

Switching from Off-site Volunteer to On-site Visitor/Volunteers

Please note that as the pandemic continues, there may be restrictions regarding access to certain areas.

The PI and research personnel must stay informed if your volunteer/visitor is allowed to be onsite or only in certain areas.

See the microsite link below for updates:

<https://covid.unityhealth.to/research/clinical-community-research/>

St. Michael's Hospital Research Safe Work Practices Contract

Name: _____

Position: _____

Guideline / Protocol	PI	Staff Member(s)	Volunteer/ Visitor
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 	✓	✓	✓

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 volunteer/visitors 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: _____

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:

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

Which days and what hours will the research volunteer/visitor be expected to work? Where will the research volunteer be working? Will the volunteer/visitor be working on/off-site (hybrid)?	
Please describe how the volunteer/visitor will be supervised. Please include a mentor plan if applicable.	
Research Volunteers/Visitors doing any recruiting or consenting, even remotely, will need to be added to the REB approved protocol. If your volunteer/visitor will be carrying out such tasks, have you informed or contacted the Research Ethics Board? http://www.stmichaelshospital.com/research/reb.php	<input type="checkbox"/> Yes <input type="checkbox"/> No
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/)	
Is the research volunteer a student?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the visitor receive compensation or reimbursements directly from Unity Health Toronto? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Research Volunteer/Visitor Service Agreement

Please read carefully before signing

Please check each box to acknowledge your understanding and agreement.

The supervisor/PI agrees to:

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

The research volunteer/visitor agrees to:

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

_____ Initials

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

Signature of Volunteer/ Visitor: _____

Signature of PI: _____

Date: _____

Date: _____