



Otolaryngology-Head and Neck Surgery Resident Safety Policy

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PREAMBLE

The Otolaryngology-Head and Neck Surgery residency program recognizes that residents have the right to a safe environment during their residency training. This written policy governs resident safety related to travel, patient encounters, including house calls, after-hours consultations in isolated departments and patient transfers. The policy should allow resident discretion and judgment regarding their personal safety and ensure residents are appropriately supervised during all clinical encounters.

The Otolaryngology-Head and Neck Surgery residency program has developed such policies with issues specific to the discipline. It is our role to act promptly to address identified safety concerns and incidents and to be proactive in providing a safe learning environment.

Residents are responsible to provide information and communicate safety concerns to the program and to comply with safety policies.

- If a resident identifies a personal safety or security breach, it must be reported to their immediate supervisor and/or Program Director to allow resolution of the issue at the local level
- If a resident feels that his / her own personal safety is threatened, s/he should seek immediate assistance and remove themselves from the situation in a professional manner. The resident should ensure that their immediate supervisor has been notified and/or Program Director, as appropriate
- The Postgraduate Medical Education (PGME) Office (905-525-9140, extension 22116) is available for consultation during regular work hours, particularly if the Program Director is not available. If an issue arises after regular office hours, where the clinical supervisor and/or Program Director may not be available, contact Security of the institution where the resident is based

PURPOSE

To demonstrate the commitment of the PGME Office, the faculty of health sciences and residency program to promote health, safety and the protection of its postgraduate medical trainees.

To minimize the risk of injury and to promote a safe and healthy learning environment on the university campus and affiliated teaching sites.

To provide a procedure to report hazardous and unsafe training conditions that result in injury along with a mechanism for corrective action.

TRAVEL

Travel between hospital sites:

When travelling for clinical and academic duties in private vehicles, residents are expected to:

- Maintain their vehicle adequately
- Travel with appropriate supplies and safety equipment
- Provide appropriate emergency contact information and itinerary to the Otolaryngology-Head and Neck Surgery program coordinator

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.

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 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. If travel between sites, in remote areas, is more than 300 km., the resident may be provided with one day of travel time (post call day not included) between sites.

Driving post-call:

Residents should not drive home after call if they have not had adequate rest. Residents should be guaranteed safety coming from and returning to all hospital sites and a call room should be made available from 17:00 on call days until 12:00 pm the following day.

Taxi vouchers and reimbursement:

Cost should not deter from the use of taxi or public transit if the resident is too tired to travel safely home from the hospital after hours or post call. For reimbursement of the fare, residents are responsible for the submission of the documentation of expenses to the residency program coordinator.

Security related to hospital parking:

Residents should not be expected to walk alone for any major or unsafe distances at night or after hours, including in parking facilities and on hospital premises. Where such travel on foot is unavoidable, resident should request a security official of the hospital for escort in such circumstances.

Residents should familiarize themselves with the locations of the emergency stations in the major hospital sites and parking lots.

International electives outside North America:

Residents going to international electives outside of North America must complete the Field Trips and Electives Planning and Approval process to ensure compliance with standards and best practices for the safety of all Postgraduate Trainees. In general; the PGME Office will not approve electives in regions for which the Canadian government has issued a Travel Warning.

<http://fhs.mcmaster.ca/postgrad/documents/ElectivesandMacCAREposted052012.pdf>

PATIENT ENCOUNTERS

Residents must wear their identification badge at all times.

Residents must wash their hands before and after each patient encounter. Hand washing is the single most effective way to prevent the spread of infection and disease. Avoid cross contamination.

Residents should not work alone after hours in health care or academic facilities without adequate support from Security Services. A supervisor or co-worker must be present if patients are seen in the out-patient clinic by the resident. This does not apply if the patient is being seen in an emergency room/ward/intensive care unit/operative suite.

Residents are not expected to work alone at after-hours clinics.

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.

Residents should only telephone patients using caller blocking and should use the health care facility phones and not their personal cellular phone or personal digital assistant. Identify yourself and your department/function (in plain language) when making or answering a call. Be friendly and courteous.

Our residents do not participate in ambulance patient transfer.

PHYSICAL SAFETY

Occupational Health and Safety Office:

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. <http://www.fhs.mcmaster.ca/postgrad/> (See Policies and General Information under Health and Safety for Communicable Disease Policy, Prevention of Transmission of blood borne pathogens)

Residents should consult the Occupational Health and Safety Office of the healthcare facility for information when warranted.

Reporting Personal Injury at Work:

Residents who acquire a communicable disease, or incur an injury or other medically related incident during their education program are required to seek medical attention immediately. The incident must be reported and documented by the resident, at the earliest opportunity, to the Faculty of Health Sciences Occupational Health and Safety Office, the appropriate clinical supervisor, Program Director and the Assistant Dean. The Assistant Dean will ensure that appropriate documentation and counseling is provided through the assistance of the Expert Board. Please refer to the McMaster Communicable disease policy and the Housestaff Support Systems manual.

<http://fhs.mcmaster.ca/postgrad/documents/CommunicableDiseases-McMasterPolicy.pdf>

Precaution:

Residents must observe routine practices and additional precautions when indicated such as wearing facial mask with shield, gloves, gown, N95 mask, posted isolation requirement before attending to the patient.

Residents must wash their hands before and after each patient encounter. Hand washing is the single most effective way to prevent the spread of infection and disease. Avoid cross contamination.

Immunization:

Residents must keep their immunizations up to date, including the annual influenza vaccination. Please refer to the McMaster University immunization requirements. Overseas travel immunizations and advice should be sought well in advance when traveling abroad for electives or meetings. Consult the Infectious Disease 3V51-C Clinic at the McMaster site with Dr. Martha Fulford or other similar facility (fees may apply).

Laser Safety:

Residents must pass the laser safety course before using the laser and always comply with laser safety usage policy. The program coordinator can help with information in regards to course registration.

Call Rooms:

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. Advise the Program Director of any abnormalities of the call room.

Radiation Safety:

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 Resident:

Pregnant residents should be aware of specific risks to themselves and their fetus in the training environment and request accommodations where indicated.

EDUCATIONAL ACTIVITIES, LEARNING ENVIRONMENT, PROFESSIONAL SAFETY

Psychological Safety:

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

https://www.mcmaster.ca/policy/General/HR/Discrimination_and_Harassment.pdf

https://www.mcmaster.ca/vpacademic/Sexual_Violence_Docs/Sexual_Violence_Policy_effec-Jan_1,2017.pdf

If you observe such behavior discuss/report your observation right away to either: the individual involved, a clinical supervisor, a representative of PARO, your Program Director, a Department or Division Head. If in doubt, or if a resolution does not occur you are encouraged to file a grievance to the Assistant Dean, PGME office. <http://www.fhs.mcmaster.ca/postgrad/> (see forms & manuals) or refer to the Support Systems for Postgraduate Medical Trainees manual.

<http://www.fhs.mcmaster.ca/postgrad/documents/support-systems-for-postgraduate-medical-trainees-2017....pdf>

When residents' performance is affected or threatened by poor health or psychological conditions, residents should be placed on a leave of absence and receive appropriate support. These residents should not return to work until an appropriate assessor has declared them ready to assume all of their resident duties, including call.

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. Residents are encouraged to discuss with the Program Director.

Programs are bound by PARO contract allowances for religious and other statutory holidays.

The PGME Office and training program 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.

Privacy of Resident Evaluation:

Residency program committee members must not divulge information regarding residents. It is the responsibility of the residency Program Director 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 Freedom of Information and Protection of Privacy Act (*FIPPA*). Programs can obtain guidance about *FIPPA* issues from the McMaster University Secretariat web site.

<https://www.mcmaster.ca/privacy/fippa/fippa-index.cfm> and frequent asked questions

https://www.mcmaster.ca/privacy/fippa/docs/FIPPA_FAQs.pdf

Personal Information as per FIPPA means identifiable individual information, including:

- Information related to race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of an individual,
- Information related to education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions an individual has been involved in
- Any identifying number, symbol or other particular assigned to the individual,
- The address, telephone number, fingerprints or blood type of the individual,
- The personal opinions or views of the individual,
- Correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence,
- The views or opinions of another individual about an individual, and
- The individual's name where it appears with other personal information about the individual.

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 general, the Program Director may serve as a resource and advocate for the resident in the complaints process.

Professional Liability:

Residents are insured for professional liability by the Canadian Medical Protective Association, and must register <https://www.cmpa-acpm.ca/en/joining-cmpa/how-to-apply> before starting your residency training.

Formalized procedures are established to ensure evidence of this liability protection on the goals and objectives for each specific training rotation.

Approved May 1, 2013

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