Getting Started
Keenan Research Summer Student

Volunteer

Please note that there are two methods this year for PI's to submit info regarding your summer placement.

The first method is through PDF forms that you will need to sign off on

The second method is electronically through ServiceNow. You will receive an email with your placement info details. You do not need to respond back to this email.

If there is info in either the forms or email that you receive that is inaccurate please contact KRSS.Program@unityhealth.to

Who are Keenan Research Summer Students? There are opportunities for full-time undergraduate students and high school graduates who are enrolled in a relevant undergraduate program as well as full-time medical students to conduct research under the supervision of a Unity Health Toronto researcher.

Steps: Keenan Research Summer Student (Volunteer) Registration

1 Online Registration

2 Training

3 Activate UHT Email – you will receive an email with instructions after you complete registration

Part 1: Online Registration

Create an Account

Visit https://students.unityhealth.to/public/login to get started! Please note that the term 'student' is set in the system. If you're not a student, this language still applies if you're a research registrant.

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.

If you are a returning student and have already completed a profile, please contact KRSS.Program@unityhealth.to.

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. If you haven't been at Unity Health in 8 months or more, you will need to create a new placement.
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 St. Michael's Inspired Care. Inspiring Science. or ST JOSEPH'S HEALTH CENTRE TORONTO . 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 Keenan Research Summer 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 Please answer these 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. Infection Prevention and Control
	
	My St. Michael's Courses:
	    i. Fire and Safety

Placement Conflicts of Interest

Part 2: Complete your Registration

Your PI will have sent the Office of Research Admin info regarding your placement.

You will need to email the following to KRSS.Program@unityhealth.to:

- If you receive a notification email from ServiceNow regarding your summer placement, you do not need to respond back. However, if you receive a PI package of forms then this must be signed by both PI and yourself (the student).
- Confirmation of enrollment in an undergraduate or medical school program. This can be in the form of an offer letter, transcript or screenshot of course enrollment
- Resume/CV
- Scanned Photocopy of 2 pieces of government-issued ID (see below for acceptable ID)
- The signed Corporate Health attestation on page 7 of this document

ACCEPTABLE ID FOR SECURITY

As per eHealth Ontario specifications, individual seeking security credentials at Unity Health Toronto 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 Licence/Membership Card for any Regulated Health Profession
- Record of Landing (IMM 1000)
- Student Identification Card
- Union Card
- Blind Persons Right Act ID Card

Mandatory Onboarding Requirements for Research Visitors/Volunteers/Trainees

Name (please print): _____

Date: _____

Signature: _____

In accordance with the *Public Hospitals Act* 1990, Revised Statutes of Ontario, Regulation 965, OHA/OMA Communicable Disease Surveillance Protocols and Unity Health Toronto's onboarding requirements I attest to successfully completing the mandatory requirements.

I understand I may be asked at any time during my placement at Unity Health Toronto to submit supporting documentation such as the Research Visitor/Volunteer/Trainee Immunization and Surveillance Record and agree to provide the requested information within 24 hours of the request. Failure to do so will result in termination of access to UHT network and facilities.

Instructions: To be completed prior to placement and submitted to the [KRSS Program](). Please place a check mark (√) to indicate you have met compliance for immunity status and TB testing.

1) **Evidence of Immunity**
   As outlined in the Research Immunization and Surveillance Record, I have met the vaccination requirements and/or have laboratory confirmed evidence of immunity for the following:
   - ☐ Measles
   - ☐ Mumps
   - ☐ Rubella
   - ☐ Varicella
   - ☐ Hepatitis B (if applicable)

2) **Tuberculin Skin Testing (TST)**
   As outlined in the Research Immunization and Surveillance Record, I have successfully completed and met the TST requirements of the following:
   - ☐ Documented results of a prior two-step TST; **OR**
   - ☐ Documentation of a prior positive TST plus Chest X-ray

3) N95 Respirator Fit Testing (if applicable)
   - ☐ I have successfully completed N95 respirator fit testing within the last two (2) years and have passed on a make and model of respirator that is available at Unity Health Toronto.
   - ☐ If unsure please contact your Principle Investigator (PI)/manager to determine if N95 respirator fit testing is required.

To be completed and maintained by the Research Department

Date received: _____

Approved: ☐ Yes   ☐ No

Comments:

_____

Research Visitor/Volunteer/Trainees Immunization and Surveillance Record

In order to comply with the Communicable Disease Surveillance Protocols for Ontario Hospitals you must complete this form prior to commencing your Research placement at Unity Health Toronto. Please have this form completed by your treating health care provider, such as a physician, nurse practitioner or student services/occupational health department and retain a copy for your records. Upon request from the Research Department, please provide a copy of the completed form within one (1) business day. Failure to do so may result in termination of access to Unity Health Toronto network and facilities.

To be completed by Research Visitor/Volunteer/Trainees

Site: SJHC ☐ SMH ☐ PHC ☐			
Principle Investigator (PI)/manager :			
First Name:	Last Name:		Date of Birth: (dd/mm/yyyy):
Address	Telephone No:		Email:

To be completed by Health Care Provider (physician, nurse practitioner, student/occupational health department)

Tuberculin Skin Testing (TST)

Documentation of a two-step TB skin test is required. This consists of one TST followed by a second TST (if the first was negative) 1 to 3 weeks later. Positive TST requires CXR post positive TST result. The two-step protocol needs to be performed only ONCE in your lifetime only if properly performed and documented.

TST status is unknown, and those previously identified as TST negative, regardless of BCG vaccine, require a baseline two-step TST provided no contraindication to TST exists, unless they have:
- Documented results of a prior two-step TST; OR
- Documentation of a negative TST within the last 12 months; in which case a single-step TST may be given.

	Date Planted (dd/mm/yyyy)	Date Read (dd/mm/yyyy)	Induration (mm)/Results
1st TST			
2nd TST			
	Date (dd/mm/yyyy)		**Results**
CXR			

Has your patient been assessment for latent TB?   **Yes**   **No**

If yes, has a treatment regime been implemented?

Evidence of Immunity

MEASLES	Laboratory evidence of immunity (serum measles lgG)	Date of test: (dd/mm/yyyy)	☐ Immune ☐ Not immune
	OR documentation of receipt of 2 doses of live measles vaccine (e.g. MMR) on or after the first (1st) birthday	Date of 1st MMR: (dd/mm/yyyy)	Date of 2nd MMR: (dd/mm/yyyy)
RUBELLA	Laboratory evidence of immunity (serum rubella lgG)	Date of test: (dd/mm/yyyy)	☐ Immune ☐ Not immune
	OR documented evidence of immunization with live rubella vaccine (e.a MMR) on or after the first (1st) birthday	Date of 1st MMR: (dd/mm/yyyy)	Date of 2nd MMR: (dd/mm/yyyy)
MUMPS	Laboratory evidence of immunity (serum mumps lgG)	Date of test: (dd/mm/yyyy)	☐ Immune ☐ Not immune

	OR documentation of receipt of 2 doses of mumps vaccine (or trivalent measles-mumps-rubella (MMR) vaccine) on or after the first birthday	Date of 1st MMR: (dd/mm/yyyy)	Date of 2nd MMR: (dd/mm/yyyy)
VARICELLA	Laboratory evidence of immunity (serum VZV IgG)	Date of test: (dd/mm/yyyy)	□ Immune □ Not immune
	OR Varicella vaccine (2 doses required)	Date of 1st dose: (dd/mm/yyyy)	Date of 2nd dose: (dd/mm/yyyy)
HEPATITIS B	Laboratory evidence of immunity (anti-Hbs)	Date of test: (dd/mm/yyyy)	□ Immune □ Not immune
	Vaccination not mandatory but highly recommended for Research visitors/volunteers/trainees who may have exposure to blood and body fluids	Date of dose 1:	(dd/mm/yyyy)
		Date of dose 2:	(dd/mm/yyyy)
		Date of dose 3:	(dd/mm/yyyy)
TETANUS/ DIPHTHERIA/ PERTUSSIS	Not mandatory but Tdap vaccine (one time in adulthood) is recommended to protect against pertussis	*Please check one*: □ Td Date: (dd/mm/yyyy) □ Tdap (Adacel) Date: (dd/mm/yyyy)	
INFLUENZA	Not mandatory but highly recommended	Date of most recent vaccination: (dd/mm/yyyy)	
COVID-19	Not mandatory but highly recommended	Date of most recent vaccination: Name Date: (dd/mm/yyyy)	

MD/NP/Student/OHN Name		Office Stamp
MD/NP/Student/OHN Signature	Date (dd/mm/yyyy)	
Title		
Organization		
MD/NP/OHN Address		
City	Postal Code	
Telephone	Fax	