

Clinician Investigator Program Attachment #2

Program Policy on Resident Safety (*see attached*)

Policy Framework

The health and safety of CIP trainees is of paramount importance. Trainee health and safety are supported by policies of PGME and Health and Safety, the University of Toronto. CIP adopts the policies of PGME, University of Toronto, and Health and Safety, University of Toronto and uses these policies and practices as a basis to support students. CIP understands that CIP trainees function in a variety of workplaces including the 'Faculty of Medicine campus' and the Research Institutes of our fully-affiliated hospitals. While each of these institutes has policies specific to their institutions, their respective policies are consistent with PGME and University-wide policies.

Policies on resident health and safety

PGME has specific policies on sexual harassment, immunization, and guidelines for health and safety. These policies and guidelines are found at: <https://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/>

Policies on health and safety, specifically related to laboratory-based research

Policy and guidelines developed by Health and Safety, University of Toronto, are found at: <https://ehs.utoronto.ca/>. This website relates to biosafety, environmental protection, occupational hygiene safety, work with hazardous materials and management of hazardous waste materials.

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University of Toronto
Faculty of Medicine, Postgraduate Medical Education

**Postgraduate Trainee Health and Safety Guidelines
December 2017**

Revisions approved by
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1. PURPOSE OF THIS GUIDELINE

- 1) To promote a safe and healthy environment that minimizes the risk of injury at all University of Toronto and affiliated teaching sites.
- 2) To confirm the University of Toronto Faculty of Medicine's commitment to the health, safety, and protection of its postgraduate trainees.
- 3) To provide a procedure to report hazardous or unsafe training conditions and a mechanism to take corrective action
- 4) To identify and clarify the roles and responsibilities of the University and Training Sites
- 5) This centralized guideline regarding resident safety is intended for program-specific additions and/or variations as appropriate.

2. BACKGROUND

Indicator 4.1.3.2 of the General Standards of Accreditation for Institutions with Residency Programs states

There is an (are) effective centralized policy(ies) addressing residents' physical, psychological, and professional safety, including but not limited to:

- i. travel,
- ii. patient encounters (including house calls),
- iii. after-hours consultation,
- iv. patient transfers (e.g., Medevac),
- v. complaint management, and
- vi. fatigue risk management.

Under the PARO-CAHO collective agreement between the Professional Association of Residents of Ontario (PARO) and the Council of Academic Hospitals of Ontario (CAHO),

residents have dual status of being both postgraduate medical trainees registered in University programs and physicians employed by the hospitals. As trainees, they are entitled to secure and private call rooms and secure access between call room facilities and service areas. Residents have access to and coverage for Occupational Health services (including TB tests, immunizations and follow-up, and post-exposure prophylaxis and management), on the same terms as applicable to other hospital employee groups.

- Accreditation Canada standards indicate that member hospitals must have an operational safety and security program for staff and patients.
- The Ontario Occupational Health and Safety Act, 1990, (OHSA) outlines minimum standards for health and safety and establishes procedures for dealing with workplace hazards and protection against risks of workplace violence.
- The University of Toronto Health and Safety Policy (Governing Council January 23, 2017) states that the University is committed to the promotion of the health, safety and wellbeing of all members of the University community, to the provision of a safe and healthy work and study environment, and to the prevention of occupational injuries and illnesses.

The review of this safety guideline is informed by data relating to adverse events involving residents and individuals in resident teaching.

3. SCOPE

The University, hospitals, and affiliated teaching sites are accountable for the personal, environmental, and occupational health and safety of their employees and have the right to make implementation decisions within their respective policies and resource allocations. Postgraduate trainees must adhere to the relevant health and safety policies and procedures of their training site. All teaching sites must adhere to the requirements of the PARO-CAHO collective agreement, unless specifically exempted in the agreement.

These guidelines cover all postgraduate trainees, including residents and fellows, and encompass:

- **Personal Health and Safety** including:
 - risk of violence or harm from patients or staff;
 - access to secure lockers and facilities including call rooms;
 - safe travel:
 - between call facilities and service location, and
 - to private vehicle or public transportation between workplace and home;
 - while working in isolated or remote situations including visiting patients in their homes or after hours; and
 - safeguarding of personal information.
- **Workplace and Environmental Health and Safety** including:
 - hazardous materials as named in the Occupational Health and Safety Act; and
 - radiation safety, chemical spills, indoor air quality.

- **Occupational Health and Safety** including:
 - blood borne pathogens;
 - immunization policies; and
 - respiratory protection.

4. PERSONAL HEALTH AND SAFETY

The University of Toronto Faculty of Medicine strives for a safe and secure environment for postgraduate trainees in all training venues.

- 1) All teaching sites, hospitals, and long-term care institutions are responsible for ensuring the safety and security of trainees in their facilities in compliance with their existing employee safety and security policies and procedures as well as the requirements outlined in the PARO-CAHO collective agreement. The PGME Office will work with the Medical Education and Occupational Health Offices at these affiliated training sites to ensure adherence to these requirements.
- 2) Locations without a formal health and safety policy or joint committee will be guided by the standards outlined in the Occupational Health and Safety Act.
- 3) Safety and security issues related to Intimidation and Harassment are outlined in the [PGME Guidelines for the Reporting of Intimidation, Harassment and other kinds of Unprofessional or Disruptive Behaviour in Postgraduate Medical Education.](#)

Responsibility of the Program and or Training Site:

- Indicator 5.1.2.2 of the General Standards of Accreditation for Residency Programs states
- There is an (are) effective resident safety policy(ies), aligned with the centralized policy(ies) and modified, as appropriate, to reflect discipline-specific physical, psychological, and professional resident safety concerns. The policy(ies) include(s), but is (are) not limited to:
 - i. travel,
 - ii. patient encounters (including house calls),
 - iii. after-hours consultation,
 - iv. patient transfers (e.g., Medevac),
 - v. complaint management, and
 - vi. fatigue risk management.
- The central PGME Office will provide programs with best practices for orienting learners to individual safety risks. Programs must ensure trainees are adequately oriented to policies prior to initiating clinical services.
- Programs and trainees share a responsibility to identify safety risks specific to each location and to the extent possible, will work together to assess safety risks specific to each rotation.
- Where safety risks exists or are uncertain, programs **may not expect** postgraduate trainees to see a patient in hospital, clinic or at home, during regular or after hours, without the presence of a supervisor or security personnel.

- Training sites must endeavour to safeguard trainees' personal information, other than identifying them by name when communicating with patients, staff and families.
- Patient transfers (e.g. Medivac) must take place with appropriate safety and security measures in accordance with departmental guidelines.
- Trainees must be **made** aware of alternate options when exposing oneself to workplace risks or during travel to and from the workplace (i.e. driving a personal vehicle when fatigued).

Responsibility of the Trainee:

- Trainees must use all necessary personal protective equipment, precautions and safeguards, including back up from supervisors, when engaging in clinical and/or educational experiences.
- Trainees and programs share a responsibility to identify safety risks specific to each location and to the extent possible, will work together to assess safety risks specific to each rotation.
- Trainees must exercise judgment and be aware of alternate options when exposing oneself to workplace risks or during travel to and from the workplace (i.e. driving a personal vehicle when fatigued).
- Trainees must use caution when offering personal information to patients, families or staff.
- Trainees are expected to call patients from a hospital or clinic telephone line. The use of personal mobile phones for such calls is discouraged; if used, the call blocking feature should be engaged.
- Trainees must promptly report any health and safety concerns (e.g., risk of needlestick injuries, fatigue, etc.) to their supervisor.

Reporting Protocol for Breaches of Personal Safety:

- Trainees who feel their personal safety or security is threatened should remove themselves immediately from the situation in a professional manner and seek urgent assistance from their immediate supervisor or from the institution's security services.

Trainees cannot be negatively impacted for refusing to engage in clinical or educational experiences if they truly feel at risk in doing so and have communicated this to their Program Directors and respective site supervisors. It is recognized however that there are times (for example, in outbreaks of infectious disease such as SARS), when a residual risk will remain after all known precautions are taken. Professional responsibility to patients may require engaging in care despite these risks See [University of Toronto Health Sciences Faculties Guidelines for Clinical Sites](#)

- Trainees in hospital/institutional settings identifying a personal safety or security breach must report it to their immediate supervisor at the training site as well as to the program director to allow a resolution of the issue at a local level, and to comply with the site reporting requirements, such as completion of an [Incident Report Form](#).
- Trainees 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.
- Trainees may also report their concerns to the Director, Resident Wellness at the PGME Office. Consent to do will be obtained from the trainee. . Pending investigation and resolution of identified concerns:
 - The Program Director and/or Director of Resident Wellness have the authority to **remove trainees** from clinical placements if a risk is seen to be unacceptable.
 - If a decision is taken to remove a trainee, this must be communicated by the Program Director promptly to:
 - the Chair;
 - the Vice President, Education/Hospital Medical Education Lead or designate at the training site;
 - the Residency Program Committee; and
 - the Vice Dean, PGME.
- If the safety issue raised is not resolved at the local level, it must be reported to the appropriate decanal lead responsible for the educational program who will investigate and may re-direct the issue to the relevant hospital medical education office or University office for resolution. The trainee/faculty member bringing the incident forward will receive a response within 10 days outlining how the complaint was handled or if it will require further review.
- The appropriate decanal lead responsible for the educational program will bring the issue to the hospital office responsible for safety and security, and may involve the University Community Safety Office, Faculty of Medicine Health and Safety Office for resolution or further consultation. The Director, Resident Wellness will report on safety concerns semi-annually through the Associate Dean, PGME to the Postgraduate Medical Education Advisory Committee (PGMEAC) and the Hospital University Education Committee (HUEC) through the Vice-Dean, Post MD Education.
- Urgent trainee safety issues will be brought to the attention of the Vice-Dean, Post MD Education, Associate Dean, PGME, as well as to the relevant hospital VP Education/Hospital Medical Education Lead or as appropriate.
- The Director, Resident Wellness may at any time investigate and act upon health and safety systems issues that come to her/his attention by any means, including internal reviews, trainee/faculty/staff reporting, or police/security intervention.

- Trainees in breach of the occupational health policies of their training site are subject to the procedures by that site consistent with the requirements of the Occupational Health and Safety Act. If attempts to resolve the situation by internal protocols are not successful, it may be brought to the attention of the training site Medical Education Lead.

5. WORKPLACE AND ENVIRONMENTAL HEALTH AND SAFETY and OCCUPATIONAL HEALTH AND SAFETY

In the course of their training, postgraduate trainees may be exposed to hazardous agents and communicable pathogens. Trainees, the University and teaching sites including hospitals, laboratories and community clinical settings are jointly responsible for supporting a culture promoting health and safety and preventing injury and incidents. Accidents, incidents and environmental exposures occurring during training will be reported and administered according to the reporting policies and procedures of the University, hospital or clinical teaching location.

Responsibilities of the Program, PGME Office and Training Site:

- Programs and training sites must ensure trainees are appropriately oriented to current best practices for workplace safety guidelines.
- Programs must have guidelines to address exposures specific to each training site (e.g., radiation safety, hazardous materials, infection control), communicate these to trainees at site-specific orientation sessions, and assess trainees for appropriate understanding prior to involvement in these activities.
- Programs must ensure trainees are capable of assessing site and situation specific safety risks.
- The Postgraduate Medical Education Office will ensure trainees have all required immunizations (as per the Council of Ontario Faculties of Medicine Immunization Policy) prior to initiating clinical duties. This information will be available to appropriate individuals at the training sites as required via the Postgraduate Web Evaluation and Registration (POWER) system. Trainees not meeting the immunization requirements of the faculty are not permitted to complete their registration with the PGME Office and will not be registered at the hospital.
- The PGME Office will ensure all concerns relating to communicable diseases, including blood borne pathogens, will be reviewed by the Expert Panel on Infection Control and dealt with on a case-by-case basis prior to finalizing a trainee's registration. Disclosure of communicable disease status of the trainee will be limited to those required to know in order to provide the necessary procedures to address the health and safety concerns of the trainee and others.

Responsibilities of the Trainee:

- Trainees must participate in required safety sessions as determined by their Program or training site.
- Trainees must follow all of the occupational health and safety policies and procedures of the training site including, but not limited to, the appropriate use of personal protective equipment.
- Trainees must agree to report unsafe training conditions as per the protocol outlined below.

Reporting Protocol for Workplace Accident/Injury or Incident (See appendix 2):

- A) During **daytime hours** while working at an affiliated hospital or site associated with an affiliated hospital:
- 1) The trainee must go immediately to the Employee/Occupational Health Office of the institution.
 - 2) The trainee must complete the incident report form as required by the institution's protocol.
 - 3) The trainee must report the incident to his/her immediate supervisor.
 - 4) The trainee is encouraged to submit a copy of the report form to their Program office which will then forward a copy to the PGME Office.
- B) During **evenings or weekends** or at a training site with no Occupational Health Office:
- 1) The trainee must go immediately to the nearest emergency room and identify him/herself as a trainee of the University of Toronto and request to be seen on an urgent basis.
 - 2) The trainee must report to the available supervisor, comply with the institution's protocol for completion of appropriate incident report forms, and keep a copy of this form to be forwarded to their Program office.
 - 3) Incident reports for fellows reported to the PGME office, are sent back to the fellowship program

APPENDIX 1:

Related Documents:

- 1) A Guide to the Occupational Health and Safety Act, May 2011
<https://www.ontario.ca/document/guide-occupational-health-and-safety-act>
- 2) PARO-CAHO agreement: <http://www.myparo.ca/your-contract/>
- 3) University of Toronto, Health and Safety Policy (Governing Council, January 2017)
<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppmar292004.pdf>
- 4) Blood and Body Fluid Exposure Policy for University of Toronto Postgraduate Medical Trainees:
<http://pg.postmd.utoronto.ca/wpcontent/uploads/2016/06/BloodBodyFluidExposurePolicyNov2012.pdf>
- 5) COFM Immunization Policy
<http://pg.postmd.utoronto.ca/wp-content/uploads/2016/06/COFMImmunizationPolicy.pdf>
- 6) PGME Intimidation and Harassment Guidelines
http://pg.postmd.utoronto.ca/wp-content/uploads/2016/08/PGMEGuidelinesAddressIntimHarassUnprofessBehaviour_PGMEACHUEC_Mar2016.pdf
- 7) University of Toronto Health Sciences Faculties Guidelines for Clinical Sites re: Student Clinical Placement in an Emergency Situation: Postgraduate Medical Education.
<http://medicine.utoronto.ca/sites/default/files/Revised%20HSCEP%20Guideline%20for%20Clinical%20Sites.pdf>

Resources:

- 1) Occupational/Employee Health Offices at all University affiliated teaching hospitals
- 2) PGME Office:
 - a. Office of Resident Wellness; or
 - b. Immunization Officer

Appendix 2: Protocol for Workplace Exposure/Injury

