



Resident Safety Policy

Preamble

Clinical trainees have the right to work in a safe environment during training. The purpose of this document is to provide a policy regarding workplace safety for Postgraduate trainees in Obstetrics and Gynecology at the University of British Columbia and to demonstrate the commitment of the residency program to the protection and safety of its Postgraduate trainees.

The responsibility for resident safety is jointly shared between the residents, the Residency program, the Faculty of Medicine at the University of British Columbia, the various Health Authorities and the Teaching sites. Occupational Health and Workplace Safety is governed by Occupational Health and Safety Regulations (WorkSafe BC).

This policy complies with the Royal College accreditation standard 5.1.2 and does not supersede the Postgraduate Medical Education policies on [Health Safety and Wellness](#).

Scope

This policy covers resident safety in the areas of travel, patient encounters, after-hours consultations and patient transports. It also includes Occupational Health and Safety as well as workplace environmental health and safety. This policy encompasses all postgraduate residents. This policy applies during resident medical education activities that are related to the execution of resident duties.

Program specific policies

1. Residents should not assess violent or psychotic patients without the back up of security or a supervisor and also an awareness of accessible and safe exits.
2. Residents must not perform any patient transports in private vehicles or make unaccompanied home visits.
3. A supervisor must always be present if the resident is seeing a patient in an ambulatory setting after hours. This does not apply if the patient is being seen in the emergency room, labor and delivery or on a hospital ward.
4. Pregnant residents should be aware of specific risks to themselves and the fetus in the training environment and request accommodations where indicated. Residents should consult the Program director or Occupational health site office for information. Pregnant residents must adhere to the *UBC Obstetrics and Gynaecology Residency Transition to Residency After An Extended Leave* and [UBC PGME Pregnancy in Residency](#) policies.



5. Residents working in areas of radiation exposure must
 - a. Carry radiation dosimeters
 - b. Follow radiation safety policies
 - c. Minimize their exposure according to current guidelines
 - d. Wear radiation protective garments if using fluoroscopic equipment
6. On-call rooms and lounge is provided for residents must be clean, smoke-free, located in safe areas; and as adequate lighting, a phone, fire alarms and smoke detectors and lockable doors. HEABC – Resident Doctors of BC Collective Agreement sets forth standards for facilities including lockers and call-rooms.
7. Residents planning a global health elective outside of Canada must adhere to the PGME global health guidelines. Travel abroad may expose a resident to certain risks. Residents participating in International Rotations are subject to the terms of the Faculty of Medicine Policy on Resident Education Abroad and must fulfill the requirements of the policy by reviewing the [UBC Faculty of Medicine Pre-departure Checklist](#) and completing the [UBC PGME Resident Education Abroad Policy and Agreement](#).
8. Approved international electives or experiences must occur only in countries with a stable political environment with a qualified preceptor designated to provide appropriate supervision. Additionally, there must be a Canadian Consulate in that country.
9. Residents are not expected to participate in air transports in terms of physically retrieving or returning high-risk obstetrical or gynecologic patients.
10. When transporting patients via ambulance between hospital sites, residents must be accompanied by an ambulance paramedic.
11. Clinical trainees must observe Universal precautions and isolation procedures when indicated. These policy and procedure directives are established at each respective training site.
12. Clinical trainees it should be familiar with blood and body fluids exposure procedures which are in place at all training sites and as outlined in the [UBC PGME Blood Borne Virus Policy \(009\)](#). Trainees should always practice universal precautions against blood and body fluid exposure in labour and delivery, wards, clinical settings and operating room.
13. If a resident has any concern about their physical safety in relation to a hospital patient or family situation in labor and delivery or elsewhere, security should be contacted to escort the trainee to and from the call room as needed.

Responsibility of the resident

1. The resident must participate in required safety sessions including fire safety, workplace hazardous materials information and safety (WHMIS), infection control and follow the safety codes of the site in which they are training. This includes policies and procedures for infection control the protocols following exposure to contaminated fluids, needle stick injuries and reportable infectious diseases.



Needle Stick Policy

The careful handling of a potentially infected material and a strict adherence to the policy of Universal precautions is extremely important and mandatory. Residents must use all necessary personal protective equipment, precautions and safeguards, including back up from supervisors, when engaging in clinical and/or educational experiences.

Residents are encouraged to familiarize themselves with each hospital policy. Individual hospital policies are available through hospital employee health services or from the office of each medical education department.

Immediate care is required without delay. Initial management involves cleaning the site, identification of risk and possible early therapeutic intervention.

Any resident injured on the job is covered by WorkSafe BC. This includes needlestick injuries. Any workplace injury should be reported and an Incident Report should be completed regardless of whether or not you seek treatment, or take time off work. That documentation is your protection should the injury recur in the future and you find yourself requiring treatment or medical leave. This is particularly important when needlestick injuries are involved. Residents are to be treated the same as any other employee at the worksite at which the injury occurred.

Your employer is the facility or Health Authority where your injury occurred. For example, should the injury occur at VGH your employer on the Incident Report is VGH and you should follow the procedures and protocols of VGH. Should the same incident occur at SPH, SPH is the employer and their procedures and protocols are to be followed.

Residents also need to call the Workplace Health Call Centre (1-866-922-9464), and report the incident with your WorkSafe BC claim number. If you experience a workplace injury and require assistance please contact [Resident Doctors of BC](#).

2. The trainees should report their immunizations and TB skin test up-to-date through Resident Management System. Overseas travel immunizations and advice should be organized well in advance when traveling abroad for electives or meetings.
3. Clinical trainees traveling for clinical or other academic duties by private vehicle should maintain the vehicle adequately and travel with appropriate supplies and contact information. If individuals feel that it is unsafe to travel due to extreme weather conditions or inadequate rest for clinical or other academic segments, the trainee is expected to notify the clinical supervisor and the Department's education office immediately so the clinical assignment can be revised.
4. Clinical trainees doing home call and arriving after hours should assess the requirements for safety before leaving their car. Have a cell phone available to contact security if an escort is required.



5. Clinical trainees should not provide any personal contact information to patients, for example cellphone, pager number or home phone. Residents should only telephone patients from a clinic or hospital telephone line. If calls must be made with a personal or mobile phone, this should be done using call blocking.
6. Residents must adhere to the Provincial/North American/International laws regarding the use of the cell phone while operating a private motor vehicle for clinical or other academic duties.

Responsibility of the program

1. Ensure residents are aware of the UBC Obstetrics and Gynaecology *Resident Safety, Resident Wellness* and *Fatigue Risk Management Policies*, along with the related UBC PGME policies.
2. Advocate for resident safety concerns and provide effective reporting and management strategies.
3. Ensure information sessions on WHMIS and the Occupational Safety is available for trainees.
4. Ensure specialty and site-specific orientations are available.
5. Follow-up with health centers (i.e. hospitals and/or clinics) if there is a concern regarding trainee safety arises so issues can be addressed in a timely fashion.
6. Ensure that each training site remains compliant with program policy.

Psychological Safety

1. Residents are able to report and discuss adverse events, critical incidents, 'near misses' and patient safety concerns without fear of punishment.
2. Resident files are confidential. Residency Program and Competence Committee members cannot divulge information regarding residents.
3. Resident feedback and complaints must be handled in a manner that ensures resident confidentiality, unless the resident explicitly consents otherwise.
4. The residency program strictly prohibits any form of discrimination or harassment including abuses of power. The residency will adhere to the [Professional Standards for Faculty Members and Learners' in the Faculties of Medicine and Dentistry](#), the [Policy and Processes to address mistreatment and unprofessional behaviour](#) (including harassment, intimidation) in the Faculty of Medicine, [UBC PGME Policies on Mistreatment and Educational Environment](#) and [Department of Obstetrics and Gynaecology Guidelines on Workplace Bullying and Harassment](#).