Off-Site Research Volunteer /Visitor Forms For PI/Managers

Bar Code Identification Form

Please print clearly

Last Name				
First Name				
Email Address				
Affiliation (school or organization)				
Department Name				
Job Title	Choose an Option			
Phone Number				
Start Date				
End Date (MANDATORY)				
Area(s) of access	Area Name – Not applicable for off-site	Floor	Wing	Initial
PI/Manager Name (Print)				
PI/Manager Signature				
For renewal only: reason why volunteer is being renewed beyond initial end date (1 year max):				

Not Paid by Unity Health Toronto.

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 Activity 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	Activity 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: **(If applicable)**	**Phone Ext:**
Start Date:	**End Date:**

Please describe why you are engaging this volunteer/visitor and what they will receive from the experience:	
Please describe the specific duties of the volunteer/visitor:	
Please describe all relevant skills or qualifications:	
Please confirm that the volunteer/visitor will not be working with biological material	☐ I confirm
Is there any additional training beyond the standard training required? - Research Privacy Training	
Which days and what hours will the research volunteer/visitor be expected to work? Where will the research volunteer/visitor be working?	

Please describe how the volunteer/visitor will be supervised virtually. Please include a mentor plan if applicable.	
Please confirm that the research volunteer/visitor will not be exposed to or interact with research subjects / patients and/or their samples?	☐ I confirm
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 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 Dalbir Singh)	☐ 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 Dalbir Singh.	
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 virtual supervision, training, orientation, supervision and feedback to the volunteer/visitor specific to their work area/field
- ☐ 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 virtual training on the EMR and oversight is provided by the PI and/or study team
- ☐ Be accessible (via phone/email) to the volunteer/visitor for input, direction and to share information.
- ☐ Ensure that the Volunteer/Visitor does not come on site.

The research volunteer/visitor agrees to:

- ☐ Maintain a professional commitment to the research volunteer/visitor position
- ☐ Volunteers/Visitors must not have any direct, physical, interactions with research subjects or team members.
- ☐ Volunteers/Visitors must be able to perform their work from their homes.
- ☐ 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 and oversight provided virtually by the study team (via zoom, phone, etc.)
- ☐ 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.

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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.

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:

- As a result of the pandemic, Research personnel are currently **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 the hospital
  3. The research personnel has been added to the research team of the approved REB research 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 the following:
  - Ensure adequate training and certification to conduct the activities in accordance with the

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

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Questions for PI/Manager:

1 Will the research personnel have access to personal health information?

a. Choose position

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)?

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.)

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 Off-Site 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):