policy.
- * September 2009 developed MMM-Code of Conduct Abuse of Staff/Hospital Affiliates by Patients/ Clients/ Family Members/ Visitors
- * November 5/09—Margaret McPherson, Neighbours Friends & Families (NFF) in-service.
- * January 18 & 19, 2010—Two-day Train-the-Trainer NFF sessions.
- * July 2010 revised PPM-Code of Conduct to incorporate requirements under Occupational Health & Safety Act Bill 168

PPM Code of Conduct Changes

Specific responsibilities for:

- * Employer
- * Manager/Supervisor
- * Employee
- * JH&S Committee
- * Risk Assessment

Definitions of Harassment:

- * Harassment & Discrimination
- * Sexual Harassment
- * Threat (verbal or written)
- * Personal Harassment or Violence
- * The Workplace
- * Domestic/Intimate Violence

Education (mandatory):

- * General Orientation
- * Annual "Amazing Race"

Program Evaluation:

- * Annual review of policy
- * Employees, managers/supervisors accountability

Emergency Response Measures:

- * Refer to the Code White section of the Hospital Codes Manual

Examples of Unacceptable Behaviour



Code of Conduct Quiz

Name: _____

Department: _____

Staff/Student (please circle)

Start Date: _____



WOODSTOCK
HOSPITAL

BILL 168 WORKPLACE/ DOMESTIC VIOLENCE

Using your Bill 168 Workplace/Domestic Violence booklet, please answer the following questions.

- 1) Who is covered by the Code of Conduct? _____
- 2) Where is the Code of Conduct Workplace & Domestic/Intimate Violence, Harassment & Discrimination Prevention Policy located? _____

- 3) List three definitions of harassment in accordance with the Code of Conduct policy?
 - 1) _____
 - 2) _____
 - 3) _____
- 4) What are steps to take if I am harassed?
 - 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
- 5) Name 3 signs of woman abuse
 - 1) _____
 - 2) _____
 - 3) _____
- 6) What resources are available?
 - 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____



WOODSTOCK
HOSPITAL




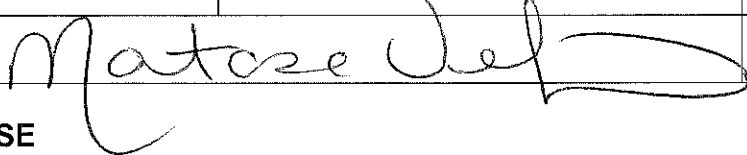
WOODSTOCK HOSPITAL

CERTIFICATION OF COMPLETION OF TRAINING (Bill 168)

I, _____, have completed my Code of Conduct (Bill
168) education and training at Woodstock Hospital in the year _____.

Signature

Completion Date

Blood-borne Diseases – Hepatitis B, Hepatitis C, HIV	 WOODSTOCK HOSPITAL WH-OHS	Document owner: Occupational Health & Safety
CEO Signature: 		Originate Date: Mar 18, 1997
		Review Date: Oct. 19, 2016

1. PURPOSE

Woodstock Hospital has developed this policy to prevent transmission of blood-borne pathogens from persons carrying on activities in the hospital to patients, or from patients to such persons.

In addition, this policy was developed to establish a system for managing potential exposures to blood-borne pathogens, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV), among persons carrying on activities in the hospitals.

2. SCOPE

All healthcare workers/contract workers/students have a personal responsibility in disease prevention. This protocol applies to any person carrying on activities in Woodstock Hospital who has had a potential exposure to blood-borne pathogens. This includes employees, physicians, nurses, contract workers, students, post-graduate medical trainees, researchers and volunteers. This exposure may be through injury from a contaminated needle or other sharp object, a splash onto a mucous membrane or non-intact skin, or a human bite that breaks the skin.

3. DEFINITIONS

Exposure


Requires both an injury (i.e. percutaneous injury from a needle or other sharp object, a splash of blood or other body fluid onto a mucous membrane or non-intact skin, or a human bite that breaks the skin) **and** contact with blood or body fluid capable of transmitting HBV, HCV and/or HIV.

Body Fluid

Any body fluid containing visible blood, and all body fluids to which universal precautions apply (seminal fluid, vaginal secretions, cerebral spinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, and tissues).

Sharps

Needles, syringes, blades, lancets, clinical glass and any other clinical items that may be contaminated with blood or body fluids and could cause a cut, puncture, or abrasion. Exposed persons and their personal physicians are responsible for follow-up care and therapy if disease occurs.

Blood-borne Diseases – Hepatitis B, Hepatitis C, HIV	 WOODSTOCK HOSPITAL WH-OHS	Document owner: Occupational Health & Safety
		Originate Date: Mar 18, 1997
		Review Date: Oct. 19, 2016

HBV

HBV is a blood borne virus that infects the liver and causes acute and chronic infection. HBV is transmitted through percutaneous or mucosal contact with HBV infected blood and body fluids. Occupational transmission of HBV typically occurs through exposure to contaminated sharp instruments or splash or spray to the mucous membranes. The prevalence of hepatitis B in the general Canadian population is estimated to be 0.5% to 1% in 2011, the overall reported rate of acute hepatitis B infection in Canada was 0.6 reported cases per 100,000.

HCV

HCV is a bloodborne virus that causes both acute and chronic infection of the liver. It is estimated that in Canada there are 242,500 individuals infected with HCV. Approximately one in five does not know they are infected. Occupational exposures primarily occur as a result of sharps injury, however, there are rare case reports of infection related to a mucosal exposure (eye splash).

HIV

HIV is a bloodborne virus with two major sub-types, HIV-1 and HIV-2. HIV-1 is responsible for most HIV infections in North America. HIV attacks the immune system, resulting in a chronic, progressive illness that leaves people vulnerable to opportunistic infections and cancers. Investigations have shown the transmission from an HIV-infected health care worker to a patient is extremely unlikely with routine infection control practices.


4. ROLES AND RESPONSIBILITIES

Director/Supervisor Manager

- Direct employees and any persons working who have been exposed to report to the Occupational Health Nurse and/or Emergency Department immediately.
- Advise employees with a confirmed blood-borne pathogen to report to the Occupational Health Leader.
- If employee feels they have contracted it from work, complete the necessary paperwork and forward to the Occupational Health and Safety Department.

Employee

- If exposure or confirmation of an blood-borne pathogen is determined, report the illness/symptoms to a direct Supervisor and the Occupational Health and Safety

Blood-borne Diseases – Hepatitis B, Hepatitis C, HIV	 WOODSTOCK HOSPITAL WH-OHS	Document owner: Occupational Health & Safety
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		Review Date: Oct. 19, 2016

Department.


- Adhere to symptom management, direction on protocol and follow up. Use proper PPE as directed.
- Remain off work if advised to do so by the Occupational Health Leader.

Occupational Health and Safety Nurse/Representative

- Determine when/if employee requires screening and ensure treatment protocols are followed as per the Communicable Disease Surveillance Protocols.
- Provide notice in writing, within four days of being advised by the employee, to the MOL and WSIB (when it meets the WSIB reporting criteria), to the JHSC and union.
- Provide employee with direction on protocols for exposure

5. GENERAL GUIDELINES

- Agencies/schools are responsible for pre-exposure hepatitis B immunization and post-exposure follow-up for their personnel in regards to HCV and HIV, as appropriate.
- Most persons infected with HBV, HCV or HIV can work safely with patients without risk of transmission of the virus, as long as reasonable precautions are taken.
- No routine screening of persons carrying on activities in the hospital is generally needed for HBV, HBC or HIV infection.
- The hepatitis B vaccine (HBV) is offered, at the expense of the hospital, to individuals who are at risk for exposure to blood-borne illnesses due to the nature of their activities in the hospital, through potential exposure to blood, body fluids or wounds from contaminated sharps.
- There is no licensed vaccine for HCV or HIV, with post-exposure follow-up focussing on early detection and treatment. There are new and effective drug treatment regimens available.
- Health Care Workers (HCWs) who perform exposure-prone procedures have an ethical responsibility to know their serologic status for HBV, HCV and HIV. Those who learn that they are infected with HBV, HCV or HIV should self-report their serostatus to their professional regulatory body, if they have no regulatory body, to the local Medical Officer of Health or the Occupational Health and Safety Department.
- Health care workers who are at risk for exposure to blood-borne pathogens and who are

Blood-borne Diseases – Hepatitis B, Hepatitis C, HIV	 WOODSTOCK HOSPITAL WH-OHS	Document owner: Occupational Health & Safety
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unimmunized or non-responders to HBV vaccine will be offered annual screening for infection with HBV.

Symptoms of Hepatitis B and Hepatitis C

- Fatigue, loss of appetite, abdominal discomfort, jaundice, change in colour of urine or stool, rash, sore joints; occurring within six weeks to six months after exposure.

Symptoms of Early HIV Infection

- Flu-like symptoms occurring within weeks of the exposure; unexplained weight loss, chronic diarrhea, swollen lymph nodes, fever, fatigue, or opportunistic infections.


Exposure-prone Procedure

Procedures during which transmission of HBV, HCV or HIV from a HCW to a patient is most likely to occur, including the following:

- digital palpation of a needle tip in a body cavity or the simultaneous presence of the HCWs fingers and a needle or other sharp instrument or object in a blind or highly confined anatomic site, e.g. during major abdominal, cardiothoracic, vaginal and/or orthopaedic operations or
- repair of major traumatic injuries, or
- manipulation, cutting or removal of any oral or perioral tissue, including tooth structures during which blood from an injured HCW may be exposed to the patients open tissues to a bloodborne pathogen.

Patients at High Risk for Carrying HIV Infection

- men who have sex with men
- persons who inject drugs using shared needles
- persons who have had a blood transfusion or received blood products or organs between 1978 and 1985
- persons who come from areas of the world in which HIV is endemic. (Refer to your local Medical Officer of Health for current information regarding which countries are considered endemic)
- persons who have had a sexual partner from any of the above groups, and
- infants born to HIV-infected women.

Blood-borne Diseases – Hepatitis B, Hepatitis C, HIV	 WOODSTOCK HOSPITAL WH-OHS	Document owner: Occupational Health & Safety
		Originate Date: Mar 18, 1997
		Review Date: May 5, 2016

6. PROCEDURE

Follow-up Procedures after Exposure

A. Initial Procedure for All Cases

When an HCW (Health care Worker) is exposed to blood or body fluids from a known or unknown source, the HCW should:

- allow any wound to bleed freely, then wash it gently but thoroughly with soap and water;
- proceed immediately to the Occupational Health Nurse (OHN) and/or the Emergency Department
- complete an Employee Incident Report after receiving appropriate medical care.

When the exposed HCW is assessed, the Occupational Health Leader or Emergency staff will perform the following procedures:

- thoroughly cleanse and apply an appropriate antiseptic to any wound;
- if the wound was caused by a dirty object or is a deep puncture that cannot be adequately cleansed (i.e. tetanus-prone wound), ensure the immunity to tetanus is current and provide TD booster if 10 years from previous boost,

If the individual has not yet received an adult dose of Tdap (tetanus, diphtheria and acellular pertussis), give Tdap in place of Td booster


B. Unknown Source

If the patient source of the blood is not known, the OHN or designate will follow the procedure below:

- Offer the HCW baseline testing for HBV (if adequate antibodies to hepatitis B are not on file) and for HCV and HIV; without this information any future claim for compensation for occupationally-acquired HBV, HCV or HIV illness could be jeopardized; and
- Arrange follow up testing at 6 weeks and 4 months for HIV, and at 3 and 6 months for HBV and HCV

Notes:

- i. If there is a high probability that the source of the blood is infective for hepatitis B, the recommended action in Section D will be followed.

Blood-borne Diseases – Hepatitis B, Hepatitis C, HIV	 WOODSTOCK HOSPITAL WH-OHS	Document owner: Occupational Health & Safety
		Originate Date: Mar 18, 1997
		Review Date: May 5, 2016

- ii. If there is a high probability that the source of the blood is infective for HIV, follow the recommended action in section E.

C. Known Source

If the exposed HCW is willing to be tested (serologic testing of the source patient for HBV, HCV and HIV is the most reliable method to assess risk of exposure and should be strongly encouraged):


- Blood will be drawn from the exposed person for baseline testing for antibody to HBV, HCV and HIV and liver function testing, i.e., ALT;
- Have the health practitioner or designate inform the source patient of the incident and request informed consent from the patient for testing. Consent must include the need to reveal the test results to the exposed HCW. The patient should be informed that positive results are reportable to the local Medical Officer of Health. With consent, test patient blood for HBsAg and antibody to HCV and HIV as soon as possible.
- If the patient does not consent to testing and has clinical or epidemiological risk of HBV, HCV and/or HIV, see parts D., E., and F., below.
- If a result of the patients test(s) is/are positive, follow the procedures in D., E., and/or F., below.
- If results of the patient's test(s) are negative, no further follow-up is usually required. **However, if the patient is at a high clinical or epidemiological risk for HBV, HCV or HIV infection** ensure the exposed person will receive counselling about the possible risk of infection, and prevention of transmission of blood-borne disease.
- Encourage the exposed individual to take a course of hepatitis B vaccine, if he/she has not done so.

If the exposed HCW is not willing to be tested:

- the patient will not be tested (when the exposed person is not tested, there is no value in testing the patient source);
- the exposed person will be counselled about the risk of becoming infected and the implications for his/her behaviour in the follow-up period.

Options Under the Mandatory Blood Testing Act, 2006

Where the HCW has come in contact with a bodily substance of another person while providing emergency health care services or emergency first aid to that person, or while in the

Blood-borne Diseases – Hepatitis B, Hepatitis C, HIV	 WOODSTOCK HOSPITAL WH-OHS	Document owner: Occupational Health & Safety
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course of their duties, if the person belongs to a prescribed class, the individual may have remedies under the *Mandatory Blood Testing Act, 2006*,

Under such circumstances, the HCW may apply to the Medical Officer of Health To have a blood sample of another person analysed. If the respondent does not provide a blood sample voluntarily within two days, the application is referred to the Consent and Capacity Board, which will convene a hearing to determine whether or not a mandatory order should be issued.


D. Hepatitis B Infected Source

Vaccination

- Refusal of immunization is documented on the individual's health record. (If a person receiving the hepatitis B vaccine series misses or is late for either the second or third dose of vaccine, the next dose should be given as soon as possible.) It is not necessary to restart the schedule, or repeat doses.
- Post-vaccination testing for antibody to HBsAg will be done, since knowledge of initial antibody response helps determine post-exposure response. Persons who have received three vaccine doses and who have had an inadequate serological response should receive an additional three-dose series, with repeat testing for antibody to HBsAg one month after the second series is completed.
- If they remain negative, they should be considered vaccine non-responders. Persons whose immunization was remote (e.g. immunized in the public school based program) who test negative for antibody to HBsAg should receive one dose of vaccine and be tested 1 month later to document anamnestic response; if found negative again, they should complete the vaccine series.
- Routine booster doses of vaccine are not currently recommended. In persons with previously demonstrated antibody, immune memory persists even in the absence of detectable anti-HBs. Immunity may wane in immunocompromised persons; periodic testing of these persons should be considered and booster dosing given with re-testing as necessary.

Assess hepatitis B immunity:

- If the HCW has documented immunity to HBV, counsel him/her to report to the OHS any symptoms of concern such as nausea, abdominal pain or jaundice (see section G - Reporting)
- If the HCW has begun the hepatitis B vaccine series, it will be completed as originally scheduled; or

Blood-borne Diseases – Hepatitis B, Hepatitis C, HIV	 WOODSTOCK HOSPITAL WH-OHS	Document owner: Occupational Health & Safety
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- If the HCW has received no doses of hepatitis B vaccine, the first dose of the vaccine will be given and the second and third doses according to the recommended schedule.
- Continue with the procedures in parts B. to F., below as appropriate.
- Emphasize to the HCW the importance of follow up blood testing, if indicated, as infection with HBV, HCV or HIV may be asymptomatic

When screening indicates the patient source is positive for HBsAg, response is dependent on the vaccination and antibody status of the exposed HCW.


- If the HCW is immunized with documented protective anti-HBs at any time, or is documented as immune from previous natural infection, no further action is required.
- If the HCW is a non-responder to 2 courses of hepatitis B vaccine, administer HBIG and repeat in one month. Assess for HBV infection at least 2 months after exposure.
- If the HCW is a non-responder to 1 course of hepatitis B vaccine, administer HBIG and second course of vaccine (3 doses).
- If the HCW has received 3 doses of vaccine, but immune response is unknown, test for antibody to HBsAg: -
- If antibody to HBsAg is $> 10\text{IU/L}$, the HCW is immune and no action is required
- If the HCW is not immune, i.e. antibody to HBsAg is $< 10\text{IU/L}$, give HBIG and 1 dose of vaccine; test for antibody to HBsAg at 6 months
- If result is unknown at 48 hours, give 1 dose of vaccine. If antibody to HBsAg is $< 10\text{IU/L}$ or unknown at 48 hours, give HBIG. If antibody to HBsAg is $> 10\text{IU/L}$ the HCW is immune.
- If the HCW has received no vaccine or one dose of vaccine, test for antibody to HBsAg, give HBIG and either begin or complete the vaccine series as scheduled
- When indicated, give HBIG as soon after the incident as possible. It is believed to be somewhat effective up to 7 days after exposure; however efficacy apparently decreases substantially when it is given > 48 hours after exposure.

If seroconversion occurs during the follow-up period after a documented exposure to HBV, refer HCW for medical assessment.

E. HIV Infected Source

Assessment of Risk for Percutaneous Occupational Blood Exposure to HIV for PEP

Highest Risk: BOTH a larger volume of blood (e.g. deep injury with large diameter

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hollow needle previously in source patients vein or artery, especially involving an injection of a source patient's blood) AND blood containing a high titre of HIV (e.g. source with acute retroviral illness or end-stage AIDS).

Increased risk: EITHER exposure to larger volume of blood OR blood with a higher titre of HIV.

No increased risk: NEITHER exposure to a larger volume of blood NOR blood with a high titre of HIV (e.g. solid suture needle injury from source patient with asymptomatic HIV infection).

If a HCW has sustained an exposure to the blood or body fluids from a patient with HIV infection:

- Counsel the exposed person about the risks of becoming infected (currently estimated as 0.3% for percutaneous exposure and 0.09% for mucous membrane exposure) and the implications for his/her behaviour in the follow-up period. Factors associated with HIV transmission include a deep injury, device visibly contaminated with the source patient's blood, procedures involving a needle placed directly into a vein or artery, and terminal HIV illness in the source patient. These exposures involve a larger volume of blood and/or a higher titre of HIV.
- Encourage the HCW to permit baseline testing for HIV antibody status of his/her blood drawn within 1 week of the incident. Without baseline data, any future claim for compensation for occupationally-acquired HIV illness could be jeopardized; and
- OHS should follow the exposed person with screening for HIV antibody at 6 weeks, 4 months. The confidentiality of the exposed person must be protected.


Post-exposure Follow-up

Post-exposure Prophylaxis (PEP) for HIV

PEP will be recommended for occupational exposures to HIV, which carry an increased risk for transmission of HIV.

PEP regimens will be based on the most up-to-date recommended treatments. Prior to being provided PEP, a consultation with an infection disease specialist will occur within 48 hours after exposure.

HIV Prophylaxis kits that are stocked in the Emergency Department contain 3 kits which are safe for use in people who are exposed and are pregnant.

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If the decision is made to give prophylaxis, it must be started within hours of the exposure, preferably within one hour. The interval after which there is no benefit from PEP is undefined.

- If the exposed HCW is positive for HIV antibody during baseline testing, appropriate counselling will be given and they will be referred for medical assessment and follow-up.
- If seroconversion occurs during the follow-up period after a documented exposure to HIV, refer for medical assessment and follow-up
- If a HCW has sustained an exposure to the blood or body fluids from a patient who has clinical or epidemiological risk for HIV infection and who refuses to allow testing of his/her blood, the exposed HCW will be offered a follow-up program similar to that outlined above.
- HCWs who become infected with HCV after an exposure to a source patient co-infected with HIV and HCV should be followed for HIV seroconversion for an extended period of time, i.e., for 12 months

F. Hepatitis C Infected Source

There is no prophylaxis treatment currently available for a person exposed to the blood of a patient with hepatitis C infection. Available data does NOT support the use of immune globulin (IG) or antiviral agents in this situation, and they should not be given.

Counsel the exposed HCW about the risks of becoming infected. Risk is lower than that for HBV, approximately 1.8%.

Counsel the exposed HCW to report any signs of hepatitis-like illness.

Health care workers exposed to HCV should be tested as soon as possible after exposure for antibody to HCV and, if negative, again 3 and 6 months later. Baseline liver function testing should be done and repeated at 3 and 6 months.


If the exposed HCW is positive for anti-HCV, they will be referred for medical assessment and follow-up.

Asymptomatic Carriers of Blood-borne Pathogens

Persons carrying on activities in the hospital who are asymptomatic carriers of bloodborne pathogen(s) are generally not regarded as an infectious risk to patients or staff. Adherence to Routine and Additional Precautions usually obviates any risk to patients.

However, HCWs who perform exposure-prone procedures;

- have an ethical responsibility to know their serologic status for HBV, HCV and HIV, and if positive;

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- should report their serologic status to their professional regulatory body, or if they have no regulatory body to the local Medical Officer of Health or the OHS, if they learn that they are infected with HBV, HCV or HIV; and
- should seek medical evaluation with respect to the potential for transmission of their infection to patients, which is dependant on the workers practice and the status of their infection and the potential for antiviral therapy to reduce viral load, thereby reducing risk for patients and improving the HCWs health status.

Disclosure of an infected HCWs status to patients is not required.

Exposure of a Patient to a Health Care Workers Blood

If a patient has an exposure to a HCWs blood the patient must be notified, counselled and offered the appropriate post-exposure regimen, if indicated. The HCW has an ethical obligation to be tested for HBV, HCV and HIV at the time of exposure. The confidentiality of the HCW must be maintained; disclosure of the identity of the health care worker to the patient is not necessary. Assess HCW for risk factors for infection with BLOOD-BORNE PATHOGENs. Dependant on the clinical status of the HCW and results of the HCW testing, appropriate management and follow-up will be provided for the exposed patient.

G. Reporting


Reporting Exposures

If a contract worker or student suffers possible exposure to a blood-borne disease at the Woodstock Hospital, the Occupational Health Department Representative will notify the agency/school

- That the person has been exposed; and
- That the agency/school must do the follow up, refer them to the Medical Officer of Health for post exposure recommendations

Reporting Illness after Exposure

The Occupational Health and Safety Representative or designate will inform all exposed persons of the potential symptoms of blood-borne diseases, and advise them to report these, if they should occur, to OHS. Whenever such symptoms are reported, the person will be referred to his/her personal physician for medical investigation and treatment. Suspect or confirmed reportable diseases (as per Ontario Regs 559/91 and amendments under the Health Protection and Promotion Act) must be reported to the local Medical Officer of Health.

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The Occupational Health Department Representative will provide written notice within 4 days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or has filed a claim with the WSIB with respect to an occupational illness, to the:

- Ministry of Labour
- JHSC and
- Union in which employee is represented by

A report to the MOL and a Form 7 to WSIB will be completed if an occupational BLOOD-BORNE PATHOGEN exposure results in a PEP given.

7. COMMUNICATION/TRAINING/IMPLEMENTATION

Reporting obligations regarding infection diseases will be communicated during general orientation and a deemed by the Occupational Health and Safety Department during the course of employment.

8. EVALUATION

- Incident reports from exposures to blood or body fluids will be analyzed with respect to time, place and person, and the summary data reported to the infection control department and joint health and safety committee.
- On an annual basis, or as needed, the surveillance protocol for Blood-borne Diseases will be reviewed against the Communicable Disease Surveillance Protocols for Ontario Hospitals.

9. REFERENCES

Mandatory Blood Testing Act, 2006
Ontario Hospital Act, Regulation 965
O. Reg. 559/91: Specification of Reportable Diseases
Communicable Disease Surveillance Protocols for Ontario Hospitals, OHA, OMA
MOHLTC.
Occupational Health and Safety Act, R.S.O. 1990, c. O.1
Human Immune Deficiency Virus (HIV) Policy, Infection Prevention and Control Manual
Hepatitis A Policy, Infection Prevention and Control Manual
Hepatitis B Policy, Infection Prevention and Control Manual
Hepatitis C Policy, Infection Prevention and Control Manual