



Postgraduate Medical Education & McGill Health Care Facility Resident Health & Safety Policy

PREAMBLE

The Postgraduate Medical Education (PGME) Office and the McGill Health Care Facilities recognize that residents have the right to a safe environment during their residency training. The responsibility for promoting a culture and environment of safety for residents rests with the Faculty of Medicine and Health Sciences, regional health authorities, health care establishments, clinical departments, and residents themselves. The concept of resident safety includes physical, emotional, and professional security.

The Postgraduate Medical Education (PGME) & McGill Health Care Establishment Resident Health & Safety Policy provides 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.

On occasion residents/fellows may be confronted with a situation for which they are not sufficiently trained. It is expected that they, like other physicians, will deal with such situations as practicing professionals to the best of their ability. The word “resident” in the present document refers to all Residents and Fellows registered as students at McGill University in Postgraduate training programs.

KEY RESPONSIBILITIES:

For Residents

- To provide information and communicate safety concerns to the program and to comply with safety policies.

For Residency Training Programs

- To act promptly to address identified safety concerns and incidents and to be proactive in providing a safe learning environment.
- Individual residency programs must develop policies to deal with issues specific to their discipline. These may include concerns related to physical safety, psychological safety and professional safety. Examples of such concerns include:
 - Physical safety: Travel, working in isolated locations, electronic communication with patients, dealing with violent patients, body substance exposure, immunizations, call rooms, radiation exposure, pregnancy.
 - Psychological safety: Intimidation and harassment, psychological distress, substance abuse, inequity in the workplace.
 - Professional safety: Conflict in ethical/religious beliefs, adverse event/critical incident support, confidentiality of personal information, medico-legal coverage and threat of legal action.



I. PHYSICAL SAFETY

These policies apply only during residents' activities that are related to the execution of residency duties:

- 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.
- Residents who are infected by a blood borne pathogen must declare their condition to the Associate Dean's office and to the SERTIH (Service d'Évaluation des Risques de Transmission d'Infections Hématogènes), especially if they may be involved in exposure-prone procedures.
- Residents must observe routine practices and additional precautions when indicated.
- 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. Consult the Tropical Medicine Clinic at the MGH or other similar facility (fees may apply).
- 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.
- 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.
- Radiation protective garments (aprons, gloves, neck shields) should be used by all residents using fluoroscopic techniques.
- 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.
- Residents should not work alone after hours in health care or academic facilities without adequate support from Security Services.
- Residents are not expected to work alone at after-hours clinics.
- Residents are not expected to make unaccompanied home visits.



- Residents should only telephone patients using caller blocking and should use the health care facility phones and not their personal cellular phone or PDA.
- Residents should not be expected to walk alone for any major or unsafe distances at night.
- Residents should not drive home after call if they have not had adequate rest.
- Residents should not assess violent or psychotic patients without the backup of security and an awareness of accessible exits and buzzers.
- The physical space requirements for management of violent patients must be provided where appropriate.
- Special training should be provided to residents who are expected to encounter aggressive patients, for example Crisis Management courses are available in some health care facilities – please contact your local residency office for information.
- Site orientations should include a review of local safety procedures.
- For long distance travel for clinical or other academic assignments, residents should ensure that a colleague or the home residency program is aware of their itinerary.
- Residents going on International Electives should consult the Global Health web site on the following link: <https://www.mcgill.ca/globalhealth/students/internationalelectives>. In general, the PGME Office will not approve electives in regions for which the Canadian government has issued a [Travel Warning](#).
- Residents should not be on call the day before long distance travel for clinical or other academic assignments by car. When long distance travel is required in order to begin a new rotation, the resident should request that they not be on call on the last day of the preceding rotation. If this cannot be arranged then there should be a designated travel day on the first day of the new rotation before the start of any clinical activities.
- Residents are not to be expected to travel long distances during inclement weather for clinical or other academic assignments. If such weather prevents travel, the resident is expected to contact the program office promptly. Assignment of an alternative activity is at the discretion of the Program Director.

II. PSYCHOLOGICAL SAFETY

- Learning environments must be free from intimidation, harassment, and discrimination.



- When a resident's performance is affected or threatened by poor health or psychological conditions, the resident should be placed on a leave of absence and receive appropriate support. These residents should return to full-time work only once an appropriate assessor has declared them ready to assume all of their resident duties, including call.
- Residents must be aware of the mechanisms and resources in place to manage issues of perceived lack of resident safety, intimidation, harassment and abuse.

III. PROFESSIONAL SAFETY

- 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 via the PGME Office.
- Programs are bound by FMRQ contract allowances for religious and other statutory holidays.
- The PGME Office should promote a culture of safety in which residents are able to report and discuss adverse events, critical incidents, 'near misses', and patient safety concerns without fear of punishment.
- Residency program committee members must not divulge information regarding residents. It is the responsibility of the residency Program Directors to make the decision and to disclose information regarding residents (e.g. personal information and evaluations) outside of the residency program committee and to do so only when there is reasonable cause. The resident file is confidential.
- With regard to resident files, programs must be aware of and comply with the [Act respecting Access to documents held by public bodies and the Protection of personal information](#). Programs can obtain guidance about issues from the McGill Secretary-General. Contact information is found on the [McGill Secretariat website](#).
- Resident feedback and complaints must be handled in a manner that ensures resident anonymity, 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, staff or patients, a Program Director may be obliged to proceed, against the complainant's wishes. In that case the Faculty of Medicine and Health Sciences' Residency Affairs Office or the [main campus Harassment Office](#) or the McGill Ombudsperson should be consulted immediately. Depending on the nature of the complaint, the Collège des médecins du Québec may need to be informed and involved. In general, the Program Director may serve as a resource and advocate for the resident in the complaints process.



- Residents are insured for professional liability by the Association québécoise d'établissements de santé et de services sociaux (AQESSS) automatically when they have a valid training card.
 - The Role of Residents during Medivac/Ambulance Transports:
 - o In many programs, participation in patient transport is a valuable learning experience for residents. There must be clear educational objectives underlying the resident's participation in patient transport.
 - o Residents must have appropriate training with demonstrated competency in the circumstances relevant to the transport experience.
 - o Communication and supervision between the resident and his/her designated supervising physician must be available at all times.
 - o Resident well-being should be considered in all transports.

PGME Committee approval September 26, 2018

CROSS REFERENCES TO RELATED POLICIES:

FMRQ Collective Agreement: <http://www.fmrq.qc.ca/en/working-conditions/collective-agreement>

McGill Student & Resident Affairs web site: <http://www.mcgill.ca/medwell>

Medicine Code of Appropriate Conduct: <https://www.mcgill.ca/medicine/about/our-vision-mission-values/code-conduct>

McGill Harassment, Sexual Harassment and Discrimination Office <https://www.mcgill.ca/how-to-report/>

McGill Ombudsperson: 514-398-7059 <https://www.mcgill.ca/ombudsperson/>

Programme d'aide aux médecins du Québec : (514) 397-0888 or 1-800-387-4166

For resources on environmental, climate, health, and safety information in many countries: Public Health Agency of Canada: <http://www.phac-aspc.gc.ca/tmp-pmv/index-eng.php>

Another resource for up-to-date health and safety information abroad: Centers for Disease Control and Prevention: <http://wwwnc.cdc.gov/travel/default.aspx>.