



Getting Started

Graduate Students

Part 1: Online Registration

Create an Account

Visit <https://students.unityhealth.to/public/login> to get started!

Scroll down to *New Student? Register here!* and click on **register**. Make sure to register using your personal or University email (**do not use your Unity Health Toronto email!**).

Verify your email address: check your inbox for a verification link.


Fill in your [basic information](#), [local address](#), [emergency contact](#) and click on **agree** after you have read the code of conduct and privacy and confidentiality agreement.

My Placements

Click on **MY PLACEMENTS** on the left menu. Click on **create placement** at the top of the page.

Please note once you click submit; you will not be able to edit any of the information in this section.

Modify Site/Student Type

Select . Under **student type**, select **research**. Code of conduct policy schedule A will appear, select **Agree**. Review the privacy and confidentiality agreement and select **Agree**.

For **research title**, select **Graduate Student**.

Supervisor Details

Fill in your St. Michael's supervisor's details (**name** and **email**). If you have a research program manager, please fill in their details as well (**name** and **email**).

Placement Information

Fill in your **start** and estimated **end date** (please check with your supervisor prior to filling in these dates).

Placement Conflicts of Interest

Select a **response (Yes or No)** for the two questions listed in this section and click on **submit**.

My Requirements

Click on **MY REQUIREMENTS** in the left navigation menu. Please complete the following courses:

Unity Health Courses:

- a. Research Privacy Training
- b. I-PAC e-learning Module
- c. WHMIS
- d. Workplace Violence
- e. AODA Customer Service and Integrated Accessibility Standards
- f. Hand Hygiene
- g. Worker Health and Safety
- h. COVID-19 Attestation
- i. Mask Fit Test
- j. Tuberculosis Skin Test

My St. Michael's Courses:

- h. Fire and Safety

Part 2: Registration Forms

St. Michael's Hospital Research Safe Work Practices Contract

Name: _____

Position:

Guideline / Protocol	PI	Staff Member(s)	Graduate Student(s)
I will not come to work if I develop symptoms of or have tested positive for COVID-19 until cleared by Occupational/Corporate Health & Safety Services (CHSS).	✓	✓	✓
I will inform CHSS if I develop COVID-19 symptoms. (At St. Michael's, please call St. Michael's Corporate Health at 416-864-5400, press 1).	✓	✓	✓
I will wear my Unity Health identification card and access badge at all times.	✓	✓	✓
I will maintain physical distancing (two metres or six feet between individuals) while working and while on break.	✓	✓	✓
I will comply with the occupancy limits in the LKSKI building, rules and guidelines laid out by Unity Health Toronto, by St. Michael's Hospital, by the Keenan Research Centre and complete the required PPE training.	✓	✓	✓
I will wash my hands at regular intervals throughout my shift.	✓	✓	✓
I will wear a mask as directed by Unity Health Toronto and St. Michael's Hospital's guidelines. This includes wearing a mask under the following circumstances: <ul style="list-style-type: none"> - Upon entering the building, a mask will be donned immediately and worn throughout the premises - During huddles or team meetings - In hallways - In the open lab and core facilities spaces - In shared office spaces - In elevators and stairwells - At team stations and common spaces - In private office spaces when more than one individual is present 	✓	✓	✓
<ul style="list-style-type: none"> - I agree that I will not access any hospital facilities or clinics, including those where clinical research has resumed or where research services are being provided (i.e. imaging, pharmacy) - I agree that I will not have direct contact with study participants and/or patients on-site or in the community 			✓

I agree to complete the COVID Attestation through the Student Registration System			✓
I will follow the guidelines of using and cleaning common equipment, and schedule shared equipment and rooms ahead of time using the RCF website .	✓	✓	✓
I will do my best to maintain a safe environment for myself and others.	✓	✓	✓
I will wipe down surfaces and shared equipment that I have used for work and during breaks.	✓	✓	✓
I will check in with my staff and students at regular intervals to make sure they are safe and following proper protocols.	✓	✓	
I will report any problems I encounter, or that my staff and students encounter, to Research leadership (VPRI@smh.ca)	✓	✓	
I will monitor safety supplies in my lab (hand sanitizer, soap, gloves) and notify Research Facilities if these are running low.	✓	✓	✓
I will work from home when possible.	✓	✓	✓
I will avoid in-person meetings and continue to schedule meetings on Zoom/the phone when possible.	✓	✓	✓
I will clearly communicate my COVID-19 safety plan for clinical research resumption to my research staff and trainees should a research participant or member of my team be exposed to, develop symptoms or test positive for COVID-19.	✓	✓	
I will implement the COVID-19 safety plan should a research participant or staff member be exposed, develop symptoms or test positive for COVID-19.	✓	✓	
In the event of an outbreak or direction from the VPRI office, I will immediately shut down all study related activities within the time frame specified at the request of the Department/Division Head and/or VP of Research and Innovation.	✓	✓	✓
I acknowledge that breaching the rules in this contract could result in disciplinary actions for myself and my lab/team.	✓	✓	✓
I will follow and comply with the scheduling instructions discussed with my supervisor.	✓	✓	✓
I will make a personal commitment to act in a professional manner in the workplace, showing respect for my colleagues and ensuring that the workplace remains a safe and supportive environment.	✓	✓	✓

Signature: _____

Date: _____

Graduate Student Attestations

Please read the attestations below:

- I will always practice within the scope of my knowledge and skill set and will seek direction from a supervisor or delegate if unsure of any tasks/responsibilities.
- I am knowledgeable of the infection control guidelines and understand the importance of handwashing.
- I will not exchange personal contact information (including address, phone numbers, email or social networking information) with patients, study subjects and/or their friends and family.
- I know my schedule and agree to be reliable and dependable at all times.
- I shall complete all orientation and online training as instructed prior to beginning any research.
- I will complete the Corporate Health and Safety Services forms and wear the appropriate personal protective equipment as required.
- All information that I have provided to Unity Health is accurate.
- I agree to abide by all regulations, policies and procedures that govern Unity Health, and understand that copies of these are available to me from my supervisor/investigator.
- I understand that Unity Health may terminate this agreement at any time, should Unity Health deem my conduct or performance unacceptable. Except in extraordinary circumstances, such a decision would not be made without first consulting with me and if applicable my Educational Institution.
- I understand that Unity Health will at no time accept responsibility for either loss or damage to my personal property including motor vehicles parked or driven on Unity Health premises.
- I understand all patient health Information must remain at the Network.
- I will review the [Research COVID-19 Microsite](#) pages
- I understand as part of my role I should not:
 - Give medical advice or engage patients in clinical or medical conversations
 - Lift, touch or feed patients (even if asked or directed to by staff)
 - Engage in any clinical activities (e.g., taking temperature, blood pressure, blood withdraw etc.)

I understand and accept the terms of the foregoing Graduate Student Attestations

Graduate Student (print) name:	Graduate Student Signature:
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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

Questions for PI/Manager:

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

b. If yes, please describe the conditions which will ensure that the data will be kept safe.

I acknowledge, understand and accept the terms regarding access to hospital patients and their data which is limited to a specific research purpose. I understand that I may be audited by the Hospital at any time.	
Date:	Date:
PI/Manager (print) name:	Research Personnel (print) name:
PI/Manager Signature:	Research Personnel Signature:

Part 3: Complete your Registration

Please email the following to Dalbir Singh (Dalbir.Singh@unityhealth.to):

- Register with the RTC: [click here](#)
- Proof of confirmation of COVID vaccinations (both doses) must be sent in a separate email to CChecksResearch@smh.ca with the following subject line: Vax Confirmation - Last name, First name - Graduate Student - PI's name
- Proof of enrollment in a graduate studies program at a Canadian University
- Photocopy of 2 pieces of government-issued ID (see below for acceptable ID).

For paid graduate students:

- If your stipend will be partially or fully paid through St. Michael's, please provide:
 - Photocopy of SIN card or confirmation of SIN letter
 - Void Cheque or direct deposit form
 - [Personal Tax Credits Return](#)

Please Note: St. Michael's Hospital will NOT deduct taxes from your stipend. You may, however, be responsible to pay taxes on your income and should consult with Canada Revenue Agency. You are responsible for declaring the stipend income when you submit your annual taxes. The stipend is broken down into bi-weekly payments made through payroll over the term of your engagement. You are NOT considered an employee of the hospital and as such do NOT qualify for hospital benefits.

ACCEPTABLE ID FOR SECURITY

As per eHealth Ontario specifications, individual seeking security credentials at St. Michael's must present an identity document chosen from the list of Primary Identity Documents below, and a second document chosen from either of the lists below.

Primary Identity Documents

- Birth Certificate issued by a Canadian Province or Territory
- Canadian Certificate of Birth Abroad
- Certificate of Canadian Citizenship
- Canadian Certificate of Indian or Metis Status
- CANPASS
- Citizenship Identification Card
- Driver's Licence
- Firearm Registration Licence
- Certification of Naturalization
- Nexus
- A valid Passport issued by a foreign jurisdiction
- Canadian Passport
- Confirmation of Permanent Resident (IMM 5292)
- Permanent Resident Card
- Statement of Live Birth from Canadian Province (Certified Copy)
- Citizenship and Immigration Canada- Refugee Protection Claimant Document
- Canadian Permanent Resident Card
- Ontario Photo Card

Secondary Identity Documents

- BYID Card (Formerly Age of Majority Card)
- Canadian Convention Refugee Determination Division Letter
- Canadian Employment Authorization
- Canadian Immigrant Visa Card
- Canadian Minister's Permit
- CNIB (Canadian National Institute for the Blind) Photo Registration Card
- Canadian Police Force Identification Card
- Canadian Student Authorization
- Certificate issued by a government ministry or agency
- Current Employee Card from a Sponsoring Organization
- Federal, Provincial, or Municipal Employee Card
- Other Federal ID Card, including Military
- Judicial ID Card
- Document showing the registration of a legal change of name accompanied by evidence of use or prior name for the preceding 12 months.
- Old Age Security Card
- Ontario Ministry of Natural Resources Outdoors Card
- Current Registration Document from the College of a Health Profession
- Current Professional Association License/Membership Card for any Regulated Health Profession
- Record of Landing (IMM 1000)
- Student Identification Card
- Union Card
- Blind Persons Right Act ID Card

Staff Immunization and Surveillance Record

Corporate Health and Safety Services – St. Michael's Hospital

In order to comply with the Communicable Disease Surveillance Protocols for Ontario Hospitals, you must have the following form **completed and signed by your physician or, if appropriate, your previous employer prior to commencing your employment at St. Michael's Hospital**

Name: _____ (please print)	Date of Birth: _____ (m/dy/yr)
Home Telephone# _____	Expected Start Date _____ Dept _____

Tuberculin Skin Testing: 2 Step required. 2nd step must be given 7 to 21 days after 1st test in the opposite arm if the 1st test is negative

Date of 1st step test: _____ Result: negative positive Induration in mm: _____

Date of 2nd step test: _____ Result: negative positive Induration in mm: _____

Chest X-Ray: Required if TB skin test is positive i.e. greater than 10mm induration. Chest x-ray must have been done within the last year.

Chest X-Ray Date: _____ Result: _____

Immunization:

Measles/Mumps/Rubella 1 MMR after 1st birthday plus an additional measles booster or a 2nd MMR

MMR Date (if available): Measles Booster or 2nd MMR Date: _____

Laboratory Evidence of Immunity (Titres)

Measles: Date of Titre _____ Result immune non-immune

Mumps: Date of Titre _____ Result immune non-immune

Rubella: Date of Titre _____ Result immune non-immune

Varicella:

Laboratory Evidence of Immunity (Titres)

Varicella: Date of Titre _____ Result immune non-immune

or

Varicella Vaccine 1st Dose Date _____ 2nd Dose Date _____
(2 doses required)

Hepatitis B Immune Status

Have you received Hepatitis B Vaccine? No Yes Dates: _____

Laboratory evidence of immunity to Hepatitis B (Hepatitis B Antibody Titre): Yes No Date: _____
 immune non-immune

Influenza Vaccine Date of last immunization: _____

Tetanus, Diphtheria/Pertussis Date of last immunization: _____

Completed by:

Physician/OHN/RN _____ Signature _____ Date _____
(please print)

Physician/OHN/RN Address _____

Physician STAMP _____

I, _____ agree to release the above information to Corporate Health and Safety Services.. I understand that my manager will be allowed to know the status of my compliance.

Witness (signature) _____ Date: _____

N95 Respirator Medical Questionnaire - Staff

This confidential form is prepared in compliance with Directive ACO 03-05 and C.S.A. Standard Z94.4-02 – Selection, Use, and Care of Respirators.

Name of Unit/Department:		
Name (last, first, middle):	Job title:	Employee ID no.
Today's date:	Contact telephone number: Daytime: ()	Evening: ()
The best time to phone you at this number: Between and		

In the event that CHSS staff needs to contact you, we do need a phone, cell or pager number where you can be reached. If we can only reach you through your manager, please indicate this and be sure to include that phone number as well.

1. Have you ever worn a respirator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- If 'yes', check which types: <input type="checkbox"/> N95 particulate respirator <input type="checkbox"/> Air purifying respirator		
2. If you have worn a respirator in the past did you have any difficulties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- If 'yes', did you have:		
- eye irritation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
- skin irritation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
- other, please describe: _____		
3. Do you have trouble tasting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have asthma? (if you take medication for asthma, please remember to bring them with you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have any other lung or breathing problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- If 'yes', please indicate which ones you have:		
6a. Do you have any of the following medical conditions that might interfere with the use of a respirator? (please check those that apply)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Epilepsy or seizure disorder <input type="checkbox"/> High blood pressure		
<input type="checkbox"/> Fainting spells <input type="checkbox"/> Heart problems		
6b. Besides the medical conditions listed in 6a, are you currently taking a prescription and/or over the counter medication with full symptoms that may interfere with wearing a respirator – such as: (please check those that apply)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Shortness of breath <input type="checkbox"/> Difficulties breathing <input type="checkbox"/> Heart problems		
<input type="checkbox"/> Chest pain <input type="checkbox"/> Light headedness <input type="checkbox"/> Blackouts		
7. Do you have an allergic reaction that may interfere with your breathing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you have:		
- latex sensitivity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
- latex allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
- other allergies, please describe: _____		
If you have indicated any medical concerns, you will be contacted by an Occupational Health Nurse from CHSS.		

Staff Signature: _____

Witness: _____

Date: _____

FIT-TESTING WORKSHEET

Date of fit-testing: _____

(this section to be completed by the Fit-tester)

Fit Test Challenge				
Qualitative Bitrex <input type="checkbox"/>		Qualitative Saccharin <input type="checkbox"/>		Quantitative (PortaCount) <input type="checkbox"/> PortaCount # _____
Group 9	Mask Code	Model #	Pass	Fail
	C	1860	<input type="checkbox"/>	<input type="checkbox"/>
	D	1860s	<input type="checkbox"/>	<input type="checkbox"/>
	E	1870/9210	<input type="checkbox"/>	<input type="checkbox"/>
	F	8110s	<input type="checkbox"/>	<input type="checkbox"/>
	G	8210	<input type="checkbox"/>	<input type="checkbox"/>
		9210+	<input type="checkbox"/>	<input type="checkbox"/>
		1870+	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Staff signature: _____

Name of Fit-tester: _____

St. Michael's

Inspired Care.
Inspiring Science.

Fit-test Clinic

Corporate Health and Safety Services
2nd floor Shuter Wing, 30 Bond Street
Toronto, ON M5B 1W8
Telephone: (416) 864-6060 extension 6944
Fax: (416) 864-5405
Email: maskfitting@smh.toronto.on.ca

Instructions for Respirator Fit-testing

Step 1:

- Complete the N95 Respirator Medical Questionnaire form (double-sided) and sign the bottom
- Make sure that you have clearly indicated your contact information on the form
- Be sure to read through all the instructions

Step 2:

- Please call the Fit-test Clinic to book your appointment
- You will need to bring a copy of your completed questionnaire on the day of your appointment

Step 3 (day of your appointment):

- **20 Minutes** before your fit-testing, **do not:**
 - eat
 - drink (only permitted to drink water)
 - smoke
 - chew gum

IMPORTANT: We will not perform respirator fit-testing under the following conditions:

1. If we have not received and cleared your N95 Respiratory Medical Questionnaire. Please ensure that a copy has been sent to Corporate Health & Safety Services prior to booking your appointment
2. Staff must be **CLEAN SHAVEN**. A proper seal with the respirator cannot be formed if there is any facial hair. Razors will be provided upon request.

THANK YOU AND PLEASE DO NOT HESITATE TO CONTACT US FOR ANY FURTHER QUESTIONS REGARDING RESPIRATOR FIT-TESTING.

Directions to the Fit-test Clinic:

- The Hospital is located on the intersection of Queen and Victoria Street
- Enter the Hospital through the Shuter St. entrance and take the Shuter elevator (immediately located to the right after entering and go to the 2nd floor
- Register for your appointment at the CHSS reception desk

