Postgraduate Trainee Safety Policy (http://med.uottawa.ca/postgraduate/governance/policies)

Introduction

1. The Postgraduate Medical Education (PGME) Office acknowledges its role in providing postgraduate trainees with a safe environment during their training. The Faculty of Medicine, affiliated training sites, clinical departments and trainees themselves are responsible for promoting a culture and environment of safety for postgraduate trainees. This includes physical, emotional and professional safety. This policy may be augmented by the Residency Program Committee (RPC) in response to a program-specific context.

2. Residents who feel that their personal safety is threatened should remove themselves from the situation as quickly as possible and seek immediate assistance.

Reporting

3. Trainees who identify a threat to personal safety must report it to their immediate supervisor or program director.

4. Accidents, incidents and environmental illnesses occurring during a resident's training should be reported and handled according to the reporting policies and procedures of the university, hospital or clinical teaching location.

Key Responsibilities

5. Of postgraduate trainees:
   - to provide information and communicate safety concerns to the program, and to comply with safety policies

6. Of residency training programs:
   - to act promptly to address identified safety concerns and incidents, and to be proactive in providing a safe learning environment

Note: These policies apply only during postgraduate trainee activities related to the performance of training duties.

Physical Safety

7. When postgraduate trainees are travelling for clinical or other academic assignments by private vehicle, they should maintain their vehicle adequately and travel with appropriate supplies and contact information.

8. For long distance travel for clinical or other academic assignments, postgraduate trainees should ensure that a colleague or the home program office is aware of their itinerary.

9. Postgraduate trainees must not be on call the day before long distance travel for clinical or other academic assignments by car. When long distance travel is required in order to begin a new rotation, trainees must request that they not be on call on the last day of the preceding rotation. If this cannot be arranged, then trainees must be provided with a designated travel day on the first day of the new rotation before the start of any clinical activities.

10. Postgraduate trainees should not travel long distances during inclement weather for clinical or other academic assignments. If weather prevents travel, the trainee must contact the program office promptly. Assignment of an alternate activity is at the discretion of the Program Director.

11. Postgraduate trainees should not work alone after hours in health care or academic facilities without adequate support from Protection Services.

12. Postgraduate trainees should not make unaccompanied home visits unless they have had appropriate training for the situation.

13. Postgraduate trainees should only telephone patients from a clinic or hospital telephone line. If a call must be made on a personal or mobile device, it should be done using call blocking or some other tool to prevent disclosure of the caller's information.
14. Call rooms and lounges should be clean, smoke-free and located in safe locations, and have adequate lighting, a phone, fire alarms and smoke detectors. Any appliances supplied should be in good working order. There must be adequate locks on doors.

15. Postgraduate trainees should not walk alone at night through any potentially unsafe area.

16. Postgraduate trainees should arrange safe transportation home if they feel unduly fatigued after their duty hours.

17. Postgraduate trainees must not assess potentially violent or psychotic patients without security backup and knowledge of accessible exits.

18. The physical space requirements for management of violent patients must be met where appropriate.

19. Special training must be provided to postgraduate trainees who are expected to encounter aggressive patients.

20. Site orientations must include a review of local safety procedures. As with any employee of the institution, postgraduate trainees must be aware of and follow the institution's policies and procedures, which must be readily available to all trainees.

21. Postgraduate trainees should familiarize themselves with the location and services offered by the institution's occupational health and safety office. This includes policies and procedures for infection control and protocols following exposure to contaminated fluids, needle stick injuries and reportable infectious diseases.

22. Postgraduate trainees must observe universal precautions and isolation procedures.

23. Postgraduate trainees must keep their required immunizations up to date. Overseas travel immunizations and advice should be sought well in advance when travelling abroad for rotations or meetings.

24. Postgraduate trainees working in areas of high and long term exposure to toxic substances, including but not limited to chemotherapeutic agents and reagent dyes, must follow the institutional safety policies.

25. Postgraduate trainees working in areas of high and long-term exposure to radiation must follow radiation safety policies and minimize their exposure according to current guidelines.

26. Radiation protective garments, such as aprons, gloves and neck shields, must be worn by all postgraduate trainees during fluoroscopy.

27. Pregnant trainees should be aware of specific risks to themselves and their fetus in the training environment and request accommodations where appropriate.

Psychological Safety


29. When a postgraduate trainee’s performance is affected or threatened by poor health or psychological conditions, the trainee should be granted a leave of absence and receive appropriate support. Such trainees must not to return to work until an appropriate assessor has declared them ready.

30. Postgraduate trainees should be aware of and have easy access to the available sources of immediate and long-term help for psychological problems, substance abuse problems, harassment and inequity issues. Resources include, but are not limited to, the OMA Physician Health Program, Faculty of Medicine Office of Faculty Wellness, uOttawa Human Rights Office and Professional Association of Residents of Ontario.

Professional Safety

31. Postgraduate trainees may experience conflicts between their ethical or religious beliefs and the training requirements and professional obligations of physicians. Resources must be made available to residents to deal with such conflicts.

32. Programs must make reasonable accommodations for religious holidays
33. Postgraduate trainees must have adequate support from the program following an adverse event or critical incident.

34. Programs must promote a culture of safety in which postgraduate trainees are able to report and discuss adverse events, critical incidents, "near misses" and patient safety concerns without fear of recrimination.

35. When programs collect postgraduate trainees' personal information and evaluations, they must keep this material responsibly and securely, to maintain confidentiality. Disclosure is appropriate where required for the purposes of ongoing education and to facilitate and maintain patient and workplace safety.

36. Programs must be aware of and comply with the Freedom of Information and Protection of Privacy Act (FIPPA) provisions regarding postgraduate trainee files.

37. Postgraduate trainee feedback and complaints must be handled in a manner that ensures trainee anonymity, unless the trainee explicitly waives anonymity. In the event of a complaint regarding a highly serious matter or one that concerns a threat to others, however, a Program Director may be obliged to proceed against the complainant's wishes. Depending on the nature of the complaint, the affiliated institution and/or the College of Physicians and Surgeons of Ontario may need to be informed and involved. In general, the Program Director should serve as a resource and advocate for the resident in the complaint process.

38. Residents must be members of the CMPA and follow CMPA recommendations in the event of real, threatened or anticipated legal action.

39. In addition to CMPA coverage for patient actions, residents are covered, either by the University itself or its insurer, for actions arising from their participation (acting reasonably) in University committees (e.g., tenure, appeals, residency training) on which they may serve.