

UBC VASCULAR SURGERY

Resident Health and Safety

Preamble

The purpose of this policy is to promote a safe and healthy environment by providing basic standards for resident safety. This policy applies while residents are undertaking activities related to the execution of residency duties while on service at any of the UBC vascular surgery rotations.

Background

In the General Standards of Accreditation for Institutions with Residency Programs, standard A.2.6 states:

4.1.3: Residency education occurs in a safe learning environment.

4.1.3.1: Safety is actively promoted throughout the learning environment for all those involved in residency education.

4.1.3.2: There are effective central policies addressing residents' physical, psychological, and professional safety, including but not limited to: • Travel • Patient encounters (including house calls) • After-hours consultation • Patient transfers (e.g., Medevac) • Fatigue risk management • Complaint management

4.1.3.3: Central policies and guidelines regarding resident safety consider discipline- and program-specific contexts and allow for program-specific additions and/or variations, as appropriate.

4.1.3.4: Concerns with the safety of the learning environment are appropriately identified and remediated.

4.1.3.5: There is an effective plan for management of resident involvement in extraordinary circumstances (e.g., mass casualty events and epidemics) - See *Vascular Surgery Resident COVID-19 Policy*

4.1.3.6 [Exemplary]: There are central resources available for residency programs and residents to help support, develop, and implement Fatigue Risk Management Plans (FRMP). The Collective Agreement between the Health Employers Association of BC and the Resident Doctors of BC (2019-2022) outlines additional responsibilities of the employer (HEABC) with regards to workplace safety including orientation, on-call areas, and workload during pregnancy. Please note that there are two complementary policies: UBC Vascular Surgery Fatigue Risk Management Policy UBC Vascular Surgery Wellness Policy Principles

Resident safety is a shared responsibility of Faculty of Medicine, the Health Employers Association of BC (representing the employer -the Health Authorities), clinical and academic departments and the trainees themselves. Occupational health and workplace safety is governed by Occupational Health & Safety Regulations (WorkSafe BC).

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Awareness of personal safety and assessment of risk is part of professional development inherent in postgraduate medical education. Residents should not suffer academic consequences for declining to participate in an activity they feel puts them at unacceptable risk of physical harm. However, residents will be required to meet the educational objectives through alternate educational activities. The scope of this policy encompasses Personal Safety, Workplace (environmental, occupational) Health and Safety, and Professional/Psychological Safety.

Policies:

1) Personal Safety

Personal Safety Guidelines encompass:

- Risk of violence or harm from patients or staff
- Access to secure lockers and facilities including call rooms
- Safe travel
- Working in isolated or remote situations including visiting patients in their homes or after hours
- Safeguarding of personal information
- Working with ionizing radiation

1.1 Responsibility of the Program

- a) As part of the educational curriculum, residents must be provided with general safety training including personal safety and protection of personal information, with an emphasis on risk identification and management.
- b) With respect to radiation safety:
 - i. Residents are expected to complete the PHSA Learning Hub radiation safety course prior to starting residency (Fluoroscopy: Practical Radiation Protection) through the Provincial Health Services Authority Learning Hub - <https://learninghub.phsa.ca>.
 - ii. Residents are provided with fitted and personalized lead and lead glasses
 - iii. Residents are expected to get lead fitted as soon as possible. Lead is provided at no cost to residents.
 - iv. Residents are provided with dosimeters to monitor ionizing radiation exposure and are expected to wear this with their lead during all cases where ionizing radiation is utilized
 - v. Pregnant residents are encouraged to continue to participate in endovascular procedures at all stages prior to pregnancy/maternity leave in keeping with findings from the existing literature (Chandra V, Dorsey C, Reed AB, Shaw P, Banghart D, Zhou W. Monitoring of fetal radiation exposure during pregnancy. J Vasc Surg. 2013 Sep;58(3):710-4.) All existing radiation safety protocols must be strictly followed however additional measures are not required. All pregnant residents are permitted to excuse themselves from participation in any case with ionizing radiation should this be their preference.
- e) To protect the personal security and privacy of trainees, programs should not publish photographs and rotation schedules of named residents on publically accessible websites.
- f) Specifically related to clinical activities on-call and after hours, residents are not expected to:
 - (i) work alone after hours in health care or academic facilities without adequate support from Protection Services
 - (ii) work alone in private offices, including after-hours clinics, without adequate support from Protection Services
 - (iii) walk alone for any major or unsafe distances at night
- f) For travel related to clinical and academic assignments, there should be an unscheduled day between rotations to and from distributed training locations.

1.2. Responsibility of the Resident

- a) Residents must participate in required safety sessions and abide by the safety codes of the assigned facility, unit or rotation.
- b) 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.
- c) Trainees must use caution when offering personal information to patients, families or staff.

- d) If a trainee feels that her/his personal safety is threatened, s/he must seek immediate assistance and remove themselves from the situation in a professional manner. The trainees should ensure that their immediate supervisor and/or the program director has been notified.
- e) When traveling by private vehicle, it is expected that residents will exercise judgement especially when driving in inclement weather or when fatigued.
 - In reasonable circumstances if a resident feels too fatigued to get home safely from a hospital then reimbursement from the program will be offered
- f) For long distance travel, residents should ensure that a colleague or the home residency office is aware of their itinerary.
- g) There is an unscheduled day between rotations to or from distributed training locations. When long distance travel is required, the resident should not be on call on the last day of the preceding rotation.
- h) Residents are expected to follow principles of ALARA (as low as reasonably achievable) with respect to any procedure involving radiation exposure to ensure the safety of themselves, hospital staff and the patient.

1.3. HEABC – Resident Doctors of BC Collective Agreement (2019-2022) sets forth standards for facilities including lockers and call-rooms.

1.4 Procedures for Breach of Personal Safety:s

- i. Trainees who feel their personal safety or security is threatened should remove themselves immediately from the situation in a professional manner and seek urgent assistance from their immediate supervisor or from the institution's security services.
- ii. Trainees in hospital/institutional settings identifying a personal safety or security breach must report it to their immediate supervisor at the training site as well as to the program director.
- iii. Trainees in community-based practices or other non-institutional settings should discuss issues or concerns with the staff physician or community-based coordinator, or bring any safety concern to the attention of their Program Director.
- iv. The Program Director has the authority to remove trainees from clinical placements if a risk is seen to be unacceptable.
- v. If a decision is taken to remove a trainee, this must be promptly communicated to the Department Head, the Residency Program Committee, the site Clinical Head (or equivalent) and the PGME Dean.

2) Workplace Occupational and Environmental Health and Safety

This encompasses:

- Hazardous materials, radiation safety, chemical spills, indoor air quality
- Exposure to blood and body fluids
- Immunization
- Respiratory protection

2.1 Responsibility of the Program/Employer

- a) Residents must be made aware of site specific safety risks. Programs and training sites must ensure residents are appropriately oriented to current workplace safety guidelines.
- b) As part of the educational curriculum, residents should be provided with safety training with an emphasis on radiation safety, risk identification and management.
- c) Programs must have guidelines to address exposures specific to training sites, communicate these to residents and ensure appropriate understanding by residents prior to involvement in these activities.

2.2 Responsibility of the Resident

- a) Residents are expected to participate in required safety sessions and abide by the safety codes of the assigned facility, unit or department including WHMIS, fire safety or dress codes as they pertain to safety.
- b) Residents must use all necessary personal protective equipment, precautions and safeguards, including back up from supervisors, when engaging in clinical and/or educational experiences.
- c) Residents should familiarize themselves the location and services offered by the occupational health and safety office of the assigned facility.
- d) Residents are expected to exercise caution. If a trainee feels that her/his personal safety is threatened, s/he should seek immediate assistance and remove themselves from the situation in a professional manner. The trainees should ensure that their immediate supervisor and/or the program director has been notified.
- e) Residents are responsible for keeping immunizations up to date and seeking overseas travel immunizations and advice well in advance of international experiences.
- f) Pregnant residents should be aware of specific risks to themselves and their fetus(es) in the training environment and request accommodations where indicated.

2.3 HEABC –Resident Doctors of BC Collective Agreement (2019-2022) Residents are considered employees by the Health Authorities. Hence, they are covered by WorkSafe BC and are subject to Health Authority specific Occupational Health and Safety procedures and protocols.

2.4 Protocol for Workplace Accident/Injury or Incident:

It is acknowledged that residents at UBC are assigned to many different types of learning environments across the province. Irrespective of this, if there is a workplace accident, exposure or incident (for example, needlestick injury), the resident must:

1. Report the incident to his/her immediate supervisor who may engage the Occupational Health Office Protocol of the institution
2. Go immediately to the nearest emergency room, identify him/herself as a resident (and thus an employee of the Health Authority), and request to be seen on an urgent basis.
3. During this process, an incident form will need to be completed; WorkSafe BC will need to be notified, and the resident will need to call the Workplace Health Call Centre (1-866-922-9464).

4) Professional and Psychological Safety

This encompasses:

- Confidentiality of Resident Information
- Liability Coverage
- Learning Environment

4.1 Responsibility of the Program/Employer

- a) Programs should support an environment in which residents are able to report and discuss adverse events, critical incidents, ‘near misses’, and patient safety concerns without fear of punishment.
- b) Resident files are confidential. Residency Program Committee members and Competency Committee members cannot divulge information regarding residents.
- c) Resident feedback and complaints must be handled in a manner that ensures resident confidentiality, unless the resident explicitly consents otherwise.
- d) In cases where Intimidation and Harassment threaten the learning environment:

The Faculty of Medicine and division of vascular surgery strictly prohibit any form of discrimination or harassment including abuses of power. Please refer to the following Faculty wide policies: Professional Standards for Faculty Members and Learners' in the Faculties of Medicine and Dentistry Policy and Processes to address unprofessional behaviour (including harassment, intimidation) in the Faculty of Medicine UBC Policy # 3 – Discrimination and Harassment, and the UBC Division of Vascular Surgery Training Program Outline section 3-a.

UBC Policy #131 Sexual Assault and Other Sexual Misconduct

UBC Statement on Respectful Environment for Students, Faculty and Staff

e) As per the Collective Agreement, residents are required to be members of the CMPA.

RESOURCES

Collective Agreement between the Health Employers Association of BC and the Resident Doctors of BC 2019-2022.

PGME Wellness Policy

PGME Fatigue Risk Management Policy

Blood Borne Virus Policy

Professional Standards for Faculty Members and Learners' in the Faculties of Medicine and Dentistry

Policy and Processes to address unprofessional behaviour (including harassment, intimidation) in the Faculty of Medicine

UBC Policy # 3 – Discrimination and Harassment

UBC Policy #131 Sexual Assault and Other Sexual Misconduct

UBC Statement on Respectful Environment for Students, Faculty and Staff

Resident Education Abroad Policy & Agreement