



# Brockville General Hospital

Right here, with you.

## Brockville General Hospital (BGH) Observer Agreement

I, the undersigned Observer, acknowledge and agree to the following terms and conditions related to my Observership at Brockville General Hospital ("BGH"):

### 1. No Patient Care or Contact

I acknowledge that I will not be involved in any form of direct patient care or have patient contact of any kind during this Observership. I understand that patient care includes, but is not limited to: taking medical histories; conducting physical examinations; diagnosing or treating conditions; ordering, preparing, or administering medications; documenting in patient health records (electronic or hard copy); having independent access to health records (electronic or hard copy); performing or assisting in surgical procedures or diagnostic interventions; obtaining consent; interacting directly with a patient or substitute decision maker; and providing health-care advice of any kind.

### 2. Patient Consent & Right to Decline

I will ensure that verbal consent from the patient is obtained prior to any observation. I understand that any patient may decline to have me present at any time. I agree to remove myself immediately from the patient area if requested by any member of BGH staff.

### 3. Supervision Requirements

I understand that I must be accompanied and supervised at all times by my designated Supervisor while on BGH property. I agree to follow all instructions provided by my Supervisor or other clinical team members. I acknowledge that failure to comply may result in immediate termination of the Observership.

### 4. Not an Employee / No WSIB or Liability Coverage

I understand that I am not considered an employee or staff member of BGH. I acknowledge that I am not covered under the Workplace Safety and Insurance Board (WSIB) through BGH and that I am not covered by BGH's liability insurance.

### 5. Assumption of Risk, Release & Indemnification

I acknowledge that observing in a clinical environment may expose me to workplace risks. I agree to release and discharge BGH from any and all actions, claims, demands, damages, losses, or injuries that may arise because of my participation in the Observership. I further agree to indemnify and hold harmless BGH and its employees from any claims or demands arising out of my participation.

### 6. Confidentiality

I will respect and maintain strict confidentiality regarding all patient information. I agree to adhere to the BGH Statement of Commitment to the Code of Conduct and Confidentiality and understand that any breach may result in immediate termination of the Observership.





# Brockville General Hospital

Right here, with you.

## 7. Required Documents and Immunization Records

I confirm that the required documents and immunization records have been submitted to the Education Coordinator at BGH for clearance. The required documents are:

1. Tuberculosis Screening (results must be within 6 months of Observership start date).
  - A baseline two-step TB skin test is required unless there is documented results of a prior two-step OR documentation of a negative PPD within the last six months
  - If there is a documented positive TB test a clear chest x-ray completed within the last 5 years will be acceptable
2. Measles, Mumps and Rubella
3. Varicella
4. Acellular Pertussis (Tdap booster)
5. Hep B Immunity
6. Influenza Vaccine
  - If current season flu vaccine is not present the observer can attend only if there is not active flu outbreak
7. COVID Vaccine
  - Covid Vaccine is still required for all learners and observers at BGH
8. N95 Mask Fit Size
9. Vulnerable Sector Check current within 6 months of observer start date

<b>Observer Information – to be filled by Observer</b>		
<b>**Must be submitted to BGH Education Coordinator 30 days prior to start date</b>		
<b>Observer Name:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Address:</b>		<b>Student ID (if applicable):</b>
<b>Emergency Contact Name:</b>	<b>Phone:</b>	<b>Relationship to Student:</b>
<b>School:</b>	<b>Program:</b>	<b>Year:</b>
<b>Preceptor:</b>	<b>Department:</b>	
<b>Signature of Observer:</b>		<b>Date:</b>

