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Relevant Policies, Legislation, Accreditation Documentation	<a href="#">General Standards of Accreditation for Institutions with Residency Programs</a> <a href="#">General Standards of Accreditation for Residency Programs</a> <a href="#">PARO-OTH Collective Agreement</a> <a href="#">COU Emergency Preparedness Guidelines</a> <a href="#">PGME Leaves of Absence and Return to Work Policy</a> <a href="#">PGME Fatigue Risk Management Policy</a> <a href="#">Professional Responsibilities in Medical Education (CPSO Supervision Policy)</a> <a href="#">Queen's University Harassment and Discrimination Prevention and Response Policy</a> <a href="#">PGME Resident Harassment and Discrimination Investigation Procedure</a> <a href="#">Policy on Sexual Misconduct and Sexual Violence Involving Students</a> <a href="#">Occupational Health and Safety Act, R.S.O 1990, C.O.1</a> <a href="#">Kingston Health Sciences Centre Health and Safety Review</a>

### **For Urgent Safety Situations**

- Urgent safety issues must be brought to the attention of the Program Director and Associate Dean, Postgraduate Medical Education, immediately by phone at 613-533-2543 or email to [pgme@queensu.ca](mailto:pgme@queensu.ca).
- [Queen's Campus Security and Emergency Services](#) will be called upon to assist with locating members of the Queen's community for whom others have lost contact or have grown concerned for the safety and well-being of the person being sought. The PGME Office must be notified in advance if a program is going to action a call to Campus Security and Emergency Services. Under no circumstance should a program attend a trainee's home or seek to locate the trainee themselves.
- In emergency situations go to the nearest emergency room, and where it is a workplace injury, identify yourself as a Queen's resident/clinical fellow to flag the need for WSIB reporting.

## 1. Introduction

Postgraduate Medical Education residents and fellows (“trainees”) have the right to a healthy and safe learning environment during their training. A healthy and safe learning environment includes four key concepts: physical, psychological, cultural and professional safety. The responsibility for promoting and monitoring for a culture and environment of safety for trainees’ rests with the School of Medicine Postgraduate Medical Education Office (PGME), the program, the employer (KHSC or sponsors), sites, affiliated clinical training sites faculty and staff, and trainees themselves.

Trainees have dual roles as learners within the University and as clinical service providers. Trainees are either employees of Kingston Health Sciences Centre (KHSC) or sponsored by external funders or departments. Trainees learn and work in a variety of settings within their local home program environment and across a well-established regional network of learning sites. As such, there are a combination of policies and procedures that inform how trainee safety is managed.

The PGME Trainee Safety Policy has been developed based on the standards and principles as outlined in the [General Standards of Accreditation for Institutions with Residency Programs and the General Standards of Accreditation for Residency Programs, the Professional Association of Residents of Ontario \(PARO\) and the Ontario Teaching Hospitals \(OTH\)](#) collective agreement, the [Occupational Health and Safety Act \(OHSA\)](#), and Queen’s University governing policies (e.g., [Environmental Health and Safety](#), [Queen’s Policy Statement on Health and Safety](#)).

## 2. Definitions

**2.1 Clinical teaching site:** Includes hospitals, other care facilities like long-term care centers, outpatient clinics, community practices.

**2.2 Fatigue Risk Management:** A set of ongoing fatigue prevention practices, beliefs, and procedures integrated through all levels of an organization to monitor, assess, and minimize the effects of fatigue and associated risks for the health and safety of healthcare personnel and the patient populations they serve.

*\*The following safety definitions are adapted from [The General Standards of Accreditation for Residency Programs \(version 3.0\) glossary of terms](#), added detail for the purposes of this policy. They will be reviewed periodically to align with any updates*

**2.3 Cultural Safety:** An outcome based on respectful engagement that recognizes and strives to address power imbalances, institutional discrimination, colonization and colonial relationships as they apply to healthcare and health education so that the providers can work to dismantle the inherent hierarchy. Culturally safe practices require critical thinking and self-reflection about inherent power, privilege and racism in educational and clinical settings. It goes beyond cultural competence (e.g., in improving indigenous health outcomes) and results in an environment free of racism and discrimination where people feel safe learning and working in an environment and when receiving healthcare.

**2.4 Physical Safety:** Safety against physical harm. It includes, but is not limited to, protection against biological risks. These protections can include immunization, radiation protection, respiratory protection, and protection against exposure to body fluids. It also includes protection against risks associated with physical spaces, with care provided during home visits, with travel, and in encounters with aggressive patients.

**2.5 Professional Safety:** Safety against threats to professional status. It includes, but is not limited to, fair and transparent academic processes (e.g., equitable opportunities, fair assessment practices); protections from, and support in the setting of, allegations of malpractice, disclosure assistance, and academic and professional

record confidentiality; and support regarding reporting procedures where confidentiality is necessary and to help ensure freedom from reprisals to anyone reporting in good faith.

**2.6 Psychological Safety:** Safety from threats to psychological wellbeing. It includes, but is not limited to, prevention and protection of trainees' psychological safety. It also includes access to resources to counter the risks of psychological distress, intimidation, and harassment, as well as access to educational supports to address situations causing impairment (e.g., fatigue, stress, alcohol or substance use). For greater clarity, psychological safety provides opportunities for interpersonal risk taking and that trainees will not be subject to ridicule or humiliation for asking questions, making suggestions or identifying mistakes.<sup>1</sup>

### **3. Purpose**

The purpose of this policy is the following:

3.1 To demonstrate the commitment of Queen's University PGME Office, and all Queen's PGME programs, to the health, safety, and protection of trainees while training on campus, within their programs, on community placements, and in the hospitals and affiliated teaching sites that they work in.

3.2 To provide procedures to report hazardous or unsafe training conditions, when no other avenue for reporting exists, and to establish clear mechanisms if corrective action is necessary.

3.3 To identify and clarify the roles and responsibilities of the PGME office, programs, employer (KHSC or sponsoring agent), all affiliated clinical and education training sites, and trainees.

3.4 To provide programs a framework for a discipline-specific policy regarding the psychological, physical, cultural, and professional safety of trainees, and adjust it in accordance with the CanERA General Standards for Accreditation, considering specific risks associated with the nature of the discipline and the organization of training.

### **4. Scope**

4.1 This policy is intended to address all aspects of trainee safety, including physical, psychological, cultural, and professional safety. Henceforth, reference to trainee safety within this document should be understood that it may include all four areas as defined above. The exception to this is fatigue risk management, which is covered in a separate policy and procedures document ([FRM Policy](#)).

4.2 Fatigue risk management requires program-level teaching and support to address negative consequences of fatigue, such as impairment in decision making due to tiredness and emotional distress. The PGME Office is committed to providing resources and guidance to programs and trainees within their curriculum and through central services (e.g., Wellness Office, Student Wellness Services) to address impairment due to fatigue.

4.3 This Policy applies to all trainees who are undertaking activities related to the execution of their educational and professional duties tied to their training, including those trainees on visiting electives. The PGME Office, the respective program, the employer, clinical sites, and all affiliated teaching sites are all accountable for ensuring that trainee education and clinical work occurs in a safe environment. Trainees share responsibility for reporting unsafe environments (see reporting section below) and practicing in a safe manner

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<sup>1</sup> Amy Edmondson, The Fearless Organization

4.4 Queen's University policies will take precedence in the following circumstances:

4.4.1 For issues of harassment or discrimination that are not addressed under cultural or psychological safety in this document, please refer to [Queen's University's Harassment and Discrimination Prevention and Response Policy](#).

4.4.2 Incidents of Sexual Violence must be dealt with through Queen's University [Policy on Sexual Violence Involving Queen's University Students](#)

## 5. Roles and Responsibilities

### 5.1 The Trainee must:

5.1.1 Participate in workplace safety training and orientation sessions as required by employer, PGME, the program and clinical teaching site(s).

5.1.2 Comply with workplace safety policies and procedures including but not limited to the use of personal protective equipment and radiation protective garments.

5.1.3 Report injuries within 24 hours to the appropriate Occupational Health and Safety or via Queen's Environmental Health and Safety. (See Appendix D)

5.1.4 Be up to date on required immunizations.

5.1.5 Communicate any safety concerns for themselves, colleagues, or patients to their supervisor, program, hospital administrator, PGME Wellness Office, Queen's University Human Rights and Equity Office, or the PGME Office.

5.1.6 Exercise judgement and apply critical thinking skills with respect to evaluating all workplace safety risks.

5.1.7 Recognize and request support from their program or immediate supervisor when they are impaired (e.g. fatigued, emotionally stressed, or impaired for any other reason) to the point that it would reasonably be expected to impact personal, patient and/or other's safety. (See also the Fatigue Risk Management Policy).

### 5.2 The Program must:

5.2.1 Programs will identify opportunities to conduct continuous quality improvement relying on qualitative and quantitative data gathered through the program reporting mechanisms when dealing with all types of safety concerns.

5.2.2 Provide rotation/alternate learning experience site-specific orientation for trainees, and ensure they are made aware of relevant safety policies before beginning clinical duties. Site-specific orientations may be delegated to a site supervisor, placement coordinator, or other as identified by the learning site.

5.2.3 Promote a culture in which trainees are encouraged, and feel supported, to report and discuss safety concerns involving all aspects of trainees' safety including articulating mechanisms to report breaches of cultural, psychological, professional, and physical safety without fear of reprisal.

5.2.3 Articulate and Implement program-specific safety policies and procedures for:

- Physical Safety
- Fatigue Risk Management
- Psychological Safety
- Professional Safety
- Cultural Safety

5.2.4 Review the PGME policy with their Residency Program Committee for relevance to the training environment of the program. Program-specific policies cannot conflict with the PGME Trainee Safety Policy, the Queen's University Harassment and Discrimination Prevention Policy and/or the Sexual Violence Policy. 5.2.5 React promptly to address safety and wellness concerns. (see Appendix B)

5.2.6 Report all safety concerns/incidents/,actions taken, and outcomes when relevant to the PGME Office ([Reporting Form](#)).

5.2.7 Protect trainees from any negative impact or reprisal because of reporting a safety concern.

5.2.8 Ensure trainees are not negatively impacted for refusing to engage in clinical or educational experiences if they feel at risk in doing so. It is recognized that there are times (e.g. in outbreaks of infectious diseases) when a residual risk will remain after all known or reasonable precautions are taken. Professional responsibility to patients may require engaging in patient care despite these risks.

5.2.9 Where a trainee repeatedly fails to engage in an activity that can be reasonably considered part of their scope of practice, that is a mandated component of the training, and for which all means of risk reduction and education have been instituted by the program, the program committee (or delegate) will review the circumstances and determine if a change to an individualized learning plan, a modified learning plan, or other outcome as identified in the Assessment, Promotion and Appeals Policy (APA) would be required. Any appeal of this decision would follow the Appeal Process outlined in the [APA](#).

### **5.3 The PGME Office must:**

5.3.1 Remain up to date on policies at Queen's University and KHSC and amend the Safety policy as applicable.

5.3.2 Collaborate with affiliated teaching sites and postgraduate programs to ensure systemic safety issues are recognized, reported on, and addressed, with an eye to prevent or mitigate risk on an ongoing basis.

5.3.3 Support programs in addressing issues of patient safety and quality improvement, professionalism, discrimination and anti-racism, including:

5.3.3.1 Regularly review and update the central policy to ensure compliance with accreditation standards.

5.3.3.1 Review and update the central policy based on institutional data relevant to trainee and preceptor safety incidents.

### **5.4 Affiliated Teaching and Community Clinic Sites Must:**

5.4.1 Provide a site-specific orientation for trainees, and ensure they are made aware of relevant policies before trainees begin clinical duties. Training may be in person or module based.

5.4.2 Ensure appropriate safety, supervision, and security of trainees in compliance with existing policies, procedures and regulatory requirements.

5.4.3 Notify PGME and/or program leadership regarding safety issues affecting trainees and collaborate to identify solutions and prevent/mitigate risk.

5.4.4 Ensure that Occupational Health and Safety procedures are made available to trainees and that there is timely access for workplace related injuries or infectious disease exposures.

5.4.5 Ensure that any workplace injury is reported to KHSC and/or the PGME Office in accordance with the terms of any affiliation agreement, (see Appendix C).

5.4.6 Adhere and comply to the standards outlined in the OHSA, the PARO-OTH Collective Agreement and the University affiliation agreement if no formal health and safety policy exists at that location.

5.4.7 Participate in site reviews with the program and PGME Office, collaboratively reviewing learning environment and safety requirements.

## 6. Procedures

### 6.1 Reporting Options (see Appendices)

6.1.1 Each program is responsible for creating their own procedures for trainees to report safety issues. Trainees should be provided with a list of reporting options and relevant contacts for submitting concerns, including:

- Immediate supervisor or rotation/experience/site supervisor, clinical lead, or PGME Wellness Office.
- Program or Fellowship Director
- Human Rights and Equity Office
- Hospital Medical Affairs Office
- Hospital/clinical site occupational health department
- Associate Dean, PGME
- Elentra Reporting Portal
- Queen's University Student Wellness Services
- Professional Association of Residents of Ontario

6.1.2 All safety incidents identified to the program must also be [reported to the PGME Office \(Reporting Form\)](#).

6.1.3 Trainees have a confidential mechanism to report concerns through the PGME anonymous [Feedback Link](#). This link directs an email to the Associate Dean, PGME (and delegates) to address the concern in a timely way, track for themes or determine if further escalation is needed. Trainees may report anonymously, or they may identify themselves. If a trainee elects to remain anonymous, the recourse and sharing of information on addressing the concern will be limited. Action may be limited with anonymous reports.

## 7. Special Safety Considerations

### 7.1 Cultural Safety

7.1.1 Learning environments must be free from harassment and discrimination as defined in the Queen's University [Harassment and Discrimination Prevention](#) and Response Policy and through the Ontario Human Rights Code.

7.1.2 PGME is dedicated to fostering a culturally supportive educational and clinical environment. Trainees have the right to work free from discrimination and harassment, working in culturally safe environments, as per the Ontario Human Rights Code.

7.1.3 Some trainees may experience conflicts between their cultural beliefs and the regulatory training requirements and professional obligations of their program. Trainees who perceive their clinical or educational environment as culturally unsafe are encouraged to seek guidance from the PGME Office and/or Queen's Human Rights Office. For additional information on reporting options, see the procedures section.

7.1.4 Religious accommodations will be supported in accordance with the PGME Statement on Religious Accommodations, and in compliance with the Ontario Human Rights Code ([Statement on Religious Accommodations for Trainees](#)).

### 7.2 Psychological Safety

7.2.1 Programs are proactive in fostering an environment that allows trainees to identify psychological safety concerns (e.g. personal wellness, intimidation and harassment, concerns arising from adverse events)

7.2.2 Where a trainee reports feeling psychologically unsafe, , they are supported in reporting and are not subject to reprisal, intimidation or harassment.

7.2.3 Trainees and programs have access to immediate and short-term help for wellness and psychological distress, (e.g. fatigue, stress, alcohol or substance use) including:

- the PGME Wellness Office
- KHSC Employee and Family Assistance Plan
- PARO
- OMA Physician Health Helpline
- Queen's University Student Wellness Office.

For a full list of resources click [here](#)

For guidance on medical leaves of absence and accommodations, please see: [Accommodations for Trainees with a Disability Policy](#) and [Leave of Absence and Return to Training Policy](#), the [PARO-OTH Collective Agreement Collective Agreement](#), or review your sponsored or departmental employment contract.

For additional guidance on dealing with issues of harassment and discrimination, please see the [Harassment and Discrimination Prevention and Response Policy](#).

### **7.3 Physical Safety**

7.3.1. Trainees employed by KHSC have access to and coverage for Occupational Health Services (including PPE, TB testing, immunizations and follow-up, and post-exposure prophylaxis and management), on the same terms as applicable to other hospital employee groups. See PARO-OTH agreement, section 28.1.

7.3.2 All other trainees have access to immediate support by Occupational Health and Safety but may be required to seek some services through their own healthcare provider, Student Wellness Services, or a walk-in clinic.

7.3.3 Trainees must comply with all isolation and infection control precautions and procedures, as defined by the hospital's Infection Prevention and Control (IPAC) and Occupational Health policies and processes.

7.3.4 Trainees will receive instruction on bodily fluids precautions, infection control, and occupational health procedures in the hospitals and affiliated teaching sites. This instruction is a joint responsibility of the hospital or teaching site and the training program and should be part of the site-specific orientation.

7.3.5 Trainees must have equal access to appropriate Personal Protected Equipment (PPE) during the provision of clinical care as all other health care providers.

7.3.6 Trainees have the right to refuse work without reprisal from the employer and university if they are not provided with appropriate PPE. Trainees are required to follow-up with Occupational Health and their program director.

7.3.7 Trainees must be trained in the indications and appropriate use of PPE.

7.3.8 Trainees must update their mask-fit test every two years.

7.3.9 Accommodation will be made where required under the Ontario Human Rights Code.

7.3.10 In consultation with the program, the PGME Office, and the hospital/community site where the rotation/experience was undertaken, a trainee may require an extension to their training time if they are non-compliant with PPE requirements after all attempts to accommodate have been exhausted.

7.3.11 Trainees not meeting the conditions for employment or access to the working environment including, but not limited to, hospital immunization, vaccination or other occupational health requirements, will not be permitted to complete their registration with the PGME Office and will not be credentialed by the hospital. Failure to comply with hospital or university policy may result in a requirement to withdraw from the training program. Exceptions dealt with on a case-by-case basis.

7.3.12 Trainee immunization and vaccination data is collected by the KHSC on behalf of the affiliated teaching hospitals in Kingston. Other hospitals and training sites may request this data from trainees prior

to completing a rotation at their site. Information sharing will be confined to those organizations for the purpose of facilitating appointments for clinical work and with the consent of the Trainee.

7.3.13 Pregnant trainees should be aware of specific risks to themselves and their fetus in the training environment. The same would apply to trainees with medical conditions that confer specific risks to themselves or others. Accommodations based on their treating physician's advice may be requested through the PGME Wellness Office. The PARO-OTH agreements provide modified call requirements for residents during pregnancy. ([Attachment 3 PARO-OTH Collective Agreement](#))

7.3.14 The Postgraduate Medical Education Committee will receive annual reports from KHSC and Providence Care on trainee safety incidents and patient complaints, informing changes to policies, procedures or curricula as necessary.

7.3.15 KHSC and Providence Care, due to their proximity to a high number of Federal and Provincial correctional facilities, regularly provide acute and ambulatory care to inmates. There are hospital specific policies in place and trainees must familiarize themselves with the procedures. KHSC, as the paymaster, provides information during orientation on the policies and procedures.

## **7.4 Professional Safety**

### **7.4.1 Personal Privacy and Communication**

7.4.1.1 Trainees 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 features to block your personal number from being visible.

7.4.1.2 Trainees should not provide patients with their personal or private information. Trainees who have been contacted by a patient or family member of a patient should remove and block the person. If contact escalates and the trainee feels unsafe, contact should be reported to KHSC security for assistance and direction on follow-up.

7.4.1.3 Generally, patients have a right to record any conversation they are part of, regardless of the purpose of that recording, if they do not record information or images of other patients. Recognizing that this may be a concern for the patient and the healthcare care provider, trainees are expected to familiarize themselves with the applicable policies specific to each training site (e.g., Providence Care Hospital policy, KHSC policy).

7.4.1.4 Trainees, and supervisors, may not record encounters without explicit consent

7.4.1.5 If a recording is made, document this in the PHI of the patient including whether consent was provided and if possible, include recording in file.

7.4.1.6 For additional guidance visit the CMPA website, contact the hospital or clinic privacy office or ethicist for guidance.

### **7.4.2 Trainee Safety and Patient Grievances**

7.4.2.1 In addition to CMPA (or equivalent provider) coverage for patient actions, trainees are indemnified for actions or lawsuits arising from the actions or decisions made by committees (e.g., tenure, appeals, residency training) they may serve on, under the university insurance for lawsuits related to academic issues.

7.4.2.2 Where a trainee has received a patient complaint or has legal action against them, they are to discuss it with their program director and contact their insurer (e.g., CMPA) (or equivalent provider) for guidance.

### **7.4.3 Practicing within Scope**

7.4.3.1 On occasion, trainees may be confronted with a situation in which they are not sufficiently trained. In such circumstances, they need to discuss this with their supervising physician. (See [Policy on Supervision of Trainees](#))

## **7.5 Travel**

7.5.1 No trainee is expected or required to walk alone at night to attend or return from work duties when the trainee reasonably perceives doing so to be unsafe. If a trainee has a concern, the trainee must raise the concern with the supervisor/program director or available security services, who will take appropriate action. (e.g., escorted to car in the parking lot).

7.5.2 Trainees are responsible for making appropriate arrangements for travel to clinical or other academic assignments. If circumstances give rise to travel safety concerns (e.g., impairment, weather conditions, rotation scheduling or on-call scheduling), it is the trainee's responsibility to notify the program (e.g., program administrator, site director, preceptor) promptly and not travel in unsafe conditions.

7.5.3 Trainees should notify the program, a friend and/or family member of the destination and the anticipated arrival time.

7.5.4 Trainees may request rotation supervisors not to assign them to on-call duty on the last night of a rotation when the next rotation requires them to drive to another city. Such a request must be made before the call schedule is published, which will be at least two weeks prior to its effective date. All efforts will be made to grant this request but if that is not possible then it is the responsibility of the trainee to determine if they can safely travel to their next rotation for the beginning of the rotation. If not, trainees must notify their program (e.g., program administrator, site director, preceptor) promptly and not travel in unsafe conditions.

## **7.6 Off-Campus Safety Planning**

7.6.1 Trainees planning an overseas placement or conference must complete a Safe Travel Activity Registration Tool (START) as mandated by the University's Off Campus Activity Safety Policy.

7.6.2 Trainees organizing their own international elective are required to complete a mandatory waiver and review the guidance on [electives on the PGME website](#). The host must sign a brief templated letter recognizing Queen's University is not liable for personal or professional insurance coverage. These documents are posted online (insert link). Program directors are to notify the PGME Office of approved international electives, ideally with at least six months' notice.

7.6.3 A clinical or student non-clinical placement agreement may be required by the University for a US or international elective if the activity is organized by representatives of the University. Once the PGME Office receives notice of an approved international electives this will be reviewed, and any new or mandatory requirements will be communicated as soon as possible.

7.6.4 Trainees must keep their immunizations and vaccinations up to date. Overseas travel immunizations and vaccinations should be sought well in advance when travelling abroad for electives or meetings.

7.6.5 Trainees must understand that an overseas experience may be declined if there are Federal travel advisories against travel to that location. The program, PGME office or the University may give the directive to cancel the overseas experience.

## **7.7 After-Hours/On-Call/Home Visits**

7.7.1 As part of their orientation to a new site, trainees should be made aware of site-specific security services and educated on when it is appropriate to utilize those services.

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

7.7.3 Trainees may be required to attend to patients at a home-visit\* Please review program specific policies relevant to home visits. There will be variation in program specific policy and procedures depending on the program and/or nature of the home visit.

7.7.4 For daytime home visits: trainees may attend home visits on their own, even if they have not been to that patient's home with a supervisor before, if the following five conditions are met:

1. The trainee has had an orientation to home visits and has been on at least one home visit with a supervisor.
2. The supervisor, or another member of the multidisciplinary team, has been to the home and feels it is safe.

3. The trainee feels safe going alone.
4. The trainee informs their supervisor or clinic staff they are doing the house call, including the date, time, location and confirming when they have left the premises
5. Attendance at the home visit is in accordance with their program-specific safety policy

7.7.5 For after-hours home and clinic visits, trainees must be accompanied by a supervisor.

7.7.6 If trainees have concerns about their safety, they are to notify their supervisor, program director, Wellness Office or the PGME Office.

## **7.8 Violent or Threatening Patients**

7.8.1 Programs should provide specific training to trainees with respect to encountering aggressive patients.

7.8.2 Programs should refer to [KHSC Intranet](#) for [training modules regarding to managing violence in the workplace](#)

7.8.3 If a trainee feels that his or her personal safety is threatened, the trainee shall remove themselves from the situation in a professional manner and seek immediate assistance.

7.8.4 In the event of a safety emergency at any time, the trainee should call security and/or the police.

7.8.5 Trainees should not assess violent or aggressive patients without the back-up of security and an awareness of accessible exits.

7.8.6 The physical space where known or potentially violent patients will be assessed must be appropriate such that trainees can safely exit the room.

## **7.9 Participation in Patient Transportation**

7.9.1 In many programs, participation in patient transport (medevac/ambulance) is a valuable learning experience for trainees. There must be clear educational objectives underlying the trainee's participation in patient transport.

7.9.2 Trainees must have appropriate training with demonstrated competency in the circumstances relevant to the transport experience.

7.9.3 Trainees should not be alone during patient transport and must have appropriate supervision while participating in patient transport.

7.9.4 Trainee well-being should be considered in all transport.

## **7.10 Radiation and Toxic Substances Exposures**

7.10.1 Trainees working in areas of high and long-term exposure to radiation must follow radiation safety policies and minimize their exposure according to current guidelines. Those trainees must wear Thermo-luminescent Dosimeter (TLD) or "dosimeter badges" and be encouraged to register with the Canadian National Dose Registry.

7.10.2 Radiation protective garments, such as aprons, gloves and neck shields, must be worn by all trainees during fluoroscopy.

## **7.11 Protection of Trainee Privacy and Confidentiality**

7.11.1 When programs collect trainees' personal and assessment information, they must keep this material responsibly and securely, in accordance with the PGME Policy on [File Management and Records Retention Policy](#) to maintain confidentiality.

7.11.2 Disclosure of trainee assessment data may be appropriate where required for the purpose of ongoing education and to facilitate and maintain patient and workplace safety in accordance with the [PGME APA Policy](#).

7.11.3 Programs must be aware of and comply with the Freedom of Information and Protection of Privacy Act provisions regarding trainee information and files. For advice consult with the PGME office, legal counsel or Queen's privacy officer with respect to disclosure and notification.

## **Appendix A - Reporting/Follow-Up/Dispute Resolution**

If the issue is related to harassment and discrimination go to:

[Harassment and Discrimination](#)

If the issue is related to the sexual violence policy go to:

[Sexual Violence Policy and Procedures](#)

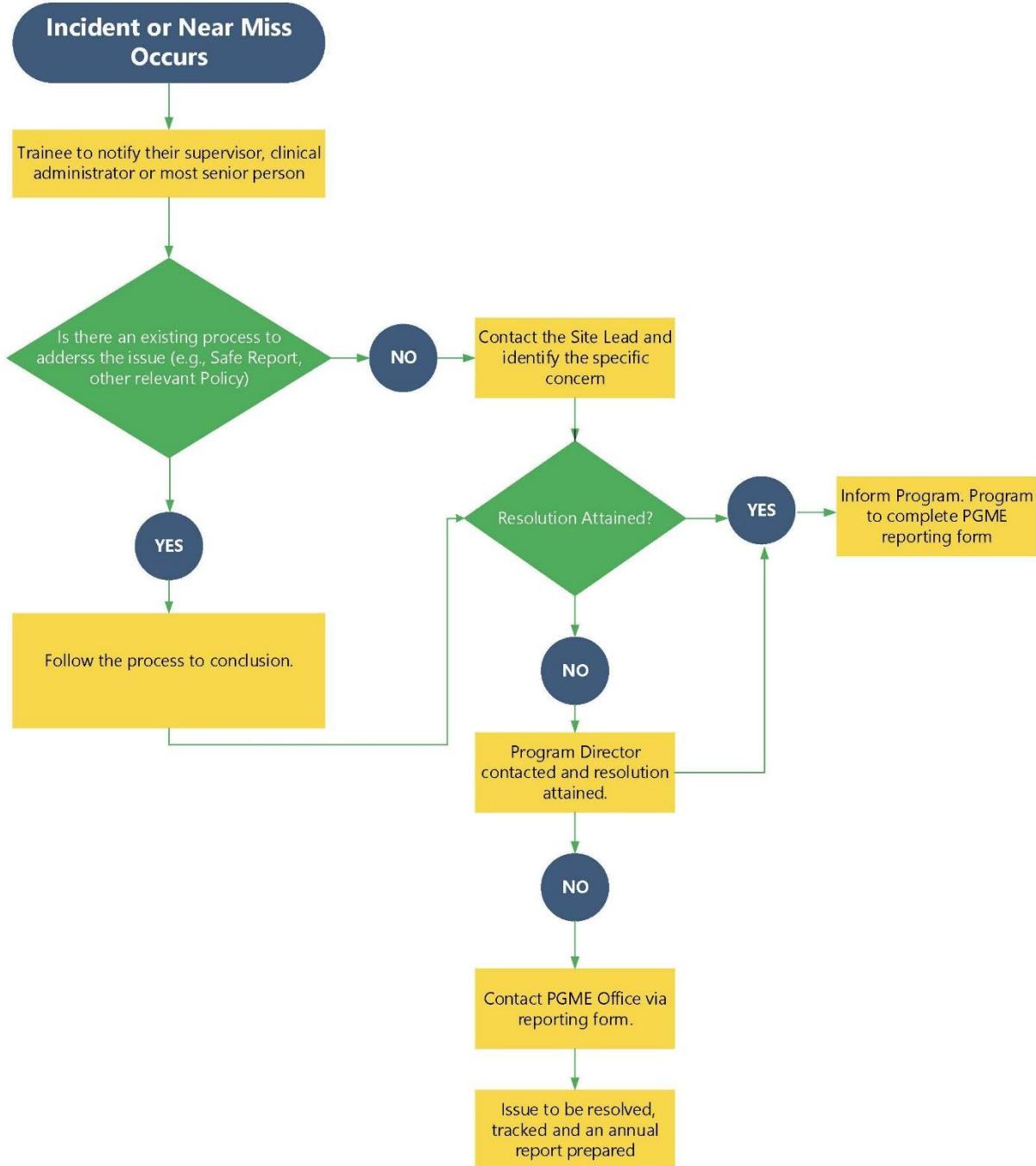
All other concerns:

- Trainees identifying a health and/or safety issue must report it to their immediate supervisor at the training site/affiliated teaching hospital and their program director or the Department Head to allow a resolution of the issue at a local level and comply with the site reporting requirements. The program should report on the health and safety issue to the PGME Office for tracking purposes and in case the issue needs to be escalated. See Flow Chart and Reporting Form.
- If the health and safety issue is not resolved at the local level, it must be reported to the Associate Dean, PGME. The Associate Dean will review the concern and determine if an investigation is required and who will lead the investigation (e.g., re-direct the issue to the relevant hospital or University office for resolution). The trainee/faculty member bringing the incident forward will receive a response within 15 business days outlining how the complaint was handled or if it will require further review.
- Pending an investigation and the resolution of an identified health and/or safety concern, the trainee has the right to refuse to complete a rotation/learning experience, acknowledging that a trainee may require an extension to their training time as a result.
- Pending an investigation and the resolution of an identified health and/or safety concern, the program director, in consultation with RPC, and/or the Associate Dean, has the authority to remove trainees from clinical placements if the risk is deemed to be unacceptable.
- The Associate Dean, PGME, may bring trainee safety/security issues to the hospital office responsible for safety and security, the Queen's Department of Environmental Health and Safety, the Associate Dean, Regional Education, the Vice Dean education, Vice Dean Clinical and/or Dean QHS, for resolution or further consultation.
- The Associate Dean, PGME, will report, as appropriate, to the Postgraduate Medical Education Committee on trainee safety/security trends.
- Health and/or safety systems issues may also be brought to the attention of the Associate Dean, PGME, at any time by various methods including internal reviews, trainee/faculty/staff reporting, or police/security intervention.
- Trainees cannot face reprisal for refusing to engage in clinical or educational experiences if they feel at risk in doing so and have communicated this to their program directors and respective site supervisors. A trainee may require an extension to their training time to be given the opportunity to achieve the competencies expected within the rotation if they are unable to complete it due to safety concerns. This is not considered a reprisal. It is recognized, however, that there are times (e.g., in outbreaks of infectious disease), when a residual risk will remain after all known precautions are taken. Professional responsibility to patients may require engaging in patient care despite these risks.

## Appendix B Health and Safety Policy Reporting

The Program is responsible for completing [the reporting form](#).

### Postgraduate Medical Education Health and Safety Reporting Process



## Appendix C Workplace Injury Reporting

1. Seek immediate medical help in the first instance.
2. Report to the Occupational Health Department or identified lead at that site and follow guidance on next steps for reporting within 48 hours.
3. Be familiar with the guidelines for reporting:

### For Residents

#### [Kingston Health Sciences Centre Workplace Health and Safety Review](#)

It is important that hazardous situations along with all workplace injuries (including needle stick injuries), be reported and that Employee Incident Reporting protocols be followed. *Hazard reporting* is important from an injury prevention perspective, while *incident reporting* ensures the employer exercises due diligence by identifying and eliminating the root causes(s) of injuries. It is a requirement under Occupational Health & Safety legislation that employees report hazards and injuries to their employer. The *Safe Reporting Tool* is KHSC's on-line incident/injury reporting system and can be accessed from any KHSC computer. Should you require assistance with submitting an event/incident, contact the OHS&W Department.

### For Department of National Defense Trainees

Complete the safe reporting tool or other reporting mechanism at the site where the injury occurred.

Complete form CF98 and request any additional information from Occupational Health or witnesses as required in accordance with the form.

As needed, reported to the Kingston MIR to have the injury/illness documented appropriately in trainee medical file.

### For Clinical Fellows (sponsored, departmentally, or self-funded)

#### [Queen's University Standard Operating Procedures 2021](#)

Step 1: Within 24 hours, [file form 6](#) with [safety@queensu.ca](mailto:safety@queensu.ca), copy your program administrator, fellowship director and the PGME office ([pgme@queensu.ca](mailto:pgme@queensu.ca))

Step 2: Within 48 hours, you will receive Form 7 from Queen's Environmental Health and Safety Office (EHSO). A further investigation from EHSO may be required.

Step 3: Follow-up with any medical appointments or consultations as required and determine if a period of leave or accommodation is required. You or the program must notify the PGME Office of any leaves. The Postgraduate Wellness Office ([posgradwellness@queensu.ca](mailto:posgradwellness@queensu.ca)) must be notified of any requests for accommodations.

Step 4: The PGME Office will consult with you and your sponsor as needed.

Step 5: Information will be relayed to the institution or site where the injury occurred from EHSO with any recommendations to mitigate future similar incidents in the future.

### **Wellness Services**

You have access to Queen's University Student Wellness Services to access [primary care](#) if you do not have an accessible care provider. This service may be helpful should you require workplace accommodations arising from a workplace injury.

[The Postgraduate Wellness Office](#) is also an available resource for support and guidance around any requirement for a leave and counselling support. The Postgraduate Wellness Office must be contacted if you require workplace accommodations.

We may be required to inform your sponsoring organization of any significant incident, particularly if it may impact on your training program (e.g., a leave/extension of training). The PGME Office will notify you and include you on any communication sent to your sponsoring organization.

## **Appendix D Resources**

[CMPA-Smartphone recordings by patients: Be prepared](#)

[College of Physicians and Surgeons of Canada](#)

Correctional Staff and Inmate Patients Number 02-155 (KHSC internal policy)

[General Standards of Accreditation](#)

[Harassment and Discrimination](#)

[Kingston Health Sciences Centre Health and Safety Review](#)

[Kingston Health Sciences Centre Wellness](#)

[Occupational Health and Safety Act \(OHSA R.S.O.1990, c.0.1\)](#)

[PARO-OTH Collective Agreement](#)

[PGME Health and Wellness](#)

Queen's University Environmental Health and Safety [Off-Campus Activity Safety Policy](#)

[Queen's University Walkhome](#)

Reporting and Investigation of Employee/Affiliate Incident and Injuries Number 02-096 (KHSC internal policy)

[Sexual Violence](#)