

Resident Safety Policy

Office of Accountability:	Postgraduate Medical Education
Office of Administrative Responsibility:	Postgraduate Medical Education
Approver:	Postgraduate Medical Education Committee
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Definitions

Professional Association of Residents of Newfoundland and Labrador (PARNL) collective agreement	An agreement outlining the terms and employment conditions for residents, while maintaining a mutually beneficial relationship between the Employer (Eastern Health) and PARNL members.
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Overview

The Faculty of Medicine (FoM) recognizes that residents have the right to a safe environment during their residency program. The responsibility for promoting a culture and environment of safety for residents rests with the FoM, regional health authorities, affiliated hospitals and training sites, faculty, and the residents themselves. The concept of resident safety includes physical, emotional, psychological, and professional security and safety.

Purpose

The purpose of this policy is to promote a safe environment during residency training by clarifying the concepts of safety and outlining the roles and responsibilities of the residents, residency programs, and affiliated hospitals and training sites.

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Scope

This policy applied to all residents, residency programs, and affiliated hospitals and training sites of the Postgraduate Medical Education (PGME) program at Memorial University. **This policy applies while residents are undertaking activities related to the execution of residency duties.**

Policy

1.0 Responsibilities

1.1. Resident

- 1.1.1. To comply with safety policies, participate in the required safety sessions, and be responsible for providing information and communicating safety concerns to their residency program.

1.2. Residency Programs

- 1.2.1. To act promptly to address identified safety concerns and incidents and be proactive by providing a safe learning environment.
- 1.2.2. To ensure appropriate educational safety sessions, and initial specialty and site-specific workplace safety orientations, are available to residents.
- 1.2.3. To establish a written safety policy in accordance with the **RCPC/CFPC A Standards - General Standards Applicable to the University and Affiliated Sites**, taking into account specific risks associated with the nature of the discipline and the organization of training.
- 1.2.4. To identify policies specifically related to patient transfers by ambulance including critical care and infant transport.

1.3. Affiliated hospitals and training sites

- 1.3.1. To ensure the safety, supervision, and security of residents in their facilities in compliance with their existing employee safety and security policies/procedures as well as the requirements outlined in the

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- 1.3.1.1. The residents themselves, the residency program, and the PGME office will work together with the affiliated hospitals and training sites to ensure the personal safety of all residents, in compliance with PARNL.

2.0 Physical Safety

2.1. Training Environment

- 2.1.1. Site orientation should include a review of local safety procedures.
- 2.1.2. Call rooms and lounges provided for residents must be clean, smoke free, located in safe locations, and have adequate lighting, a phone, fire alarms, and smoke detectors. Any appliances supplied are to be in good working order. There must be adequate locks on doors.
- 2.1.3. Pregnant residents should be aware of specific risks to themselves and their fetus in the training environment and request accommodations where indicated. Residents should consult the Occupational Health and Safety office of the health care facility for information.

2.2. Security

- 2.2.1. Residents should not work alone after hours in health care or academic facilities without adequate support from security services.
- 2.2.2. Residents are not expected to work alone at after-hours clinics nor arrange to meet patients after hours without on-site support/supervision.
- 2.2.3. Residents should not be expected to walk for any major or unsafe distances at night.
- 2.2.4. Residents should not disclose their personal and/or private information in the course of their daily professional and/or academic duties.

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2.3. Patient Encounters

2.3.1. Residents should always be accompanied on home visits.

2.3.1.1. A resident may be permitted to do a house call alone **only if** the resident knows the patient and/or has been to the patient's home on a previous visit and feels comfortable doing the visit alone. If these conditions are met, the resident may visit the patient in their home by themselves and contact the back-up faculty during their visit to discuss management.

2.3.2. Residents should only telephone patients from a clinic or hospital telephone line. If calls must be made with a personal or mobile phone, this should be done using call blocking.

2.3.3. Specialty training must be provided to residents who are expected to encounter hazards such as exposure to violence from patients or others.

2.3.4. Residents should have the backup of security and an awareness of accessible exits when assessing violent or potentially dangerous patients.

2.4. Travel

2.4.1. Residents are not to be expected to travel long distances during inclement weather for clinical or other academic assignments. Residents are encouraged to use common sense and practical considerations when making travel decisions.

2.4.1.1. If such weather prevents travel, the resident is expected to contact their supervisor/program office promptly. Assignment of an alternate activity may be required.

2.4.2. When residents are travelling for clinical or other academic assignments by private vehicle, it is expected that they adequately maintain their vehicle (e.g. winter tires, sufficient gas) and travel with appropriate supplies (e.g. emergency car kit and contact information).

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- 2.4.3. If long distance travel is required for clinical or other academic assignments, residents should ensure that the program office is aware of their itinerary.
 - 2.4.4. Residents should not be on call the day before long distance travel by vehicle, for clinical or academic assignments. When long distance travel is required in order to begin a new rotation, the resident should request that they not be on call the weekend preceding the start of the rotation.
 - 2.4.5. More detailed information regarding resident travel safety can be found in the [Travel Safety Guidelines for Residents](#).
- 2.5. Elective Training
- 2.5.1. When planning to do an elective, residents must complete the [Electives Approval process](#), to ensure compliance with standards and best practices for the safety of all residents.
 - 2.5.2. If the proposed elective is in a location in Canada or abroad that has a diverse culture and ethnicity, residents are also required to register with the [Global Health office](#).
 - 2.5.3. For electives in countries outside of Canada, residents are responsible for communicating with the institution where the elective is based, to determine how to obtain recognized and sufficient liability coverage.
- 2.6. Workplace, Environmental, and Occupational Health and Safety
- 2.6.1. Residents must be made aware of site specific safety risks. Residency programs and affiliated hospitals and training sites must ensure residents are appropriately oriented to current workplace safety guidelines.
 - 2.6.2. Residents should familiarize themselves with the location and services offered by the Occupational Health and Safety Office of the health care facility in which they are training. This includes familiarity with policies and procedures for infection control and protocols following exposure to contaminated fluids, needle stick injuries, and reportable infectious diseases.

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- 2.6.2.1. All entry-level residents must undergo training in infection control precautions provided by Eastern Health at the start of their residency programs.

- 2.6.3. Residents working in areas of high and long term exposure to radiation must follow radiation safety policies and minimize their exposure according to current guidelines.
 - 2.6.3.1. Radiation protective garments (aprons, gloves, neck shields) should be used by all residents using fluoroscopic techniques.

- 2.6.4. Residents must keep their immunizations up to date. Overseas travel immunizations and advice should be sought well in advance when traveling abroad for electives or meetings.

- 2.6.5. Residents must abide by the [FoM Blood Borne Pathogens Policy](#).

- 2.6.6. Injury Reporting
 - 2.6.6.1. If an injury occurs to a resident while performing residency duties, the resident must:
 - 2.6.6.1.1. if necessary, go to the nearest Emergency Room or seek the appropriate level of medical attention and identify themselves as a resident;
 - 2.6.6.1.2. complete, within 24 hours, an Injury/Incident Report (forms should be available in the local Emergency Room or the Occupational Health and Safety office (or equivalent) of the hospital/training site where the injury took place);
 - 2.6.6.1.3. submit the Injury/Incident Report to the hospital/training site where the injury took place. That hospital/training site will be responsible for administering the claim.

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3.0 Psychological Safety

- 3.1. Learning environments must be free from intimidation, harassment, and discrimination as outlined in the [Respectful Learning Environment for Medical Education Policy](#).
- 3.2. Residents are entitled to freedom from discrimination on the basis of their physical or psychological health.
- 3.3. Residents must be aware of, and have easy access to, available sources of immediate and long-term help for psychological issues, substance abuse, harassment, and inequity issues.

4.0 Professional Safety

- 4.1. Residents must be members of the Canadian Medical Protective Association (CMPA) and follow CMPA recommendations in the case of real, threatened, or anticipated legal action. CMPA coverage is applicable only in Canada.
- 4.2. Residency programs should promote a culture of safety in which residents are encouraged and supported to report and discuss critical incidents and adverse events without fear of reprisal.
- 4.3. Residency Program Committee (RPC) members must not divulge information regarding residents. It is the responsibility of the Program Directors to make the decision and to disclose information regarding residents (e.g. personal information and evaluations) outside of the RPC and to do so only when there is reasonable cause. The resident file is confidential.
- 4.4. Resident feedback and complaints must be handled in a manner that ensures resident confidentiality, unless the resident explicitly consents otherwise. However, in the case of a complaint that must be dealt with due to its severity or threat to other residents, a Program Director may be obliged to proceed, against the complainant's wishes. In that case, the Associate Dean, PGME, or the main campus Harassment office should be consulted immediately. Depending on the nature of the complaint, the regional health authority and/or the College of Physicians and Surgeons of Newfoundland and Labrador may need to be informed

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and involved. In general, the Program Director should serve as a resource and advocate for the resident in the complaints process.

- 4.5. Some physicians may experience conflicts between their ethical or religious beliefs and the training requirements and professional obligations of physicians. Resources should be made available to residents to deal with such conflicts. Examples include the College of Physicians and Surgeons of Newfoundland and Labrador and Eastern Health.

5.0 Resident identifying a personal safety or security breach

- 5.1. If a resident feels that their own personal safety or security is threatened, they should seek immediate assistance and remove themselves from the situation in a professional manner.
 - 5.1.1. The resident should ensure that their immediate supervisor and/or Program Director has been notified, as appropriate. If a personal safety or security issue involves the resident's supervisor and/or Program Director, the resident should notify an appropriate superior (e.g. Discipline Chair).
- 5.2. The PGME office is available for consultation during regular work hours, particularly if the Program Director is not available. If an issue arises after regular office hours where the immediate supervisor and/or Program Director may not be available, the resident is to contact security of the health care facility where they are based.
- 5.3. Residents in community-based practices or other non-institutional settings should discuss issues or concerns with the staff physician or community-based coordinator, or bring any safety concerns to the attention of their Program Director.
- 5.4. The Program Director has the authority to remove residents from clinical placements if a risk is seen to be unacceptable.
 - 5.4.1. If a decision is taken to remove a resident, this must be communicated promptly to the RPC and the Associate Dean, PGME.



Faculty of Medicine

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Related Documents

[PARNL Collective Agreement](#)

[FoM Blood Borne Pathogens Policy](#)

[Respectful Learning Environment for Medical Education Policy](#)

Previous Versions

There is at least one previous version of this policy. Contact the [Policy Analyst](#) to view earlier version(s):

Approval Date: October 19, 2010