

## **Queen's University - Anesthesiology Resident Safety Policy**

In the provision of the tools required to be a consultant anesthesiologist, our anesthesia program must also ensure that the environment we practice employs the highest standards of safety including physical, emotional and professional components. As such all residents must be familiar with the Queen's University Postgraduate Medical Education policy on resident safety (see Appendix 1):

All anesthesia residents must communicate directly with the chief resident, site resident coordinator, or Program Director with any concerns regarding personal safety. Once appropriate safe guards have been implemented, any further concerns must be presented to the Residency Program Committee for review and investigation.

As a supplement to the Queen's University policy: please note the following:

### **Physical Safety:**

- 1) On call can be exhausting. Please do not drive home if too fatigued.
- 2) Be aware of the importance of prevention and management of OR fires.
- 3) Ensure that appropriately sized X-ray lead aprons are worn during cases of radiologic exposure
- 4) Be familiar with the principles of magnet free management of a patient in the MRI suite
- 5) When participating in cases using LASER, ensure you comply with the protective standards required for the specific LASER type. If this involves LASER to the airway, ensure appropriate back-up and management strategies are used in case of an airway fire.
- 6) Know the institutional policies regarding anesthetic management of patients with blood borne or air-borne pathogens. Ensure protective devices are worn including gloves, gowns, goggles, face-shields, and N-95 masks if applicable.
- 7) Familiarize oneself with the institutional location of Occupational health and the policies regarding needle-stick injury.
- 8) Follow institutional policies regarding hand-washing in the context of patient care.
- 9) Trainees that are pregnant must communicate this to the site coordinators and Program Director. This may impact clinical case assignments eg no cases with prolonged Xray exposure. Also the overnight call requirement is restricted: PARO policy - In no event will a resident be scheduled or required to participate in on call duty after twenty-seven (27) weeks gestation unless otherwise agreed to by the resident.

### **Psychological Safety:**

It is extremely important that we foster a fair and confidential process to ensure that residents can report concerns regarding impairment, competency, substance abuse, medical/mental illness. There is also zero tolerance of harassment,

intimidation, and discrimination. All concerns must be brought to the immediate attention of the Program Director and Department Head of Anesthesia. It is essential that our work/learning environment support a culture free of threats. This also to include electronic threats (social media, email etc).

### **Professional Safety:**

Reporting of concerns regarding patient safety is encouraged. These often form the basis of committee reviews and Mortality/Morbidity presentations. The residents must feel there is no sense of retribution, recrimination, or humiliation.

Residents must have adequate staff support when working in or outside of the OR. Staff must be immediately available to residents at all times. When residents are working alone, the supervising staff must ensure immediate contact numbers have been communicated to them in the event the resident requires immediate assistance.

Adequate supports must be available in the event of an adverse event such as an intra-operative death, etc. This should include temporary relief of duty and adequate time for debriefing.

### **Accountabilities:**

The Program Director is responsible for ensuring adherence to this policy.

The Residency Program Committee is responsible for reviewing and revising this document every 3 years or more frequently if any changes occur in the residency training program that could affect these policies.

All concerns regarding resident safety will be discussed and reviewed by the Residency Program Committee with recommendations given to the Program Director. Follow-up of all concerns will be reviewed by the Residency Program Committee. In cases concerning events that are more "sensitive" in nature, the concerns will be addressed directly between the Program Director and Chair and will involve the Postgraduate Dean if necessary.

Any staff or resident that does not adhere to this policy will be discussed by the Residency Program committee with recommendation to the Program Director and /or Chair regarding further action/remediation.

**Approved at Residency Program Committee Meeting: 2017 March 23**

Links:

The Canadian Medical Protective Association (CMPA)

(613) 725-2000

1-800-267-6522

<http://www.cmpa.org>

The College of Physicians and Surgeons of Ontario (CPSO)

(416) 967-2617

1-800-268-7096

<http://www.cpso.on.ca/>

Professional Association of Residents of Ontario (PARO)

Phone: 416-979-1182

Toll-Free: 1-877-979-1183

Fax: 416-595-9778

Email: [paro@paroteam.ca](mailto:paro@paroteam.ca)

<http://www.myparo.ca/>

Canadian Association of Internes & Residents (CAIR)

(613) 234-6448

<http://www.cair.ca/>

Ontario Medical Association Physician health program;

<https://www.oma.org/benefits/pages/PhysicianHealthProgram.aspx>

## Appendix 1:

# QUEEN'S UNIVERSITY - FACULTY OF MEDICINE POSTGRADUATE TRAINEE SAFETY POLICY

## Resident Health and Safety

Faculty of Health Sciences – School of Medicine  
Postgraduate Medical Education  
Resident Health and Safety Policy

### 1. Background

The Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada have collaborated in developing national standards for evaluation of the University Postgraduate Medical Education function and the sites used for residency education. Standard A.2.5. indicates that:

All participating sites **must** take reasonable measures to ensure resident safety at all times, particularly considering hazards such as environmental toxins, exposure to infectious agents transmitted through blood and fluid, radiation, and potential exposure to violence from patients or others.

According to the collective agreement between the Professional Association of Interns and Residents of Ontario (PAIRO) and the Council of Academic Hospitals of Ontario (CAHO), residents are postgraduate medical trainees registered in university programs as well as physicians employed by the hospitals. The agreement states that all trainees/employees must have secure, private rooms and secure access between call room facilities and the service area, as well as access to and coverage for Occupational Health services.

The Ontario Ministry of Labour's Occupational Health and Safety Act (OHSA) outlines minimum standards for health and safety and establishes procedures for dealing with workplace hazards and protection against risks of workplace violence.

The Queen's University Off-Campus Activity Safety Policy (Board of Trustees revised 1 May 2010) states that the safety of all participants in off-campus activities is of paramount importance to the University and to the participants themselves. Consistent with its educational mission, the University strives to impart awareness of safety issues to the members of its community. Furthermore, the University has a responsibility to manage the risks associated with its operations.

### 2. Purpose of this document is to:

2.1 minimize the risk of injury and promote a safe and healthy environment on the university campus and at affiliated teaching sites

2.2 demonstrate Queen's University Faculty of Health Science's commitment to the health, safety, and protection of its residents

2.3 provide a procedure to report hazardous or unsafe training conditions and a mechanism to take corrective action

### **3. Scope and Responsibility**

3.1 The University, hospitals, and affiliated teaching sites are accountable for the environmental, occupational, and personal health and safety of their employees.

3.2 The University, hospitals, and affiliated teaching sites have the right to make implementation decisions and allocate resources within their respective policies.

3.3 All teaching sites must meet health and safety requirements of the PAIRO – CAHO collective agreement.

3.4 Residents must adhere to the relevant health and safety policies and procedures of their rotation's training site.

3.5 The Postgraduate Medical Education (PGME) Resident Health and Safety guidelines provide a central faculty mechanism for residents to use when faced with a health and safety issue during the course of their training which cannot be resolved at the local training site level.

### **4. Procedure**

4.1 **Environmental Health:** Accidents, incidents and environmental illnesses occurring during a resident's training will be reported and administered according to the reporting policies and procedures of the university, hospital or affiliated teaching sites.

4.2 **Occupational Health:** Residents will receive instruction on body substance precautions, infection control, and occupational health procedures in the hospitals and affiliated teaching sites.

4.3 Resident Immunization Data is collected by The Occupational Health, Safety, and Wellness service of Kingston General Hospital (the paymaster hospital) on behalf of the hospitals.

4.3.1 Residents not meeting immunization requirements of the faculty are not permitted to complete their registration with the PGME Office and are not registered at the hospital.

4.4. Communicable disease issues are reviewed by the KGH/FHS Advisory Committee and dealt with on a case-by-case basis prior to finalizing a trainee's registration.

## **5. Personal Safety and Travel**

The Queen's University Faculty of Health Sciences strives for a safe and secure environment for medical residents in both its facilities and training sites through maintenance of affiliation agreements.

5.1 Affiliated teaching practice sites, hospitals, and long-term care institutions are responsible for ensuring the safety and security of residents training in their facilities in compliance with their existing employee safety and security policies/procedures as well as the requirements outlined in the PAIRO-CAHO collective agreement.

5.2 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.

5.3 During block time in community-based practices residents may be required to attend patients in doctor's offices or patient homes. During the daytime no home visit should be made or expected unless the resident feels totally assured of safety.

5.3.1 If there is any doubt and a visit is believed to be necessary, the resident will be accompanied by a staff person.

5.3.2 All after hours visits to patients at their home or clinic should be in the presence of a supervisor.

5.4 In the event of a safety concern at a hospital or clinic, either the patient should not be seen or security should be called to be present.

5.5 In the event of a safety emergency at any time, the resident is to call security and the police.

5.6 Some rotations will take place outside of the primary teaching site. It is the resident's responsibility to ensure that they drive while fully alert.

5.6.1 Residents should not drive if they have not had sufficient sleep within the preceding 24 hours.

5.6.2 Residents may request rotation supervisors not to assign them to on call duty on the last night of a rotation when the next rotation requires them to drive to another city. Such a request must be made before the call schedule is published, which will be at least two weeks prior to its effective date.

5.7 A resident may elect not to attend their academic half-day, clinic, etc. if in his/her estimation, it would not be safe to travel because of weather.

5.7.1 The resident must inform the appropriate person as soon as possible of absences due to inclement weather.

5.8 Residents planning an overseas placement or conference must complete a Postgraduate Medical Education Safety Planning Record through the University's Off-Campus Activity Safety Policy.

## **6. Reporting/Follow-Up/Dispute Resolution**

6.1 Residents identifying a personal safety or security breach must report it to their immediate supervisor at the training site and program director to allow a resolution of the issue at a local level, and comply with the site reporting requirements.

6.2 Residents in community-based practices 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, Associate Dean, Postgraduate Medical Education, or Director of Resident Affairs.

6.3 Pending an investigation and the resolution of an identified personal safety or security concern, the resident has the right to refuse to complete a rotation.

6.3.1 The Program Director, in consultation with the Chair and RPC, has the authority to remove residents from clinical placements if the risk is seen to be unacceptable.

6.3.2 Safety/security issues not resolved at the local level must be reported to the Associate Dean, Postgraduate Medical Education who will investigate.

6.3.3 The Associate Dean may re-direct the issue to the relevant hospital or university office for resolution.

6.3.4 The resident/faculty member reporting incidents will receive a written responses to within 10 days outlining how the complaint was handled or if it will require further review.

6.3.5 The Associate Dean, Postgraduate Medical Education may bring resident safety/security issues to the hospital office responsible for safety and security, the Queen's Department of Environmental Health and Safety, or the Director, Regional Education, for resolution or further consultation.

6.3.6 The Associate Dean, Postgraduate Medical Education will report annually to the Postgraduate Medical Education Committee (PGMEC) on resident safety/security issues.

## **7. Urgent Situations**

7.1 Urgent resident safety issues must be brought to the attention of the Program Director and Associate Dean, Postgraduate Medical Education immediately.

7.2 Health and safety systems issues may also be brought to the attention of the Director, Resident Affairs at any time by various methods, including internal reviews, resident/faculty/staff reporting, or police/security intervention.

### **Note:**

1. In addition to hospital security services, residents should be also aware of the following campus personal safety resources:

### **Queen's Walkhome Service**

An entirely student-run service comprised of mixed-gender teams which will walk students anywhere they need to go safely and comfortably. The service runs from dusk until 2:00-3:00am and can be accessed by calling 613-533-WALK. The boundaries are as far west as West Campus, as far east as Ontario Street, as far north as York Street, and as far south as Lake Ontario.

## **Queen's Security**

This Queen's University department provides a variety of services including advice and assistance on any security-related matters, an incidents of interest website, an alert listserve, a women's self-defence program, and a non-violent crisis intervention program. Full details are available at [www.queensu.ca/security](http://www.queensu.ca/security)

2. Postgraduate programs may develop their own specific resident safety policies as long as they do not conflict with this policy.

**Approved by Postgraduate Medical Education Committee - February 16, 2011**