



ALEXANDRA MARINE & GENERAL HOSPITAL

120 Napier Street, Goderich, Ontario N7A 1W5

Phone: 519 524 8323; Fax: 519 524 8504

Administration Manual

Medical Student Information

Full Name:

Present Mailing Address:

Telephone:

Email:

Date of Birth (YYYY-MM-DD):

Mother's Maiden Name (mandated by MOHLTC as identifier information):

Name of Medical School / University:

CPSO# (if applicable):

Student Registration #:

CMPA# (if applicable):

Proof attached

Program enrolled in (i.e., Family Medicine–FAM):

Category and Level of Education

(i.e., Undergraduate Year 1–U1; Postgraduate–PGY1):

Assigned to Service / Department (i.e., Family Medicine–FAM):

Start Date of Rotation (YYYY-MM-DD):

End Date of Rotation (YYYY-MM-DD):

Preceptor(s):

Dated (YYYY-MM-DD):

Signature of Applicant:

All medical students must complete this form; this information is submitted to the MOHLTC. If you require any additional information or clarification, please do not hesitate to contact the Executive Assistant by phone (519) 524-8689x5712 or email amgh.ceoassistant@amgh.ca

Please return complete forms by:

Fax 519.524.8504; or

eMail: amgh.ceoassistant@amgh.ca; or

Mail to:

Credentials Committee c/o Executive Assistant
Alexandra Marine and General Hospital
120 Napier Street, Goderich, ON N7A 1W5

Alexandra Marine & General Hospital	MANUAL: Medical Staff	Revision Date: February-7-2019
Approved by: Corporate Leadership	Medical Trainee - Residents - Protocol at AMGH	Original Date: January-18-2013

This is a controlled document prepared solely for use at Alexandra Marine and General Hospital (AMGH). AMGH accepts no responsibility for use of this material by any person or organization not associated with AMGH. No part of this document may be reproduced in any form for publication without permission of AMGH.
A printed copy may not reflect the current electronic document and should always be checked against the electronic version prior to use.

Policy

AMGH supports the ongoing education and training needs for medical students.

Procedure

- A medical student or physician enrolled in a post-graduate training program at a recognized medical school may be granted intern/resident privileges at the AMGH for the purposes of furthering their education.
- When granted privileges, the medical student/resident must have a designated local Supervisor who is an active member of the medical staff at AMGH.
- Medical students/residents eligible for privileges must have a fully completed abbreviated Application and signed documents that include:
 - Name, address and contact information
 - Number of educational or general license, as applicable
 - CMPA number
 - Letter of Good Standing (LOGS) from Medical School training program resident is enrolled in
 - Name and signature of AMGH Physician Supervisor
 - Statement signed by the medical student / resident attesting to the fact that they have read agree to abide by the Medical Trainee Protocol, policies on Confidentiality, Respect in the Workplace, and the Standards of Behaviors of Excellence. These will have been appended to the application package.
 - Along with the Application, the signed AMGH Confidentiality Agreement and Standards of Behavior of Excellence will be placed in their file.
- Responsibilities of the Medical Student/Resident:
 - At all times, the medical student/resident will work under indirect/direct supervision of their local Supervisor. The degree of independence enjoyed by the intern/resident with respect to orders for investigation and treatment will be at the discretion of the Supervisor, on their consideration of that student's/resident's capabilities and level of training.
 - At no time should the student/resident take on any clinical responsibility outside of the scope of what their local Supervisor would normally accept or approve.
 - The medical student/resident will not have admitting privileges.
 - The student/resident will be jointly accountable with their local Supervisor to the Medical Advisory Committee, Hospital Administration, and to the Board, for consequences of actions undertaken by the medical student.

I have read and agree to abide by the above.

Date:

Signature:

Return Form to:

Executive Assistant, amgh.ceoassistant@amgh.ca

Alexandra Marine and General Hospital

120 Napier Street, Goderich, ON N7A 1W5

Telephone: 519-524-8689 x5712, Fax: 519-524-8537



ALEXANDRA MARINE & GENERAL HOSPITAL

120 Napier Street, Goderich, Ontario N7A 1W5

Phone: 519 524 8323; Fax: 519 524 8504

Administration Manual

Montcalm Residence Rental Agreement

I understand there is a cost to staying at the Montcalm Residence and agree to pay a rental fee of \$50 per night to a maximum of \$800 per month.

Intended Length of Stay:

First day of stay (YYYY-MM-DD) to Last night of stay (YYYY-MM-DD)

For any intended dates that you do not stay, please advise Alana Ross at x5712 or alana.ross@amgh.ca so you will not be charged.

An invoice requesting payment will follow in the mail.

Name (please print) Date (YYYY-MM-DD)

Signature:

Please forward completed form to the Business office-attention Mellissa Erb

Thank you.

Alexandra Marine & General Hospital	Occupational Health Manual	Initial Live Date: October-13-2012
Approved by: Corporate Leadership	Immunization of Employees	Review Frequency: Every 1 year

Any printed version of this document is only accurate on the date of printing. Always refer to the electronic version for the most current version.

Purpose

The purpose of this program is to protect the patients, employees, families and visitors from communicable diseases. All required vaccines will be provided or paid for by the Hospital.

Tetanus/Diphtheria/Pertussis Vaccine

- Pre-placement: The employee must have documentation of having received the primary course of immunization as recommended by Health Canada.
- All HCWs should receive a single dose of Tdap, if not previously received in adulthood
- A Td booster is required every ten (10) years.

Polio Vaccine

- Pre-placement: The employee must have documentation of having received the primary course of immunization as recommended by Health Canada
- Routine boosters are not considered necessary.

Rubella Vaccine

- Pre-placement: The employee must have documentation of:
 - receipt of rubella-containing vaccine OR
 - laboratory evidence of immunity
- If not immunized and not immune, a single dose of MMR vaccine should be given
- Routine screening surveillance is not required.

Measles Vaccine

- Pre-placement: The employee must have documentation of:
 - receipt of two doses of measles-containing vaccine OR
 - laboratory evidence of immunity
- If not immunized and not immune, two doses of MMR vaccine should be given one month apart
- If immunized with one dose of measles-containing vaccine and not immune, a booster dose of MMR vaccine should be given
- Routine screening surveillance is not required.

Mumps Vaccine

- Pre-placement: The employee must have documentation of:
 - receipt of two doses of mumps-containing vaccine OR
 - laboratory evidence of immunity
- If not immunized and not immune, two doses of MMR vaccine should be given one month apart
- If immunized with one dose of mumps-containing vaccine and not immune, a booster dose of MMR vaccine should be given
- Routine screening surveillance is not required.

Chickenpox/Varicella Vaccine

- Pre-placement: The employee must have documentation of:
 - receipt of 2 doses of varicella vaccine OR
 - laboratory evidence of immunity or
- Routine screening surveillance is not required.

Hepatitis B Vaccine

- Pre-placement: Employees at risk of exposure to blood and body fluids (as identified by Occupational Health) must have documentation of:
 - Receipt of a full series of hepatitis B vaccine AND
 - Laboratory evidence of immunity (titre ≥ 10 IU/ml)
- Hepatitis B vaccine must be offered, at the expense of the hospital, to employees 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. Refusal of immunization should be documented in 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 is required since knowledge of initial antibody response helps determine post-exposure response. Testing should be done at least one month after the vaccine series is complete. Persons who have received three vaccine doses and who have had an inadequate serological response may receive an additional three-dose series.
- Routine booster doses of vaccine are not recommended.

Influenza Vaccine

- The hospital will provide the influenza vaccine to all employees, physicians, students and volunteers.
- Annual vaccination will be offered to all hospital employees. Staff who are vaccinated against influenza are encouraged to wear an identifier indicating their influenza immunization status. The indicator will be provided by the hospital for the duration of the vaccination period. For example, an influenza sticker may be attached to the back a name tag; or a laminated card, or lanyard of a different color, may indicate immunization status, etc.

References

OHA/OMA Communicable Disease Surveillance Protocols for Ontario Hospitals

National Advisory Committee on Immunization. (2016). Immunization of Workers: Canadian Immunization Guide.



ALEXANDRA MARINE & GENERAL HOSPITAL

120 Napier Street, Goderich, Ontario N7A 1W5

Phone: 519 524 8323; Fax: 519 524 8504

Occupational Health Manual

The Public Hospitals Act requires hospitals to maintain a record of immunization on all employees, physicians, volunteers, and students. You may be able to get some of this information from your healthcare professional, or a previous employer.

RETURN THIS COMPLETED FORM WITH LABORATORY/SEROLOGY RESULTS TO THE OCCUPATIONAL HEALTH COORDINATOR PRIOR TO YOUR START DATE.

Name:	Department:
Date of Birth: (YYYY-MM-DD)	Planned Start Date:
<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Student <input type="checkbox"/> Physician	

IMMUNIZATION STATUS – If you do not have laboratory evidence of immunity, please have bloodwork completed at least 2 weeks prior to your new employee assessment appointment.

History of MMR:	History of MMR vaccine (2 doses required)	Date of 1 st dose:	Date of 2 nd dose:
Measles:	Laboratory evidence of immunity (titres)	Date of Test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Mumps:	Laboratory evidence of immunity (titres)	Date of Test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Rubella:	Laboratory evidence of immunity (titres)	Date of Test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Varicella:	History of Varicella vaccine (2 doses required)	Date of 1 st dose:	Date of 2 nd dose:
	Laboratory evidence of immunity (titres)	Date of Test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Hepatitis B:	Received vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates (2 or 3):	
	Laboratory evidence of immunity (titres)	Date of Test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Tetanus/Diphtheria/ Pertussis:	Tdap (diphtheria, acellular pertussis & tetanus) required for all healthcare workers who have not received an adult booster of pertussis	Please check one: <input type="checkbox"/> Td Date: <input type="checkbox"/> Tdap Date:	
Influenza:	Date of last vaccine:		

TURBERCULOSIS STATUS

TB Testing: 2-step required. TB test is given, then read 2-3 days later and if non-reactive the process is repeated in the other arm within 1-4 weeks.

1 st Step	Date Given:	Date Read:	Induration (mm)
2 nd Step	Date Given:	Date Read:	Induration (mm)

If the above NEGATIVE 2-step TB Test was NOT completed within the last 12 months, the results of a 1-step TB must be documented below.

1 st Step	Date Given:	Date Read:	Induration (mm)
----------------------	-------------	------------	-----------------

Chest X-ray is required if you have had a positive skin test in the past. X-ray must have been done within the past year.

X-ray	Date:	Result:
-------	-------	---------

Please attach a copy of your most recent mask fit test result if you have one from within the past 2 years.

N95 Mask Fit Test:	Date:	Model:
--------------------	-------	--------

The above information is true and accurate to the best of my knowledge. I have attached all relevant documentation.

Signature:

Date:

Alexandra Marine & General Hospital	MANUAL: Freedom of Information & Privacy	Revision Date: November-7-2019
Approved by: Corporate Leadership	Confidentiality Agreement Policy	Original Date: August-26-2012

This is a controlled document prepared solely for use at Alexandra Marine and General Hospital (AMGH). AMGH accepts no responsibility for use of this material by any person or organization not associated with AMGH. No part of this document may be reproduced in any form for publication without permission of AMGH.
A printed copy may not reflect the current electronic document and should always be checked against the electronic version prior to use.

Policy

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

AMGH considers the following types of information to be confidential:

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

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

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

It is the responsibility of every staff/affiliate to:

- Be familiar with and follow the organization's policies and procedures regarding the collection, use, disclosure, storage, and destruction of confidential information; including privacy policies, E-mail policy and release of information policy.
Refer to:
 - **E-Mail (Electronic Mail) Use Policy**
 - **Privacy Policy**
 - **Release of Information Policy**
- Collect, access, and use confidential information only as authorized and required to provide care or perform their assigned duties;
- Continue to respect and maintain the terms of the Confidentiality Agreement after an individual's employment / affiliation with the organization ends;
- 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;
- Divulge, copy, transmit, or release confidential information only as authorized and needed to provide care or perform their duties;
- Identify confidential information as such when sending E-mails or fax transmissions and to provide direction to the recipient if they receive a transmission in error;
- Participate in the organization's Privacy and Confidentiality education program, review this policy, and sign a Confidentiality Agreement before commencing work or the provision of service at AMGH as a condition of employment / appointment / contract / association for staff / affiliates at AMGH
- Report to their Supervisor suspected breaches of confidentiality or within the organization that compromise confidential information. If the Leader is the individual suspected of the breach, staff / affiliates may contact Privacy Officer or Human Resources / Chief of Service.

- Safeguard passwords and/or any other user codes that access computer systems and programs.

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

Procedure

General

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

Confidentiality Agreement

- Confirmation of the successful completion of the educational program and the signed Confidentiality Agreement will be kept on the individual's file in:
 - CEO's office for physicians, residents, medical students, dentists, and midwives, secretaries who are privately employed by physicians, Medical Department Administrative Officers;
 - Human Resources for staff;
 - Human Resources for volunteers, contract staff, consultants, and students; and

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

Investigating Alleged Breaches of Confidentiality

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

Definitions

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

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

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

- hardware and software vendor names for products which may be vulnerable to external access attacks, or products that are part of our security infrastructure.

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

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

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

Related Information

Statement of Confidentiality

Reference Documents	<ul style="list-style-type: none"> • LHSC Confidentiality Policy, Correspondence and Personal Communication; 2008 • Lakeridge Health Confidentiality Agreement, 2012
---------------------	--



ALEXANDRA MARINE & GENERAL HOSPITAL

120 Napier Street, Goderich, Ontario N7A 1W5

Phone: (519) 524 8323 Fax: (519) 524 8504

Freedom of Information & Privacy: Confidentiality Agreement

Name: _____
(Please Print in Full, Last Name, First Name)

Date: _____

Affiliation with AMGH: _____
(Staff, physician, volunteer, student, researcher, resident, consultant, etc.)

I agree that I will observe and comply with Alexandra Marine & General Hospital's (AMGH) confidentiality and privacy policies and procedures.

I understand that I will encounter confidential information in my work with AMGH. This information will not be accessed, used or disclosed for purposes other than for which the information is intended and for which I am authorized.

I understand that when I am accessing any information within or external to the organization in the course of my work, that I am a representative of Alexandra Marine & General Hospital and will at all times represent the organization in a manner consistent with the Mission, Philosophy and Values.

I agree to treat electronic information, hard copy patient records, financial records, personal information and all other information in accordance with the organization's Privacy Policy.

I understand that my information system user ID is equivalent to my signature, and will take all reasonable steps necessary to safeguard my password from disclosure to others.

I understand that the use of my password will be strictly limited to accessing information on the basis of a need to know for direct patient care or performance of my duties. I will not attempt to access any unauthorized information including information about myself, my family, friends, colleagues or any other person whose information is not required to perform my work duties.

If I have reason to believe that the confidentiality of the password has been violated, I will contact the Information Technology Program immediately for reassignment of a new password.

I understand and agree that the password is and will remain the exclusive property of Alexandra Marine & General Hospital.

I understand and agree that as a safeguard to confidentiality, random audits will be conducted on the use of my computer access to confidential information. I understand and agree that I will be accountable for documented access to any records where I do not have a need to know as outlined in the Hospital Policy.

I understand that if I break this Agreement it will cause deactivation of my system password and could lead to discipline up to and including termination of employment, privileges or affiliation with the hospital as applicable.

This is a controlled document prepared solely for use at Alexandra Marine and General Hospital (AMGH). AMGH accepts no responsibility for use of this material by any person or organization not associated with AMGH. No part of this document may be reproduced in any form for publication without permission of AMGH.

A printed copy may not reflect the current electronic document and should always be checked against the electronic version prior to use.

I understand and agree that the duty to maintain the confidentiality of the confidential information shall continue after my working relationship with Alexandra Marine & General Hospital is terminated.

Signature:

Witness Signature:

Witness Name:

Alexandra Marine & General Hospital	MANUAL: Human Resources	Revision Date: February-26-2020
Approved by: Executive Leadership	Standards for Behaviours of Excellence	Original Date: March-8-2013

This is a controlled document prepared solely for use at Alexandra Marine and General Hospital (AMGH). AMGH accepts no responsibility for use of this material by any person or organization not associated with AMGH. No part of this document may be reproduced in any form for publication without permission of AMGH.
A printed copy may not reflect the current electronic document and should always be checked against the electronic version prior to use.

POLICY

The Alexandra Marine and General Hospital has an established code of conduct referred to as Standards for Behaviors of Excellence which defines the personal and professional standards of conduct and acceptable behavior for all people carrying out the assigned responsibilities of the organization at all of its service sites. It is the responsibility of individuals to act in a manner consistent with these standards, and to support this code of conduct by holding others accountable to the standards.

The standards of Behaviours of Excellence will ensure a positive, supportive and safe environment for all patients and clients, and visitors, as well as the employees, physicians, contractors, volunteers, students, auxiliary, foundation employees, and Board members. It is expected that All share in the preserving and enhancing of the organization's values and principles.

To achieve this, all people who carry out assigned responsibilities within the organization will be expected to conduct themselves in a respectful, courteous and professional manner and will be asked to sign a Commitment Agreement that will govern their future conduct and performance.

VALUES

- Be Accountable**
- Be Collaborative**
- Be Innovative**
- Be Honest, Fair and Transparent**
- Be Committed to Quality Improvement and Learning**
- Be Respectful**

I. Standards for Personal Behaviour

1. I will treat others as I would want to be treated.
2. I will show a positive and helpful attitude.
3. I will adhere to the organizational values.
4. I will be honest, trustworthy, reliable, dependable, professional, presentable and punctual in all of my workplace activities.
5. I will collaborate with Leadership by taking direction and correction respectfully and by being an active contributor in offering ideas, suggestions, advice, and constructive criticism in an engaged and respectful manner.
6. I am committed to supporting a working environment free of discrimination and harassment.

II. Standards for Professional Behaviour

It is recognized that there must be rules and regulations to govern the activities involved in the operation of an organization. The following standards have been developed to protect the rights and privileges of you and others. Infraction of the following may be grounds for disciplinary actions up to and including termination, reporting to a professional body, or suspension of privileges.

1. I will present myself in a professional manner at all times.

2. I will conduct myself in a way that respects and safeguards the organization's assets including property.
3. I will perform the work assigned at my designated work location and comply with written or verbal instructions. I recognize that failure to do so may be considered insubordination.
4. I will comply with all policies and procedures, and perform assigned duties to ensure quality of care and personal safety and the safety of others.
5. I will report to Occupational Health all known communicable or infectious diseases which may endanger anyone associated with this organization.
6. I will provide truthful testimony when accidents (including WSIB claims) and incidents are being investigated, providing information in a truthful, open, and honest manner and without compromising the facts.
7. I will show diligence to avoid "Time Theft" at work which is when an employee accepts pay from their employer for work that they have not actually done, or for time they have not actually put into their work.

Examples of time theft is when staff take too much time on their given breaks (i.e. leaving for break early and coming back from break late), or when staff take more breaks in a shift than they are allowed. It is associated with staff who spend parts of their workday making and taking personal calls, or spend time checking and sending email that is non-work related during their paid work time. It is also associated with staff who use technology for non-work related purposes such as browsing the internet spending time on social networking sites, and texting during work hours.

8. I will report all types of absences (such as appointments, or sick time) that will necessitate any absence from the workplace during paid work hours to the in-charge supervisor in my department.
9. I will report for work fit for duty during work time including on-call and not possess any intoxicants while on AMGH property or during working hours.
10. I will provide quality patient care to patients and visitors without any acceptance of personal gratuities including money, and gifts of any nature.
11. I will always ensure a high level of discretion, confidentiality and privacy for those in my care, for my coworkers, and for the organization as a whole.
12. I will not conduct personal business during paid work time.

Declaration

Name: _____
 (Please Print in Full, Last Name, First Name)

Date: _____

Affiliation with AMGH: _____

I have read and agree to the Standards for Behaviours of Excellence.

Signature: _____

Witness Signature: _____

Witness Name: _____