

NOSM University Postgraduate Medical Education Resident Safety Policy

Approval Authority: NOSM University Postgraduate Medical Education Committee

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Category:

1.0 PURPOSE

NOSM University (NOSM U) 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 NOSM U 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 U policy is the recognition that there are concurrent policies and responsibilities 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 U 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 (6) 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 driving 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 (6) weeks in advance that they not be on call on the last night of the proceeding 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 travelling home from the site of clinical duties. Residents should discuss such arrangements once the call schedule is received (four (4) weeks in advance) with the site coordinator or NOSM U Housing: housing@nosm.ca to make arrangements in advance.
- 3.1.4 Residents who are called in for clinical duties after 6 p.m. and before 6 a.m. 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 judgement 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 interruption NOSM U 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 (MTOL), 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 must always be accompanied by the supervising physician 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 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 or allegations of malpractice.
- 3.4.2 Call rooms and lounges must meet the requirements [as outlined in the PARO-OTH Agreement](#) and generally must be clean, safe, secure and private.
- 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 U Postgraduate Medical Education (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 U 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 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.
- 3.5.4 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 Workplace Safety and Insurance Board (WSIB) and payroll. NOSM U will pay the wages for the day of your injury. The University is obligated to report injuries to WSIB within three (3) days of the accident/incident, **so it is imperative that the above Report is filled out immediately.**
- 3.5.5 Pregnant residents should be aware of specific risks to themselves and their fetus in the training environment and request accommodation where indicated. As per the [PARO-OTH agreement](#) residents who are pregnant will not be required to participate in on call duties after twenty-seven (27) weeks gestation unless otherwise agreed to by the resident. As well, residents may be able to refrain from participating in on call duties earlier, if they are advised by their physician to do so. On call duties would be any work that takes place outside of a 'normal' clinical workday. This would include any weekend and evening work, as well as home call. 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 U'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 U managed housing units take place after each guest has exited the unit, ensure 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 (706) 507-7473, or designate, in after-hours emergencies.

Residents may acquire alternative accommodations at a hotel/motel at NOSM U's expense and await direction from NOSM U staff until corrective action has taken place.

- 3.6.3 During the course of residing in a NOSM U 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 U 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 U Housing Protocol](#) for a listing of the minimum standards of housing provided including safety measures for security.

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 tenants 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 U PGME Policy for Responding to Resident Concerns of Mistreatment for reporting and the NOSM U Human Rights, Anti-Discrimination and Harassment Policy is found at:
 - [PGME Responding to Resident Concerns of Mistreatment](#)
 - [NOSM U 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 Associations Physicians Health Program](#), and the [NOSM U 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. Typically, the first level will be the clinical supervisor and shared with program site director as needed and when appropriate. In some situations, the hospital may also offer Critical Incident Debriefing for the entire clinical team. Resources such as Wellness are offered as appropriate and available at: <https://www.nosm.ca/residency-programs/resident-wellness/>

- 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 in accordance with the PARO-OTH Collective Agreement are the responsibility of all parties involved: residents, supervising physicians, hospitals. 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 Residency Program Committee's (RPC's), faculty and the Resident Wellness Program must work with residents to provide an ongoing fatigue management strategy to monitor, assess and minimize the effects of fatigue for the health and safety of residents and the patients they are 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 Fatigue Risk Management 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 participated 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.
- 3.10 Professional Safety
- 3.10.1 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.
- 3.10.2 Postgraduate trainees must have adequate support from the program following an adverse event or critical incident.
- 3.10.3 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.

- 3.10.4 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 **at their discretion** 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 (CPSO) 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.
- 3.10.5 Residents must be members of the Canadian Medical Protective Association (CMPA) and follow CMPA recommendations in the event of real, threatened or anticipated legal action.
- 3.10.6 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 reasonable) in University committees (e.g., tenure, appeals, residency training) on which they may serve.

4.0 ROLES AND RESPONSIBILITIES

4.1 Residents

- 4.1.1 To provide detailed information and immediately report safety concerns to the program and the PGME Office.
- 4.1.2 Participate in required safety sessions where 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 PGME 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-OTH 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 to its own discipline 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 with 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 orientation 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 University Learner Housing Protocol](#)
- [COU PG CoFM Immunization Policy](#)
- [PARO-OTH Collective Agreement](#)
- [NOSM University's Injury/Incident Reporting Form](#)

6.0 GETTING HELP

Queries regarding interpretations of this document should be directed to:

NOSM University

Postgraduate Medical Education Office

postgrad@nosm.ca

In emergency situations:

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

AUTHORITIES AND OFFICERS

The following is a list of authorities and officers for this policy:

- a. Approving Authority: NOSM University Postgraduate Medical Education Committee
- b. Responsible Officer: Associate Dean, PGME & Senior Director, PGME
- c. Procedural Authority:
- d. Procedural Officer:

Review and Revision History

Review Period: 3 years or as required

Date for Next Review: 2026 04 20