



MASSACHUSETTS GENERAL HOSPITAL

55 Fruit Street
Boston, Massachusetts 02114-2696

To: All Employees and Non-Employees

From: Jeff Davis
Sr. Vice President, Human Resources

Date: April 1, 2015

Re: Drug-Free Workplace

The Drug-Free Workplace Act of 1988 requires federal grant and contract awardees to certify that they will provide drug-free workplaces for their employees.

THE LAW

It is unlawful and against Hospital policy for any employee to engage in the unlawful manufacturing, distribution, dispensation, possession, or use of a controlled substance while on Hospital premises or on Hospital Business.

As a condition of employment, each employee must abide by the law and notify the hospital of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such a conviction.

Any employee found to be engaged in any of the above listed activities will be subject to corrective action, up to and including discharge from the Hospital.

It is the desire of the Hospital administration to ensure a drug-free workplace for our employees. If you need assistance with a controlled substance problem, you may contact, in strict confidence, Andrew Gottlieb, FNP-BC, Occupational Health Services (617-724-3905).

I acknowledge that I have read the above Drug-Free Workplace statement

Signature

Date

MGH Non-Employee Health Insurance Requirements

The Commonwealth of Massachusetts has an [individual health insurance mandate](#). The mandate is a requirement that all Massachusetts residents 18 or older obtain and maintain health insurance that meets minimum coverage requirements. Additionally, the [Affordable Care Act](#) requires that all individuals meeting certain criteria buy health insurance.

An MGH Non-Employee is an individual who is at MGH to learn or volunteer in an unpaid capacity. MGH Non-Employees are not eligible to purchase health insurance offered through the hospital to benefited employees. Non-Employees are therefore responsible for obtaining health insurance from a source other than MGH (an employer, spouse, parent, school, [MA Health Connector](#), etc).

In general, Non-Employees are not covered under the Massachusetts Worker's Compensation Law. If a Non-Employee is injured on the premises, the Non-Employee should seek medical care, as described below. In addition, the Non-Employee should complete an [online safety report](#).

Attestation:

I attest that I have read the MGH Non-Employee Health Insurance Requirements. I understand that if I am injured at MGH, I should seek medical care by going to the medical walk in clinic at MGH, an Emergency Department (MGH or other nearby Emergency facility), or make arrangements to see my own physician for medical evaluation and treatment, as appropriate.

Signature

Print Name

Date

Name of Health Insurance Provider



Standards of Behavior

Guided by the needs of our patients and their families, we aim to deliver the very best health care in a safe, compassionate environment; we advance that care through innovative research and education; and, we improve the health and well-being of the diverse communities we serve.

As a member of the MGH community and in service of our mission, I believe that:

- The first priority at MGH is the well-being of our patients, and all our work, including research, teaching and improving the health of the community, should contribute to that goal.
- Our primary focus is to give the highest quality of care to each patient delivered in a culturally sensitive, compassionate and respectful manner.
- My colleagues and I are MGH's greatest assets.
- Teamwork and clear communication are essential to providing exceptional care.

As a member of the MGH community and in service of our mission, I will:

- Listen and respond to patients, patients' families, my colleagues and community members.
- Ensure that the MGH is safe, accessible, clean and welcoming to everyone.
- Share my successes and errors with my colleagues so we can all learn from one another.
- Waste no one's time.
- Make wise use of the hospital's human, financial and environmental resources.
- Be accountable for my actions.
- Uphold professional and ethical standards.

As a member of the MGH community and in service of our mission, I will never:

- Recklessly ignore MGH policies and procedures.
- Criticize or take action against any member of the MGH community raising or reporting a safety concern.
- Speak or act disrespectfully toward anyone.
- Engage in or tolerate abusive behaviors.
- Look up or discuss private information about patients or staff for any purpose outside of my specified job responsibilities.
- Work while impaired by any substance or condition that compromises my ability to function safely and competently.

Signature

Print Name

Date



The General Hospital Corporation, Inc.

OBSERVER AGREEMENT

The General Hospital Corporation, Inc., doing business as Massachusetts General Hospital, and its affiliates (collectively, MGH) have a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality and security of their health information. Observers must agree to certain obligations with respect to information disclosed to them while at MGH, including but not limited to patient health information disclosed in the course of patient care.

Understanding the above, by signing this document, I agree to the following:

1. I agree not to access any information other than that which I am specifically permitted to access.
2. I will not disclose to any third parties any patient or other proprietary information I learn during the course of my Observership experience at MGH, and I will not discuss such information with anyone except in connection with discussions that I may have with appropriate MGH individuals.
3. To the extent I am permitted to view any patient or proprietary information, I will not make any copies or take or remove the information from the premises.
4. I will comply with all applicable policies of MGH, including infection control, safety, privacy, confidentiality and security policies.
5. If I am a vendor, service provider, or representative of a pharmaceutical or medical device company, I also agree to comply with all applicable provisions of Partners Policy for Interactions with Industry and Other Outsides Entities.
6. I further understand that MGH may in its sole discretion deny, revoke or terminate the permission granted to me to participate in this Observership.

Observer Signature

Date: _____

Print Name

Title

Name of Company/Hospital/Institution/School

MGH Sponsor Signature

Date: _____

Print Name

Department and Phone Number

Occupational Health - Observer Attestation Form

Please read this form carefully and obtain the information requested from your primary care provider, student health service or any other source that can provide documentation of your childhood or current immunizations.

Any delays in the provision of this documentation, and failure to complete the steps outlined below, will delay your clearance to observe.

Please follow the steps below:



Bring proof of Immunity to Measles (Rubeola), Mumps, and Rubella. Immunity is defined as 2 MMR vaccines or blood work (titers) that indicate you are immune to these viruses.



Complete the TB symptom analysis and Flu vaccine attestation form below.



Present the completed form and proof of immunity to Measles, Mumps, and Rubella to your sponsor. Both of you will sign the form together attesting that the information is accurate and complete.



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

Occupational Health - Observer Attestation Form

In order to promote and maintain a safe environment for our employees and patients, all prospective observers must complete this form and have the information verified by their sponsor.

All information will be handled in a confidential manner.

Information Required:

I. Vaccination Status:

Dates of MMR vaccination: Date #1: _____ Date #2: _____

OR

Rubella Titer: Date _____ Results _____

Rubeola Titer: Date _____ Results _____

Mumps Titer: Date _____ Results _____

II. TB Status: Answer the following questions. Any 'yes' answers need to be consulted with Occupational Health Service

Do you have a cough that has lasted longer than 3 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you spit up or coughed up blood?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had an ongoing fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lost weight without trying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sweat at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No

III. Flu Vaccine: I attest that I have received the Flu Vaccine on _____. If I have not been vaccinated, I agree to wear a surgical mask when within 3 feet of a patient in a clinical area.

Observer Signature: _____

Date _____

Sponsor Signature: _____

Date _____

Occupational Health Service, Massachusetts General Hospital
165 Charles River Plaza, Suite 404
Phone: (617) 726-2217

Massachusetts General Hospital
Physical and Occupational Therapy Services
Request for Observational Experience

Name _____ Email address _____

Phone Number _____ Street address _____

Date of Birth _____ Gender: ☐ Male ☐ Female

(Must be 16 years of age or older)

As part of our educational mission, we offer opportunities for individuals interested in a career in physical or occupational therapy to observe in the department. Due to the number of these requests, we need to limit the numbers of students at any one time in the department as well as the total amount of time that any one student spends with us.

Before we can consider your individual request, we ask each potential visitor to answer the following questions. This will help us in coordinating the large number of requests that we receive.

What do you currently do? (Are you a high school/college/graduate student, working in a related or unrelated profession?)

How did you develop your interest in physical or occupational therapy?

What other experiences have you had with PT or OT to this point? (Have you been a patient? Had a friend/family as patient? Observed in other settings? If so, what were they? Are you currently in a PT or OT program?)

What would be your goals for an observational experience?

What would be your optimal time frame to observe? What type of availability do you have during the week? (*We do not have observational opportunities on the weekend or evenings.*)

*****For Administrative Use Only*****

Sponsoring Department: *MGH Physical & Occupational Therapy Services*

Sponsor Name(s): *Julie Mello, Francie Behar (PT), Julie Maclean, Nora Griffin (OT)*

Sponsor Signature: _____

Date: _____

Completed:

Observer Agreement ☐

Mission Credo and Boundary Statement ☐

Drug Free Work-place ☐

Health Insurance Attestation ☐

Occupational Health Form ☐

I.D. Badge received from Police & Security ☐