



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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Policy

Postgraduate Medical Education Resident Safety				Class: B	
Approved By:	NOSM Postgraduate Education Committee				
Approval Date:	2021 09 02	Effective Date:	2021 09 02	Review Date:	2024 09 01
Responsible Portfolio/Unit/Committee:	Postgraduate Medical Education (PGME)				
Responsible Officer(s):	Associate Dean, PGME & Director, PGME				

1.0 Purpose

The Northern Ontario School of Medicine (NOSM) recognizes that residents have the right to a safe environment during their residency training.

The criteria for resident safety is outlined in [General Standards of Accreditation for Institutions with Residency Programs](#). The responsibility for promoting a culture and environment of safety for residents rests with the Northern Ontario School of Medicine (NOSM), hospitals, local health authorities, clinical placement locations, faculty, and residents themselves. This is achieved by observing best practices that meet or exceed the legislative standards. Implicit in the NOSM policy is the recognition that there are concurrent policies at each Affiliated Teaching Hospital.

The purpose of this policy is to minimize risk of injury and promote a safe and healthy physical, professional, and psychological environment at NOSM and affiliated teaching sites. It also outlines a procedure to report hazardous or unsafe training conditions and mechanisms for corrective action.

2.0 Definitions

2.1 Long Distance Travel

2.1.1 Long distance driving is any single trip over 300km in length from the present rotation directly to the subsequent rotation or to an academic event. Travel safety procedures are detailed in section 4.1.

3.0 Procedures

3.1 Travel Safety

3.1.1 Residents are required at times to travel to complete clinical placements and academic commitments. Residents are to choose the most appropriate method of transportation considering distance to destination, time of day, season, weather conditions and academic/clinical responsibilities. Common sense and practical considerations for reducing risk should take precedence.

3.1.2 In reviewing rotation transitions between blocks, residents are responsible to discuss the following call requirements with the lead preceptor six weeks in advance of their rotation to ensure call schedulers are aware and call schedules can be prepared according to this policy:

- Residents should not be on call the night before long-distance travel for clinical or other academic assignments if they must drive themselves to the next rotation or to attend a mandatory event.
- When long distance travel is required in order to begin a new rotation, the resident should request six weeks in advance that they not be on call on the last night of the preceding rotation. If overnight call is required on the final day of a rotation, then there will be a designated travel day on the first day of the new rotation before the start of any clinical activities.

3.1.3 Residents should ensure adequate rest after call duties before traveling home from the site of clinical duties. Call rooms are available at each training site to accommodate residents for rest before travel. Residents should discuss such arrangements with the site coordinator or lead preceptor.

3.1.4 Residents who are called in for clinical duties after 6 pm and before 6 am, and feel unsafe to drive post call should opt to take a taxi for transportation. Reimbursement for taxi charges will be provided upon presentation of appropriate receipts.

3.1.5 Residents must exercise good judgment and if in the resident's estimation, it would not be safe to travel due to inclement weather any of the following actions are appropriate:

- Residents should not be on call the night before long-distance travel for clinical or other academic assignments if they have to drive themselves to the next rotation or to attend a mandatory event.
- When long distance travel is required in order to begin a new rotation, the resident should request six weeks in advance that they not be on call on the last night of the preceding rotation. If overnight call is required on the final day of a rotation,

then there will be a designated travel day on the first day of the new rotation before the start of any clinical activities.

- Elect not to attend an academic event,
- Delay travel to the new clinical placement until the weather permits,
- Interrupt their journey to a new clinical placement and wait until it is safe to travel (if accommodation is required due to the interruption NOSM will cover the cost).
- Residents must inform the appropriate residency program staff and faculty as soon as possible to discuss with staff and faculty the delay or change.

3.1.6 It is expected that residents maintain their vehicles and travel with general safety supplies and contact information. The regulations of the province of Ontario prohibit cell phone use and text messaging while operating a motor vehicle. It is expected that residents will comply with the legal jurisdiction and recommendations of the provincial Ministry of Transportation and Licensing, insurance regulatory bodies, and various policing bodies..

3.2 After-Hours Consultation

3.2.1 Residents must not work alone after hours in health care or academic facilities without adequate support/supervision.

3.2.2 Residents must not work alone at after-hours clinics nor arrange to meet patients after hours without on-site support/supervision.

3.3 Patient Encounters including incidents of Violence

3.3.1 Residents should always be accompanied on home visits.

3.3.2 Residents should use caller blocking when telephoning patients

3.3.3 Residents should have the backup of security and an awareness of accessible exits when assessing violent or potentially dangerous patients and such training to be provided at hospital orientations.

3.3.4 Hospital Code White (violent or out of control patient) procedures should be reviewed at each relevant teaching site during the site orientation and residents should clarify any questions.

3.4 Training Environments

- 3.4.1 Site orientation should include a review of local safety procedures including Patient transfers (e.g., Medevac) and process for complaints and allegations of malpractice.
- 3.4.2 Call rooms and lounges provided for residents must be clean, smoke free, located in safe locations, secure and private, and have adequate lighting, a phone, fire alarms, and smoke detectors and carbon monoxide detectors. Any appliances supplied are to be in good working order. There must be adequate locks on doors.
- 3.4.3 Residents working in areas of high and long-term exposure to radiation must follow radiation safety policies of the institution and minimize their exposure according to current guidelines.
- 3.4.4 Radiation protective garments (aprons, gloves, neck shields) should be used by all residents using fluoroscopic techniques.

3.5 Occupational Health

- 3.5.1 NOSM PGME office collects immunization data on all residents on behalf of the teaching hospitals and disseminates this information through an annual credentialing list. Residents are responsible for keeping their immunizations and annual TB skin testing up to date and complying with requests from the PGME office to complete immunization documentation or training may be disrupted.
- 3.5.2 NOSM and the affiliated teaching sites are each responsible for ensuring that residents are instructed in infection prevention and control as related to communicable diseases.
- 3.5.3 Blood Borne Pathogens (BBPs): All physicians in Ontario (including residents) who perform or assist at exposure prone procedures (EPPs)¹ **are required to have annual testing** for BBPs. See CPSO Policy: [CPSO Blood Borne Pathogens Policy Statement](#). If a resident is positive for a BPP he/she should contact the Associate Dean, PGME in confidence and the CPSO Policy on Blood Borne Pathogens must be followed.

¹ An exposure prone procedure is one which involves one or more of the following:

1. digital palpation of a needle tip in a body cavity (a hollow space within the body or one of its organs) or the simultaneous presence of the health-care worker's fingers and a needle or other sharp instrument or object in a blind or highly confined anatomic site (e.g., during major abdominal, cardiothoracic, vaginal and/or orthopaedic operations); or
2. repair of major traumatic injuries; or
3. manipulation, cutting or removal of any oral or perioral tissue, including tooth structures during which blood from a health-care worker has the potential to expose the patient's open tissue to a blood borne pathogen.²

3.5.4 Affiliated teaching sites are responsible for providing an introductory program on routine practices/safeguards, infection prevention and control that is consistent with occupational health and safety guidelines.

3.5.5 If an injury occurs while working, the injury must be reported as follows:

- The resident must go to the Employee Health Office at the training site. Incident forms will be provided to the trainee.
- [Completed forms](#) must also be submitted to the PGME office in order for the PGME office to notify WSIB and payroll. NOSM will pay the wages for the day of your injury. The School is obligated to report injuries to WSIB within 3 days of the accident/incident, **so it is imperative that the above Report is filled out immediately.**

3.5.6 Pregnant residents should be aware of specific risks to themselves and their fetus in the training environment and request accommodation where indicated. Residents should consult the Occupational Health and Safety Office of their training site for information.

3.6 Housing Safety

3.6.1 During clinical placements outside of their home-based community, residents and their families (pending availability) are provided with safe and clean no-charge accommodations. Although most of these accommodations are situated within NOSM's northern catchment area, several apartment units are also strategically placed in large urban areas such as Ottawa, Toronto, and Hamilton where core and elective rotations take place.

3.6.2 Scheduled cleanings of NOSM managed housing units take place after each guest has exited the unit, ensuring that each unit is clean and safe for the next guest. However, if a resident (guest) arrives to an apartment that is unclean or unsafe, they are asked to contact housing@nosm.ca or 705-507-7483 during business hours, and 705-507-7473, or designate, in after-hour emergencies. Residents may acquire alternate accommodations at a hotel/motel at NOSM's expense and await direction from NOSM staff until corrective action has taken place.

3.6.3 During the course of residing in a NOSM or community-sponsored housing unit, residents are expected to report immediately any perceived safety and health risks. In the preparation of their placement housing, NOSM Accommodation staff provides all learners with pertinent and important housing contact information, which includes names and phone numbers of the landlord, superintendent, property manager, cleaning staff, etc.

3.6.4 Refer to the NOSM Housing Protocol for a listing of the minimum standards of housing provided including safety measures for security:

- [NOSM Learner Housing Protocol](#)

3.7 Psychological Safety

3.7.1 Learning environments should be safe and supportive of residents. Interactions and communication between residents, faculty and other team members must occur in an open and collegial atmosphere, such that the tenets of acceptable professional behaviour and the assurance of dignity in the learning environment are maintained at all times.

3.7.2 Learning environments must be free from intimidation, harassment and discrimination and violence including sexual or gender-based violence. The NOSM Postgraduate Medical Responding to Resident Concerns of Mistreatment for reporting and the NOSM Human Rights, Anti-Discrimination and Harassment Policy is found at:

- [Postgraduate Medical Education Responding to Resident Concerns of Mistreatment](#)
- [NOSM Human Rights, Anti-Discrimination and Harassment Policy](#)

3.7.3 Residents should 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. Resources include [PARO](#), [Ontario Medical Association's Physician Health Program](#), and the [NOSM Employee Assistance Program](#).

3.7.4 Residents should have adequate support from the program following an adverse event or critical incident, and programs may involve the Resident Wellness Program to provide such support

3.7.5 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.

3.8 Fatigue Risk Management

3.8.1 Fatigue is common and expected in residency training and on into practice. Strategies to identify, mitigate and prevent fatigue related adverse outcomes are important to everyone. Fatigue risk management for residents is critical to maintain safe patient care, the integrity of physician liability, and personal safety and wellbeing. The Postgraduate Medical Education Committee (PGMEC), along with the RPCs, faculty and the Resident Wellness Program must work with residents to provide ongoing fatigue management strategies to monitor, assess and minimize the effects of fatigue for the health and safety of residents and the patients they care for as well as supporting academic success. Residents play a key role in assessing and monitoring their fatigue and the risk to their patients and themselves. The entire FRM Policy is available [HERE](#)

3.9 Mass Casualty and Extraordinary Circumstances

3.9.1 Residents are a critical resource in addressing public health emergencies, which are not limited to infectious disease outbreaks, but can also result from natural disasters, accidents and conflict. With dual roles as healthcare providers and as trainees, residents are uniquely situated to participate in emergency preparedness and the mobilization of the response.

In extraordinary circumstances, residents should refer to the guidelines governed by the Council of Ontario Universities, [Residents and Public Health Emergency Preparedness Guidelines](#).

Residents should also refer to General Principles for the Redeployment of Residents in times of Exceptional [Health Care Need](#)

4.0 Roles and Responsibilities

4.1 Residents

4.1.1 To provide detailed information and immediately report safety concerns to the program and PGME Office.

4.1.2 Participate in required safety sessions where he/she is training such as Workplace Hazardous Materials Information and Safety (WHMIS), fire safety, injury reporting and other safety codes as set out by the training site.

4.2 Residency Programs and the Postgraduate Medical Education Office

4.2.1 Ensure that appropriate educational safety sessions are available to all postgraduate trainees and that initial specialty and site specific orientation is available to the trainee. The PGME office will work in conjunction with the affiliated academic hospitals to ensure that hospital areas are in compliance with the requirements as outlined in the PARO-CAHO collective agreement.

- 4.2.2 To act promptly to address identified safety concerns and incidents and to work with training sites to remediate concerns in ensuring a safe learning environment and to communicate this policy to all trainees.
- 4.2.3 Each program shall develop additional safety policies specific to its own discipline and environment. This may include ensuring that specific clinics or practice settings develop site specific protocol to deal with:
- Patients who may present a safety risk,
 - Working alone without consultant supervision or with allied professional assistance,
 - Working in isolated areas or patient transfer situations medivac transports,
 - Any other situation specific to the discipline that may be a safety issue to the trainee.

4.3 Site specific responsibilities

- 4.3.1 Identify potential risks to residents during site-specific safety orientations each time a new resident is training in their facility.
- 4.3.2 Include how the resident would alert a supervisor if they felt at risk during an encounter or how they would identify potentially problematic patients at the beginning of an encounter in order to be monitored.
- 4.3.3 Follow the [PGME Supervision Policy](#)

5.0 Related Documents

In support of this policy, the following [related policies/documents/companion/forms] are included:

- [Postgraduate Medical Education Supervision Policy](#)
- [Postgraduate Medical Education Fatigue Risk Management](#)
- [Postgraduate Medical Education Responding to Resident Concerns of Mistreatment Procedures](#)
- [NOSM Learner Housing Protocol](#)

- [COU PG CoFM Immunization Policy](#)
- [CPSO Blood Borne Pathogens Policy Statement](#)
- [NOSM's Injury/Incident Reporting Form](#)

6.0 Getting Help

Queries regarding interpretations of this document should be directed to:

Postgraduate Medical Education Office

Phone: 807-766-7508

Postgrad@nosm.ca

In emergency situations:

Go to the nearest Emergency Room and identify yourself as a NOSM resident.

DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT

Version	Date	Authors/Comments
1.0	2014 01 31	Approved by NOSM Postgraduate Education Committee.
2.0	2018 07 23	Reformatted in new policy template.
3.0	2019 08 19	Change from PGE to PGME.
4.0	2021 09 02	Approved by NOSM Postgraduate Medical Education Committee