# Research Volunteer / Visitor Forms

# Bar Code Identification Form

Please print clearly

| | |
|---|---|
| Last Name | |
| First Name | |
| Email Address | |
| Affiliation (school or organization) | |
| Department Name | |
| Job Title | Choose Job Title |
| Phone Number | |
| Start Date | |
| End Date (MANDATORY) | |
| PI/Manager Name (Print) | |
| PI/Manager Signature | |
| *For renewal only:* reason why volunteer/visitor is being renewed beyond initial end date (1 year max): | |

Not Paid by Unity Health Toronto.

Please go to the site below for access to physical spaces at Unity Health
www.rfbms.com/access

# Criminal Check Process and Email Templates for Research Visitors/Volunteers

Dear Research Visitor/Volunteer,

You have been recently accepted for a position with Unity Health Toronto and as a result we are reaching out to you to advise you to **read** and **sign off** on the required criminal check information below in order for the check to be completed. Failure to complete this information in a timely manner will impact your access at the hospital.

**PIs/Managers**: In order to process your visitor/volunteer, we will need your AU and Project Account info below. The typical cost of a Canadian Criminal Record Check is $21.

**IMPORTANT INFORMATION REGARDING CRIMINAL CHECK PROCESS – PLEASE READ CAREFULLY**

- **Your condition of being a volunteer/visitor is contingent on the completion and satisfactory result of a Criminal Check.**
- **In the next few days you will receive an email from our vendor First Advantage. The email address is: applicants@fadv.ca**
- **Keep an eye out for the email and check your junk mail**
- **You will have a deadline of 48 hours to complete the email once sent to you. Failure in responding will result in terminating your access.**
- **ONLY Government IDs are accepted for the Criminal Check process**

| Company | AU | Project Number | Percentage |
|---|---|---|---|

# Research Volunteer/Visitor Assignment Form for PIs/Managers

Please complete all fields. It is the Investigator's responsibility to ensure space; adequate training and supervision are available to support the research volunteer/visitor's work.

| | |
|---|---|
| **Volunteer/Visitor Name:** | |
| **PI Name:** | **Phone Ext:** |
| **Program Manager:**<br>**(If applicable)** | **Phone Ext:** |
| **Start Date:** | **End Date:** |

| | |
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| Have you completed a reference check for the volunteer/visitor? (Recommended) | ☐ Yes ☐ No |
| Please describe why you are engaging this volunteer/volunteer and what they will receive from the experience: | |
| Please describe the specific duties of the volunteer/visitor: | |
| Please describe all relevant skills or qualifications: | |
| Will the volunteer/visitor be working with biological material?<br>If yes, please email Steven Hayes at Steven.Hayes@unityhealth.to to follow up on next steps. | ☐ Yes ☐ No |
| Is there any additional training beyond the standard training required (i.e. Biosafety, WHIMS,etc.) required?<br>- Research Privacy Training | |

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| Which days and what hours will the research volunteer/visitor be expected to work? Where will the research volunteer be working? Will the volunteer/visitor be working on/off-site (hybrid)? | |
| Please describe how the volunteer/visitor will be supervised. Please include a mentor plan if applicable. | |
| Research Volunteers/Visitors doing any recruiting or consenting, even remotely, will need to be added to the REB approved protocol. If your volunteer/visitor will be carrying out such tasks, have you informed or contacted the Research Ethics Board? http://www.stmichaelshospital.com/research/reb.php<br><br>Please be reminded that Research Volunteers/Visitors working on REB approved studies should complete TCPS2 Training and if applicable GCP training (found here: http://stmichaelshospitalresearch.ca/staff-services/research-education-training/ ) | ☐ Yes ☐ No |
| Is the research volunteer a student? | ☐ Yes ☐ No |
| If yes, what school and program are they enrolled in? | |
| Will the research volunteer be gaining academic credit? (If yes, please contact ORAResearch@unityhealth.to) | ☐ Yes ☐ No |

**Questions for Research Visitors**

| | |
|---|---|
| What institution is the visitor affiliated with? If the visitor is a student, what school and program are they enrolled in? | |
| What is the visitor's role or job titled at the affiliated Institution? If the visitor is a student, are they gaining academic credit from this experience? If yes, please contact ORAResearch@unityhealth.to. | |
| Does the visitor have WSIB coverage from their home institution? | ☐Yes ☐No |
| Will the visitor receive compensation or reimbursements directly from Unity Health Toronto? **If yes, please explain.** ☐Yes ☐No | |

**Conflict of Interest Disclosure**

| | |
|---|---|
| Is the individual a family member of the supervisor (or the individual responsible for the decision to engage this incumbent)? | ☐ Yes ☐ No |
| Is the individual affiliated with an organization in which the supervisor or the supervisor's family member has a financial or ownership interest? | ☐ Yes ☐ No |
| (Family Member includes a spouse, domestic partner, child, parent, sibling, grandparent, grandchild or other close relation. For the purpose of this policy (i.e., Research Conflicts of Interest), a family relationship includes biological relationships, adoptive relationships, relationships created through marriage and other relationships in which care-giving or dependency exists. Please note that if you check "Yes", before this hire can be processed this information will be forwarded to the Office of Research Administration for review under the Research Conflicts of Interest Policy) | |

# Research Volunteer/Visitor Service Agreement

Please read carefully before signing
Please check each box to acknowledge your understanding and agreement.

The supervisor/PI agrees to:

- ☐ Adhere to all responsibilities outlined in section 1.8 of the Research Volunteer and Visitor Policy (see Instructions – for Section 1.8)
- ☐ Provide supervision, training, orientation, supervision and feedback to the volunteer/visitor specific to their work area/field
- ☐ Be accessible (via phone/email) to the volunteer/visitor for input, direction and to share information.
- ☐ Ensure that the Volunteer/Visitor comes on site only when scheduled
- ☐ Provide access to the Electronic Medical Records (EMR) if required for the position and if the Research Privacy Training has been completed via the SRS and appropriate training on the EMR and oversight is provided by the PI and/or study team

The research volunteer/visitor agrees to:

- ☐ Maintain a professional commitment to the research volunteer/visitor position
- ☐ Seek direction from supervisor if volunteer/visitor is unsure
- ☐ Read and understand the workplace violence policy
- ☐ Know the infection control guidelines and understand the importance of hand washing
- ☐ Not to exchange contact information – including address, phone numbers, email or social networking information – with patience, study subjects and/or their friends and family.
- ☐ Complete the online orientation and have understood it fully
- ☐ Complete appropriate training provided by the study team
- ☐ Complete and comply with all training outlined in Section 1.6 of the policy as applicable to my role (see Instructions for List)
- ☐ Maintain and be aware of confidentiality in regards to patients, research protocols and study data
- ☐ Review the Research Volunteer and Visitor Policy and other relevant SMH policies within 30 days of start date
- ☐ The Research Volunteer/Visitor acknowledges and understands that Unity Health Toronto does not provide health insurance while engaged as a research volunteer/visitor. In the case of injury when volunteering/visiting, Research Volunteers/Visitors are not covered by Workplace Safety and Insurance Board (WSIB) coverage and therefore all research volunteers must have OHIP, other provincial coverage or private insurance, or the research visitor must have coverage from their home institution.

_____
Initials

Volunteers/visitors may have limited access to library services at UHT. The ORA will arrange for remote onboarding and access. All registered research volunteers/visitors at SMH have accepted the volunteer/visitor role description outlined in the Research Volunteer/Visitor Assignment Form for PIs/Managers and have agreed not to make any significant changes in their engagement without first informing the ORA.

ST. MICHAEL'S
UNITY HEALTH TORONTO

Caring hearts. Leading minds.

# IMMUNIZATION AND SURVEILLANCE RECORD (STAFF)

In order to comply with the Communicable Disease Surveillance Protocols for Ontario Hospitals you must have this form completed prior to commencing work at St. Michael's.

**Instructions:** Please have this form completed by your treating physician. Any costs associated with the completion of this form are your responsibility. Your manager/supervisor shall be notified of your compliance.

| Name: | Signature: | Date of Birth: (mm/dd/yy) |
|---|---|---|
| Telephone No.: | Email: | Dept: |

**Tuberculin Skin Testing:** Documentation of a two (2) step TB skin test is **required**. This consists of one TST followed by a second TST (if the first was negative) at any time from 1 week to 1 year later. The two-step protocol needs to be performed ONCE only if properly performed and documented. It never needs to be repeated. If the negative two step was not completed within the last 12 months, an annual one step must be completed.

| | **Date Planted** | **Date Read** | **Induration (mm)** |
|---|---|---|---|
| **1st TST** | | | |
| **2nd TST** | | | |
| **Most recent TST** | | | |

| | | | |
|---|---|---|---|
| **MEASLES** | Laboratory evidence of immunity (serum measles IgG) | Date of test: | □ Immune □ Not immune |
| | OR documentation of receipt of 2 doses of live measles vaccine (e.g. MMR) on or after the first birthday | Date of 1st MMR: | Date of 2nd MMR: |
| **MUMPS** | Laboratory evidence of immunity (serum rubella IgG) | Date of test: | □ Immune □ Not immune |
| | OR documented evidence of immunization with live rubella vaccine (e.g. MMR) on/after the 1st birthday | Date of 1st MMR: | Date of 2nd MMR: |
| **RUBELLA** | Laboratory evidence of immunity (serum mumps IgG) | Date of test: | □ Immune □ Not immune |
| | OR documentation of receipt of 2 doses of mumps vaccine (or trivalent measles-mumps-rubella (MMR) vaccine) on or after the first birthday | Date of 1st MMR: | Date of 2nd MMR: |
| **VARICELLA** | Laboratory evidence of immunity (serum VZV IgG) | Date of test: | □ Immune □ Not immune |
| | OR laboratory confirmation of disease | Documented history? □ Yes □ No | |
| | OR Varicella vaccine (2 doses required ) | Date of 1st dose | Date of 2nd dose |
| **HEPATITIS B** | Laboratory evidence of immunity (anti-Hbs) – **MANDATORY** | Date of test: | □ Immune □ Not immune |
| | Vaccination not mandatory but highly recommended for staff who may have exposure to blood and body fluids | Date of dose 1:<br>Date of dose 2:<br>Date of dose 3: | |
| **TETANUS/ DIPHTHERIA/ PERTUSSIS** | Not mandatory but Adacel vaccine (one time in adulthood) is recommended to protect against pertussis | *Please check one:* □ Td Date:<br>□ dTap (Adacel) Date: | |
| **INFLUENZA** | Not mandatory but highly recommended | Date of last vaccine: | |

| MD/RN Signature | Date | Office Stamp |
|---|---|---|
| MD/RN Name | | |
| MD/RN Address | | |
| City | Postal Code | |
| Telephone | Fax | |

# Accessing Patient Data for Research – Acknowledgment

**Please carefully review and acknowledge your understanding of the following:**

• The hospital is committed to respecting, protecting our patients', staff privacy, confidential corporate information and personal health information while balancing the need to foster an environment for academic learning and shared knowledge.

• Research personnel (including but not limited to research visitors, volunteers, KRSS students, post-doctoral fellows, graduate students and medical students here for research purposes) will not be permitted under any circumstances independent access to patients nor will they be able to participate in direct patient care.

## Observing Patients on Site:

- Research personnel are **NOT** allowed to observe or shadow in any hospital clinical environment.

## Access to Patient Data through Electronic Systems (e.g., Soarian) & Patient Charts

- Research personnel may get VIEW only access to electronic medical records or charts providing it is required and justified for the research project they are working on and the following conditions are met:
  1. The research personnel has completed the Research Privacy training available in the Student Registration System (SRS)
  2. The research personnel is working on an approved Research Ethics Board (REB) research study, which requires access to electronic medical records or charts stored by thehospital
  3. The research personnel has been added to the research team of the approved REBresearch study.
  4. The supervising researcher/PI ensures that the research personnel is trained appropriately on patient privacy and the electronic system before accessing electronic medical records or patient charts.
- Depending on circumstances further conditions may be imposed.
- Research personnel should never access electronic medical records using someone else's account.
- Once all of the above requirements have been met, the supervising researcher/PI can submit a request to allow research personnel under their supervision to gain access to electronic medical records
  - SMH: a ShopIT request (electronic medical record: Soarian/Sovera).
  - St. Josephs: email sent request to Cordelia.Cooper@unityhealth.to (electronic medical record: Sunrise/Sovera)
  - Providence: Contact Cordelia Cooper (electronic medical record: Providence)

## Requirements for Research Personnel and their Supervising Researcher/PI

- You (research personnel and supervising researcher/PI) are responsible for all of thefollowing:

- Ensure adequate training and certification to conduct the activities in accordance withthe approved research protocol
  - Understand and follow appropriate hospital policies and procedures
  - Report any breaches of privacy to the Privacy Office: privacy@unityhealth.to and Research Ethics Board: researchethics@smh.ca
  - Provide clearly defined activities consistent with the research protocol so that the research personnel only access patient information for the purpose described in the approved study protocol.
  - Ensure oversight/supervision of research personnel with access to medical records is consistent with the approved research protocol
  - Ensure the REB is informed of all study changes, including personnel changes or additions, for research projects
  - Ensure all patient health information transcribed/abstracted remains on the hospital's secure network and that appropriate controls are in place if data is being transferred to an offsite sponsor/collaborator etc. (e.g., contract, described in research ethics application etc.).
  - Understand that research personnel accounts that access patient records may be audited at any time (as per usual practice).

- And that You (research personnel and supervising researcher/PI) **DO NOT** do any of the following:
  - Share, lend, or allow others to use your access log in to medical records or patient systems
  - Share, remove, or discuss patient health information outside of the approved research protocol
  - Violate any privacy or confidentiality guidelines and/or legislation, including the Personal Health Information Protection Act (PHIPA) of Ontario
  - Do not access or use any shared system (e.g. ConnectingOntario, PRO, OLIS, eCHN, RM&R, HDIRS, IAR) for research purposes
  - Violate any research ethics guidelines
  - Engage in any activities beyond those specified in the approved research protocol or beyond the researcher personnel's role at any time
  - Engage in any research activities prior to receiving REB and other required institutional approvals
  - Engage in any research activities prior to completing all required research training
  - Allow patient health information or data transcribed/abstracted for research purposes to leave the hospital or to be stored anywhere other than on the hospital's secure network
  - Save personal health information or confidential information on a personal device (must be saved on a network drive)
  - Email personal health information to a non-Unity Health email address.
  - NOT print any personal health information at home

**Questions for PI/Manager:**

1. Will the research personnel have access to personal health information?
    a. Yes or No

    b. If yes, what personal health information will the research personnel have access to?

    c. If yes, where will the personal health information be stored? (e.g., network / shared folder, electronic medical record)?

2. Will the research personnel have access to electronic medical records (Soarian/Sovera at SMH/Sunrise/Sovera at St. Joseph's/EMR at Providence)?

    a. Yes or No

    b. If yes, how will you (PI) ensure that research personnel only access records that they should?

3. What training and oversight will you (PI) provide the research personnel in the care and handling of personal health information to ensure there are no privacy breaches?

4. How will you ensure that PHI does not leave the site?

*(It's important that the manager/ PI overseeing the student(s) review the exact data flow and ensure that the data is being abstracted and stored and does not leave the network. When accessing patient records remotely through Citrix/VPN, research personnel must ensure that all data is stored saved and stored on the network and not the hard drive of a personal device or emailed to personal emails.)*

5. Will research personnel email PHI to any non-Unity Health Email addresses?
   a. Yes or No
   b. If yes, please describe the conditions which will ensure that the data will be kept safe.

| **I acknowledge that I have read the Research Volunteer/Visitor Package in its entirety, completed it to the best of my ability and understand what is expected of me.** | | |
|---|---|---|
| Date: | Date: | Date: |
| PI/Manager (print) name: | Research Personnel (print) name: | Parent Name (if under 18): |
| PI/Manager Signature: | Research Personnel Signature: | Parental Signature (if under 18): |