

# VOLUNTEER SERVICES APPLICATION FORM

*\*Ce formulaire de demande est aussi disponible en français\**

**\*\*Applicants must be a minimum age of 15 years to apply\*\***

Please take the time to fill out the form completely. Remember to include TWO completed Reference forms with this application. Only successful applicants will be contacted for an interview.

PERSONAL INFORMATION	
Family Name:	Given Name:
Address:	City:
Postal Code:	E-mail:
Home Phone:	Cell:
How do you prefer to be contacted (please check one): <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell <input type="checkbox"/> E-mail <input type="checkbox"/> Other:	
Language spoken: <input type="checkbox"/> English <input type="checkbox"/> French Other(s): _____	
Choose the status that best describes you: <input type="checkbox"/> Student <input type="checkbox"/> Work force <input type="checkbox"/> Retired	

EDUCATION	
Degree/Program:	Grade/Year completed:
School:	
Are you interested in volunteering at the <b>Health Sciences North Research Institute (HSNRI)</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, your contact information will be forwarded to the HSNRI Volunteer Leads</i>	
Are you interested in volunteering for special events (i.e. Fundraiser events)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, your contact information will be forwarded to the HSN Foundations.</i>	
How did you hear about the HSN/HSNRI Volunteer Program? <input type="checkbox"/> Friend/personal referral <input type="checkbox"/> Walk in <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Social Media <input type="checkbox"/> Poster <input type="checkbox"/> Pamphlet <input type="checkbox"/> Other : _____	
How would you prefer being recognized? (check all that apply) <input type="checkbox"/> Oral Thank You <input type="checkbox"/> Gala Dinner <input type="checkbox"/> Break Voucher <input type="checkbox"/> Letter <input type="checkbox"/> Award <input type="checkbox"/> Public Acknowledgment <input type="checkbox"/> Other: _____	
ACKNOWLEDGEMENTS	
I certify that the statements made on this application are true. Police Record Check Vulnerable Sector will be required if selected.	
_____ Signature	_____ Date
_____ Parent or Guardian for Applicant Under 18 Years of Age	_____ Date

*Thank you for returning!  
Confidential when completed.*

**Completed forms can be faxed, Emailed, mailed or handed in person to the Volunteer Services office:** Health Sciences North- Volunteer Services ♦ 41 Ramsey Lake Road ♦ Sudbury, ON ♦ P3E 5J1  
 Phone: (705) 523-7179, ext. 3 ♦ Fax: (705) 523-7037 ♦ Email: volunteerservices@hsnsudbury.ca



## REFERENCE FORM

A teacher, coach, clergy, neighbour, employer, camp counsellor, volunteer supervisor, or someone that knows you well should provide the reference. Family members or friends are not recommended references.

This individual is applying to do volunteer work at **Health Sciences North** or **Health Sciences North Research Institute**. As volunteer this individual may have contact with people who are vulnerable, recovering from illness or have special needs. Volunteer activities may include visiting, offering support and comfort, handling cash, and working in positions of trust and confidentiality. Volunteers are required to work cooperatively with employees, visitors and other volunteers.

Name of Volunteer: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

How well do you know the applicant?  Very well  Well  casually

How long have you known the applicant?  < 6 months  1 – 5 years  5+ years

In what capacity do you know the applicant? \_\_\_\_\_

Please check the following:

	Poor	Fair	Good	Excellent	Unable to Judge
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectfulness of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you consider the applicant suitable to be a volunteer at HSN/HSNRI knowing that he/she may not receive direct supervision?

YES  NO  MAYBE

Comments: \_\_\_\_\_

All information provided is CONFIDENTIAL. Please return completed form:

To the applicant in a sealed, signed envelope or

Fax it to 705-523-7037 or

E-mail it to [volunteerservices@hsnsudbury.ca](mailto:volunteerservices@hsnsudbury.ca)

If you prefer to contact HSN Volunteer Services directly please call 705-523-7179

Health Sciences North - Volunteer Services  
41 Ramsey Lake Road  
Sudbury, ON P3E 5J1

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

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

## FORMULAIRE DE RECOMMANDATION

Un enseignant, un entraîneur, un membre du clergé, un voisin, un employeur, un moniteur de camp, un superviseur de bénévoles ou une personne qui vous connaît bien devrait vous recommander. Les membres de la famille ou des amis ne peuvent pas le faire.

La personne nommée ici veut être bénévole à **Horizon Santé-Nord ou l'Institut de recherches d'Horizon Santé-Nord**. À ce titre, elle pourrait rencontrer des personnes vulnérables, se rétablissant d'une maladie ou ayant des besoins particuliers. Il se peut qu'elle visite les gens, leur apporte soutien et réconfort, manipule de l'argent, et soit en situation de confiance et exigeant la confidentialité. Les bénévoles doivent collaborer avec leurs collègues, le personnel et les visiteurs et autres bénévoles.

Nom du candidat/de la candidate : \_\_\_\_\_

Personne faisant la recommandation : \_\_\_\_\_ Tél. : \_\_\_\_\_

Organisme : \_\_\_\_\_ Titre du poste : \_\_\_\_\_

Dans quelle mesure connaissez-vous bien cette personne?  très bien  bien  de façon informelle

Depuis combien de temps la connaissez-vous?  moins de 6 mois  1 à 5 ans  plus de 5 ans

Comment la connaissez-vous? \_\_\_\_\_

Cochez les réponses applicables :

	Médiocre	Passable	Satisfaisant	Excellent	Évaluation impossible
Fiabilité	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Esprit de responsabilité	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digne de foi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autonomie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volonté de coopération	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entregent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bienveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect des autres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptabilité	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Selon vous, la personne travaille mieux :

de façon autonome  seul à seul  au sein d'une équipe  dans toutes ces situations  évaluation impossible

Commentaires : \_\_\_\_\_

Selon vous, sachant que cette personne ne sera peut-être pas supervisée directement, croyez-vous qu'elle est apte à être bénévole à HSN/IRHSN?  OUI  NON  POSSIBLEMENT

Tous les renseignements indiqués sont CONFIDENTIELS. Faites parvenir ce formulaire :

à la personne présentant une demande de bénévolat, dans une enveloppe scellée et signée *ou*

par télécopieur au 705 523-7037 *ou*

par courriel à [volunteerservices@hsnsudbury.ca](mailto:volunteerservices@hsnsudbury.ca)

Pour communiquer directement avec les Services des bénévoles d'HSN, composez le **705 523-7179**

*Horizon Santé-Nord - Services des bénévoles  
41, chemin du lac Ramsey  
Sudbury (Ontario) P3E 5J1*

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

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

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Name of Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

How well do you know the applicant?  Very well  Well  casually

How long have you known the applicant?  < 6 months  1 – 5 years  5+ years

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*Health Sciences North - Volunteer Services  
41 Ramsey Lake Road  
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Digne de foi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autonomie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volonté de coopération	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Horizon Santé-Nord - Services des bénévoles  
41, chemin du lac Ramsey  
Sudbury (Ontario) P3E 5J1*

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

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



# VOLUNTEER PRE-PLACEMENT IMMUNIZATION FORM

Name: (please print clearly) \_\_\_\_\_

Date of birth: \_\_\_\_\_

(dd/mm/yyyy)

## Emergency Contact

Contact's name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

## Purpose:

The purpose of this form is to screen **you for communicable diseases**. Health Sciences North (HSN) must comply with the guidelines and requirements of the Public Hospitals Act (Re 965, Section 4). This is a requirement under the Ontario Hospital Act. It is for the protection of our patients as well as for you.

## Instructions:

As a **condition of acceptance** into the Volunteer Services Program and in accordance with *HSN's Health Care Worker Communicable Disease Surveillance program policy*, you are required to **meet the immunization requirements outlines on the form in full** and return it to Volunteer Services with your Volunteer Application Package.

**You are also responsible for any costs associated with obtaining the appropriate immunizations and/or bloodwork and for the costs of having the form completed by a health professional, if required.** Please note that failure to submit the requested information in full will result in **delays with your Volunteer Application Package** and the inability of the Volunteer Services Department to provide your clearance to commence work.

## New applicant:

I, \_\_\_\_\_ (please print), understand my obligation to remain fully compliant with any new or additional Communicable Disease Surveillance Protocols requirements as noted above. I agree to release the information above to the Volunteer Services Department of Health Sciences North. I understand that the Volunteer Services Department will be allowed to know my immunity status (immune/non-immune) in accordance with the HSN's Health Care Worker Communicable Disease Surveillance program policy and Communicable Disease Surveillance Protocols. I certify that, to the best of my ability, the information provided is complete and correct.

Name (print): \_\_\_\_\_

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

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



## Pre-placement Immunization Form

### Part A: Communicable Diseases History – Immunization Status

All documented vaccinations and tuberculosis (TB) testing on this form must be supported with a **COPY** of the **Immunization Records** or proof of immunization from the person who administered the vaccine/TB tests. **Lab titres must be supported with a copy of laboratory reports.**

*Proof of documents include; laboratory results (obtained by the physician who ordered the bloodwork) and/or Immunization Record, (can be obtained at the Health Unit or provided by your healthcare provider).*

<b>Measles</b>	<input type="checkbox"/> Proof of laboratory report of immunity (titres) is required <b>OR</b> <input type="checkbox"/> Proof of 2 MMR Vaccines
<b>Mumps</b>	<input type="checkbox"/> Proof of laboratory report of immunity (titres) is required <b>OR</b> <input type="checkbox"/> Proof of 2 MMR Vaccines
<b>Rubella</b>	<input type="checkbox"/> Proof or laboratory report of immunity (titres) is required <b>OR</b> <input type="checkbox"/> Proof of 2 MMR Vaccines
<b>Varicella (Chicken Pox)</b>	<input type="checkbox"/> Proof of laboratory report of immunity (titres) is required if you had Chicken Pox, <b>OR</b> <input type="checkbox"/> Proof of Varicella vaccine (2 doses required).
<b>Tetanus/ Diphtheria/ Pertussis</b>	<input type="checkbox"/> Proof of Tetanus vaccine <i>Tetanus, diphtheria, pertussis is recommended 10 years after the 4 to 6 years of age dose for children.          Tetanus/Diphtheria should be given at 10 year intervals.</i>

### Part B: Tuberculosis (TB) Screening Status:

You are **required** to have a documented **2-step tuberculosis skin test (TST)**. A TST involves having a small amount of tuberculin injected under your skin and then having the results “read” 48-72 hours later. A 2-step TST means ***that you have to repeat the two visits again one week later.***

<b>2-step TB test</b>	<input type="checkbox"/> Proof of 1 <sup>st</sup> Step TB vaccine <input type="checkbox"/> Proof of 2 <sup>nd</sup> Step TB vaccine  <b>NOTE: If you have received 2-step TB skin test in the past, you are then only required to submit 1-step skin test.</b>  <i>What happens if I test positive on TB skin test?</i>  <i>If the TB skin test is 10 mm induration or greater, a chest x-ray is required. X-ray must have been completed within the last 12 months and the positive skin test must be documented above.</i>  <input type="checkbox"/> X-ray results (attach copy of x-ray report)
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<b>Covid-19 Vaccine :</b>	<input type="checkbox"/> Proof of 1 <sup>st</sup> dose	<input type="checkbox"/> Proof of 2 <sup>nd</sup> dose	
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*Return completed form with your Volunteer Application Package to:*  
 HSN Volunteer Services Office  
 Health Sciences North  
 41 Ramsey Lake Road, Sudbury, ON P3E 5J1  
 Confidential Fax: 705 523 7037

Applicant's name: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

## Frequently Asked Questions

**1. *How do I find my immunization information?***

- The information can be found on your yellow immunization card

**2. *If I do not have a yellow immunization card, where do I go to obtain one?***

- Family Physician (appointment needed) or
- Health Unit (no appointment needed) or
- North East Ontario Medical Office (NEOMO) – 885 Prete St, 705-586-3601 ext. 1016

**NOTE:** If you do not have any record of immunizations, you will need to obtain bloodwork to demonstrate proof of immunity

**3. *Where do I go to get a bloodwork requisition for proof of immunity and where can I received my TB testing?***

- **Walk-In Clinics offers:**
  - Bloodwork requisition for proof of immunity
  - TB testing
- **Family Physicians offers:**
  - Bloodwork requisition for proof of immunity
  - TB testing
- **North East Ontario Medical Office (NEOMO) offers:**
  - TB testing
- **Laurentian University Students – Visit the Health and Wellness Service**
  - In person: Single Student Residence – Room G-23
  - Phone: 705-673-6546, or 705-675-1151 ext. 1067
  - Email: [healthservices@laurentian.ca](mailto:healthservices@laurentian.ca)

**4. *Are there any costs associated to obtaining the required information regarding my immunization and testing?***

- There is a cost related to obtaining your immunization status. Cost will vary depending where you choose to obtain information and testing.
- Northwood Medical Clinics offer TB testing for students completing secondary school community hours. For more information, contact them directly at 705-806-7915.

**5. *How long will it take to complete the immunization process?***

- It can take 2 to 4 weeks to complete the process, depending on how fast you can make your appointments.

**6. *After a positive TB test, what happens if the result of my chest x-ray is still positive?***

- Consult your health care provider for treatment. Your application may be accepted if/or thereafter, treatment is followed through.

# Volunteer Acknowledgment Checklist

Volunteer Information		
_____	_____	_____
Date of Birth (dd/mm/yyyy)	Last name	First name

Acknowledgements
<p><i>I acknowledge that I will be scheduled to attend a General Orientation which will cover the below information.</i></p> <ul style="list-style-type: none"> <li>✓ Volunteer Agreement</li> <li>✓ Pledge to the Code of Conduct</li> <li>✓ Confidentiality Agreement</li> <li>✓ Volunteer Privacy Policy</li> <li>✓ Health and Safety</li> </ul>

Mandated Information:
<p><i>I have read and understand the following documents:</i></p> <ul style="list-style-type: none"> <li>✓ Confidentiality / Privacy               <ul style="list-style-type: none"> <li>○ Social Media Policy</li> </ul> </li> <li>✓ AODA - Accessibility for Ontarians with Disabilities Act</li> <li>✓ Health and Safety</li> <li>✓ WHMIS</li> <li>✓ Fall Prevention</li> <li>✓ Hand Hygiene SLP</li> <li>✓ Emergency Codes</li> </ul>

*I have been made aware by the staff of Volunteer Services that the information mentioned above will require recertification on a yearly basis.*

*I understand that as a volunteer I may be exposed to various circumstances. These can include, but are not limited to the following experiences: disturbing incidents and perhaps crisis situations. Your health and safety is HSN's utmost priority. For further information please feel free to discuss this with a Volunteer Advisor.*

Volunteer signature	Date
Parent or Guardian for Applicant Under 18 Years of Age	Date

# VOLUNTEER AGREEMENT

This agreement is intended to convey to our volunteers how important their work is to Health Sciences North/Horizon Santé-Nord (HSN) and the people we serve. We will do the very best to make your volunteer experience with us both productive and rewarding.

The role of the HSN Volunteer is to enhance programs and services within the hospital, and to assist staff in providing the finest standards of healthcare. All volunteers share in the responsibility of preserving the good name and reputation of HSN and Volunteer Services in our community. It is vital that your service be performed professionally, cheerfully and efficiently. Volunteers of HSN are bound by a *Volunteer Agreement*. Breach of this *Volunteer Agreement* may result in release from service.

## Volunteers **MUST NOT**:

- give any medical and/or physical care
- assist a patient with transfers from a bed, wheelchair, stretcher, with bedpans or to use washroom facilities
- transport patients on stretchers or move any medical/hospital equipment (i.e. IV poles, oxygen tanks, stretchers, etc.) unless otherwise stated on the volunteer job description
- provide language translation services to patients or visitors during medical appointments
- dispense medication
- no handling of bodily substances, (i.e. vomit, blood, urine, feces)
- offer council or advice to patients and their family members or staff
- express personal, religious or political beliefs (i.e. general conversation and/or light debate is allowed only if it is welcomed by the patient - DO NOT recruit, offer unsolicited opinion or argue)
- give financial assistance to patients, *nor* accept money or ask for money from a patient, family member, staff or volunteer
- accept gifts or ask for gifts from a patient, family member, staff or volunteer
- bring friends or relatives along while volunteering, unless with Volunteer Services' permission
- report for duty if under the influence of alcohol and/or illegal substances, nor partake of same while volunteering
- sign as a witness any legal document
- take pictures of patients; represent, speak on behalf of HSN, nor mention an affiliation with the hospital to the press or other public groups; unless written approval is obtained from the Department of Communications.

## Volunteers **WILL**:

- abide by and work to promote the mission, vision and core values of the hospital
- uphold the policies and standards of HSN
- adhere to and observe safety precautions and fire regulations as outlined by the hospital
- perform my duties to the best of my ability and within the boundaries of my volunteer assignment
- abide to the non-smoking policy
- inform medical staff when removing patients from the nursing unit or off the premises
- use public phones for personal phone calls
- use hospital equipment and technology for the sole purpose of hospital related activities
- return my photo security card when I end my affiliation with the hospital

As you know, the role of a volunteer requires a high degree of reliability and punctuality. Accordingly, I agree to meet time and duty commitments and if I am a student, to volunteer my time for a minimum of 50 hours. I agree to provide adequate notice to *both* the placement supervisor *and* Volunteer Services staff if late or unable to come in: **more than 3 absences without prior notification** may result in termination from the volunteer program.

## Workplace Violence Prevention Program

### *Mission Statement:*

Health Science North | Horizon Santé-Nord (HSN) is committed to providing a safe, healthy and supportive working environment by treating our employees and clients with respect, fairness and sensitivity. Violence in the workplace can have a devastating effect on the quality of life for our employees and on the productivity of the organization.

### **Pledge to the Code of Conduct**

I commit to treating patients and staff in a dignified manner that conveys respect for the abilities of each other and a willingness to work as a team of equally valued partners. I will promote an atmosphere of respect, cooperation and professionalism. I will demonstrate empathy, compassion and respect in my interactions with others and will always be polite and courteous. I will consistently adhere to all the rules and regulations of our hospital. I will be held accountable for my commitment and I expect the same dedication from all members of our hospital community.

1. **Dignity:** I will respect the dignity of all people. I will protect the health, safety, privacy, and human rights of others; refrain from coercion, harassment, and violence; and adopt practices that enhance human development in the workplace.
2. **Reliability:** I will honour commitments and be faithful to my word and follow through on promises, agreements and other voluntary undertakings. I will exhibit behaviour and conduct that is consistent with the Pledge.
3. **Fairness:** I will deal with all parties fairly and equitably, and practice non-discrimination in my interaction with others.
4. **Trust:** I will act in good faith with care, honesty, and loyalty in fulfilling my obligations.
5. **Professionalism:** I will govern myself with respect, cooperation and professionalism, and comply with applicable laws, regulations and policies.
6. **Accountability:** I will make moral and rational decisions and be accountable for my behaviour and conduct. I will not condone inappropriate behaviour or conduct.

**I understand and agree to abide by the principles outlined in this document. These principles relate to the Code of Conduct which forms part of our HSN Workplace Violence Prevention Program.**

# Confidentiality Agreement



Health Sciences North  
Horizon Santé-Nord

In consideration of entering into and/or continuing my employment, association or affiliation (“**my position**”) with Health Sciences North (“**HSN**”):

1. I agree that, used in this agreement, “**Confidential Information**” means all patient information, personal health information as defined in the *Personal Health Information and Protection Act* (Ontario), administrative information, employee information, medical staff information, and any other information which, considering the circumstances surrounding the disclosure, ought reasonably to be understood by me to be confidential, which Confidential Information may be in oral, written, electronic or other format. Confidential Information does not include information which is, or subsequently becomes, public knowledge through no fault of HSN or any of its employees, associates or affiliates, including me.
2. I agree to respect the privacy and dignity of every patient, employee, associate, affiliate or other person with whom I come into contact as a result of my position with HSN.
3. I acknowledge that during and/or as a result of my position with HSN, I may have access to Confidential Information.
4. I agree to comply with all privacy policies adopted from time to time by HSN and I agree not to access, use, discuss, divulge, communicate, release or otherwise disclose Confidential Information, on or off HSN premises, except as required to perform the duties and obligations of my position with HSN (and then only to persons authorized by HSN to receive such information), or as required by law.
5. I agree not to alter, destroy, copy or interfere with Confidential Information, except as required to perform the duties and obligations of my position with HSN.
6. I agree not to remove Confidential Information from HSN premises, except as required to perform the duties and obligations of my position with HSN, and when so-required, I agree to ensure such Confidential Information is in my custody and control, is securely stored, and is de-identified at all times during transit.
7. I agree, when required to access, process or transmit Confidential Information, to use only hardware, software (including social media), equipment or other devices, approved for use by HSN, specific to my position. I agree to store all electronic Confidential Information on the HSN secure network drives. I agree to ensure it is de-identified where stored on the HSN local drive, and I agree to ensure encryption is used on all storage media. I agree to immediately report to a HSN Privacy Officer, IT Security Manager or the IT Service Desk any tools or software requiring hard drive storage for patient care functions.
8. I agree not to lend, divulge or borrow security access codes, identification cards, signatures or other such access information, and to protect against unauthorized access, all physical access devices, systems, equipment and data storage devices.
9. I agree to immediately report to my supervisor and to a HSN Privacy Officer all incidents I become aware of in which Confidential Information has been lost, stolen or improperly disclosed.
10. I agree that my obligations under this Agreement continue indefinitely, including after termination of my position with HSN.
11. I acknowledge that HSN conducts periodic audits to ensure compliance with this agreement and with HSN privacy policies, and I am aware and agree that any violation or breach of my obligations under this agreement may result in corrective action being taken against me, which may include, but not limited to, loss of privileges, termination of employment or contract, and/or legal action.

## Volunteer – Annual Privacy Training

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*All health care workers associated with Health Sciences North (HSN) have a legal, ethical and professional obligation to protect the confidentiality of personal information (PI) including personal health information (PHI) in accordance with the Personal Health Information Protection Act, 2004 (PHIPA) and associated regulations and the Freedom of Information and Protection of Privacy Act (FIPPA)*

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### What is CONFIDENTIAL information?



Confidential Information Includes: Personal information and personal health information about patients and employees, employment and/or compensation information regarding staff and affiliates, and information about the organization which has not been publicly announced by the organization.

Confidentiality pertains to the treatment of information that an individual has disclosed in a relationship of trust and with the expectation that it will not be divulged to others without permission in ways that are inconsistent with the understanding of the original disclosure.

### Why do I have to SAFEGUARD confidential information?

Volunteers must pay attention to participants' privacy rights and preserve confidentiality to ensure that our patients and visitors experience a secure environment at Health Sciences North.

### How can I SAFEGUARD confidential information?

- Confidential information must not be discussed outside the organization.
- Do not discuss confidential information with family or friends.
- Refrain from discussing patient names and circumstances in elevators, restaurants, movie theatres, lunchrooms, etc.
- You cannot identify a specific person when generally discussing the role that you play at HSN. Extreme care must be taken in distribution of personal information obtained through your role at HSN.
- No personal information about patients can be shared with anybody else without their consent.
- It is not acceptable to presume that any personal information about any staff, board, volunteer, patient or general member is common knowledge such as age, marital status, disability, etc.
- Confidentiality restrictions apply even after you have left the organization.
- Do not discuss confidential information in hallways, patient rooms, elevators, cafeterias, etc.
- When you are discussing a patient with someone involved in his/her care, keep in mind where you are and who might overhear.
- Without exception, don't take your privileged knowledge about anyone home with you to use as gossip. Become accustomed to saying, "I cannot disclose that information" to avoid any pursuit of the subject.
- Social media is not for reporting or resolving workplace related issues. Do not engage in insensitive content on social media, as it could potentially negatively impact your professional integrity.

### What should I do if I suspect that confidential information has been BREACHED?

- If possible, you should attempt to contain a breach immediately. For example: If you find a patient list on the ground, pick it up and keep it secure.
- Report the breach to your supervisor or manager AND the Privacy Office.
- The Privacy Office has an obligation to investigate and notify affected individuals so reporting suspected or known breaches is important.
- The individual who commits the breach is subject to disciplinary action from HSN, their regulatory college (if applicable) and the Information and Privacy Commissioner (IPC). The IPC can refer a breach to the Attorney General's Office who can fine an individual up to \$100,000.



Patients/Visitors/Staff/Physicians/Volunteers may use cell phones and other wireless devices in non-patient areas, such as entrances, cafeteria, lobbies and administrative areas.



Cell phones and other wireless devices are **NOT PERMITTED** on any patient floors or clinical treatment areas, except by physician and on-call staff. Also, the use of cell phones to obtain still or motion photographs is prohibited, unless specifically approved by HSN.



I agree to respect the privacy and dignity of every patient, employee, associate, affiliate or other person with whom I come into contact as a result of my position with HSN.

I agree to comply with all privacy policies adopted from time to time by HSN and I agree not to access, use, discuss, divulge, communicate, release or otherwise disclose confidential information, on or off HSN premises, except as required to perform the duties and obligations of my position with HSN (and then only to persons authorized by HSN to receive such information), or as required by law.

I agree not to remove confidential information from HSN premises, except as required to perform the duties and obligations of my position with HSN, and when so-required, I agree to ensure such confidential information is in my custody and control, is securely stored, and is de-identified at all times during transit.

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*For more information about appropriate social media usage, please see the social media policy found in the Volunteer Guide Book, located in the Volunteer Sign-in area.*

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### Respectful Health and Safety at work!

HSN is committed to creating a culture that supports and promotes the Hospital's values and provides for a safe and healthy work environment.



### What is the Ontario's Occupational Health and Safety Act (OHSA)?

- General awareness of rights and responsibilities and preventing injuries and illnesses at work. HSN has a duty under the OHSA to make sure that you are informed of any hazards in your work environment. Also, to ensure that you are confident to ask questions about workplace health and safety and your duties.
- Applies to **all** employees, **volunteers**, physicians/professionals with Hospital privileges and affiliated individuals

### All workplaces MAKE A DIFFERENCE!

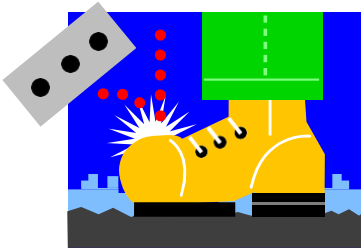
- HSN makes sure workers, supervisors and volunteers know about hazards in the work they do and provide them with information, instruction and supervision to protect health and safety.
- Take steps to eliminate hazards in the workplace, and where elimination is not possible, to control them.
- Make sure workers use and wear protective equipment, material and devices where required by the Regulations.
- Do everything reasonable in the circumstances to protect workers from being hurt or getting a work-related illness.



Health Sciences North Horizon Santé-Nord		Emergency Codes Dial 5555
Orange	CBRN	CBRN Disaster
Pink	Neonatal Cardiac Arrest / Medical Emergency	
Purple	Hostage Taking	
Red	Fire	
Silver	Active Shooter / Killer Situation	
White	Violent/Behavioural Situation	
Yellow	Missing Person	

### All workers and volunteers have duties that support HSN!

- Workers and volunteers must follow law and workplace safety
- Workers and volunteers must use and wear protective equipment
- Workers and volunteers must act in a safe manner.
- Workers and volunteers must report anything unsafe to manager/supervisor.



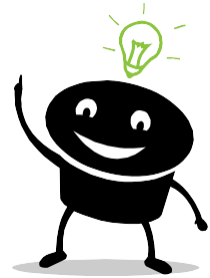
### Rights of workers and volunteers

- The right to know about hazards.
- Right to participate in the solving of workplace safety, ask questions, raise concerns and give positive feedback.
- Right to refuse work if you think it is unsafe.



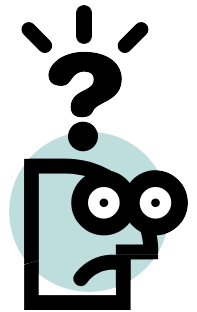
### Report all injuries even if...

- you feel that reporting will make them think less of your capabilities
- you think it's 'nothing'
- you're concerned about what others will think.



### What I (as a Volunteer) should do if I experience a workplace issue?

- Go directly to your trusted leader (e.g. Supervisor, Director, Senior Director, VP, CEO)
- Leaders will take all issues seriously, act immediately and provide support.
- There will be no reprisals for issues brought forward in good faith



### HSN Volunteer Service's supports the volunteer's right to know by making sure:

- Volunteers are aware of information about hazards in the work place.
- Volunteers are trained to do the work in a healthy and safe place.
- That the volunteers have competent supervision in order to stay healthy and safe.



### HSN's Volunteers support the program by:

- Asking questions
- Raising concerns
- Giving positive feedback

***Your health and safety is more important than any job or paycheque.  
HEADS UP! Keep your eyes open and speak up. You need to protect yourself!***

To further educate yourself around issues of Workplace Safety, you can obtain more information through the Workplace Safety and Insurance Board and Ministry of Labour websites at [www.wsib.on.ca](http://www.wsib.on.ca) and [www.labour.gov.on.ca](http://www.labour.gov.on.ca)