



<b>Policy</b>	Trainee Health and Safety Policy
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<b>Approved By</b>	Postgraduate Medical Education Office
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<b>Responsible Portfolio/Unit/Committee</b>	Postgraduate Medical Education Committee
<b>Responsible Officer(s)</b>	Associate Dean, PGME

## Policy References

CanERA General Standards of Accreditation for Institutions with Residency Programs:

[Standards of Accreditation 4.1.3: Residency Education occurs in a safe learning environment.](#)

[PARO-OTH Collective Agreement.](#)

## 1. Background

The PGME Office recognizes that Postgraduate Medical Education Residents and Fellows (“Trainees”) have the right to a healthy and safe learning environment during their training. The concept of a healthy and safe learning environment includes the physical (e.g., environmental, occupational health), psychological, and professional security and safety for Trainees. Trainees have dual roles as learners within the University environment and as clinical service providers within Kingston Health Sciences Centre (KHSC) and other clinical environments. Trainees learn and work in a variety of settings within their local home environment and across a well-established regional network of learning sites. The responsibility for promoting a culture and environment of safety for Trainees rests with the School of Medicine Postgraduate Medical Education Office (PGME), the Trainees’ Program, KHSC, and other affiliated training sites, and the Trainees themselves.

## 2. Complimentary and Legislative Standards, Policies and Guiding Documents

The PGME Trainee Health and Safety Policy has been developed based on the standards and principles as outlined in the [General Standards of Accreditation](#) , [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](#)).

- Accreditation Canada standards indicate that member hospitals must have an operational safety and security program for staff and patients.  
See: <https://accreditation.ca/standards/>
- The OHSA outlines minimum standards for health and safety and establishes procedures for preventing and responding to workplace hazards, illnesses, and injuries. Kingston Health Sciences Centre, as the paymaster hospital, is primarily responsible for Occupational Health and Safety for postgraduate trainees; however, health and safety is a responsibility that is shared by KHSC staff, Trainees, Queen's staff and faculty, PARO, and the clinical environments where Trainees learn and work. Queen's endeavours to meet its responsibilities for the health and safety of the members of its community by complying with relevant health and safety standards and legislative requirements, and by assigning general and specific responsibilities for workplace health and safety.

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

- Issues of harassment or discrimination are not addressed within this Policy. See [Queen's University's Harassment and Discrimination Prevention and Response Policy](#).
- Incidents of Sexual Violence must be dealt with through Queen's University [Policy on Sexual Violence Involving Queen's University Students](#)
- Incidents that occur on university premises. Complaints within a training environment that is not on university premises will be dealt with under the PGME Trainee Health and Safety Policy.

### **3. Purpose of the Health and Safety Policy**

- 3.1.** To demonstrate the commitment of Queen's University PGME to the health, safety, and protection of its Trainees while on campus, within their programs, community placements, and 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 establish clear mechanisms if corrective action is necessary.
- 3.3.** To identify and clarify the roles and responsibilities of the PGME office, Programs, KHSC, all affiliated training sites, and Trainees.
- 3.4.** This centralized guideline regarding health and safety is intended for program-specific additions and/or variations as appropriate in accordance with the RCPSC/CFPC General Standards for Accreditation taking into account specific risks associated with the nature of the discipline and the organization of training (**See attached template**).

### **4. Scope and Responsibility**

This Policy applies while Trainees are undertaking activities related to the execution of their educational and professional duties. The PGME Office, the respective Program, KHSC, and all affiliated teaching sites are all accountable for ensuring that Trainee education occurs in a safe learning environment. Specific accountabilities are outlined as follows:

#### **4.1. The Postgraduate Medical Education Office**

- 4.1.1.** The Postgraduate Medical Education (PGME) Health and Safety Policy provides a central mechanism for Trainees to use when faced with a health and safety issue during the course of their training which cannot be resolved within the program or local training site level. See reporting template.
- 4.1.2.** The Postgraduate Medical Education Office and all programs are responsible for overseeing a cycle of continuous quality improvement (Standard 4.1.2.4).

- 4.1.3.** The PGME Office will circulate an annual survey to all Programs and affiliated teaching sites requesting information on adverse events and the results will be discussed at the Postgraduate Medical Education Committee meeting.
- 4.1.4.** The Associate Dean, PGME and the Director, Resident Wellness are available to meet with trainees to review concerns or issues and provide guidance on the application of this policy.
- 4.1.5.** The Council of Ontario Universities, representing the six Ontario Schools of Medicine, in consultation with PARO, have developed the Residents and Public Health Emergency Preparedness Guidelines.

## **4.2. Kingston Health Sciences Centre**

- 4.2.1.** Trainees, in accordance with the PARO- OTH contract, are entitled to secure and private call rooms and secure access between call room facilities and service areas. Call rooms must be compliant with the PARO- OTH agreement
- 4.2.2.** Call rooms, lounges provided for trainees must be clean, smoke free, situated 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.
- 4.2.3.** Trainees have access to and coverage for Occupational Health Services (including PPE, TB test, 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
- 4.2.4.** Trainees will receive instruction on body substance 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.
- 4.2.5.** Trainee immunization and vaccination data is collected by the Kingston Health Sciences Centre (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

purposes of facilitating appointments for clinical work.

- 4.2.6.** Trainees not meeting the conditions for employment 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. Conditions of employment are set out in the PARO-OTH contract.
- 4.2.7.** Trainees will be required to meet vaccination requirements as set by Queen's University at Kingston and Kingston Health Sciences Centre. Failure to comply with hospital or university policy may result a requirement to withdraw from the training program.
- 4.2.8.** 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 site specific policies in place and trainees must familiarize themselves with the procedures.

### **4.3. The Program**

- 4.3.1.** Individual programs are required to develop and disseminate safety policies to deal with issues specific to their training programs. In addition, site specific policies may be required.
  - 4.3.1.1.** Programs, where applicable, must have policies and procedures in place for:
    - 4.3.1.1.1.** After-hours consultation
    - 4.3.1.1.2.** Fatigue Risk Management
    - 4.3.1.1.3.** Hazardous Materials
    - 4.3.1.1.4.** Infectious Agents
    - 4.3.1.1.5.** Ionizing radiation
    - 4.3.1.1.6.** Patient encounters (including house-calls)
    - 4.3.1.1.7.** Patient transfers (e.g., Medevac)
    - 4.3.1.1.8.** Safe disclosure of patient safety incidents
    - 4.3.1.1.9.** Travel
- 4.3.2.** All physicians in Ontario (including Trainees) who perform or assist at exposure prone procedures (EPPs) are required to have testing every three (3) years for Blood Borne Pathogens (BBPs). See CPSO Policy. If a trainee is positive for a BBP, and they perform EPPs, only the EPPs which

are to be restricted will be shared with the Program Director, in confidence, and a plan must be put in place in accordance with CPSO Policy on Blood Borne Pathogens.

**4.3.3.** Disclosure by the Program Director of the restricted EPP's of the trainee will be limited to those required to know. Any information disclosed by the Trainee will be restricted to those individuals who need to know and with the Trainee's knowledge that the information is being shared. The Trainee does not need to disclose the specific illness that the Trainee is seropositive for.

**4.3.4.** Programs are required to act promptly to address safety concerns that are brought forward by Trainees, faculty or staff, including a process for program level notification to the PGME Office. Such notification is required for all concerns, even those that are successfully resolved.

#### **4.4. The Training Site/Affiliated Teaching Hospitals**

**4.4.1.** All teaching sites must meet health and safety requirements of the PARO-OTH collective agreement, unless specifically exempted in the Agreement.

**4.4.2.** The policies and procedures at each site must be shared with Trainees prior to the start of their learning experience either with an in-person session, online training modules or documentation that is made available to each Trainee.

**4.4.3.** Accidents, incidents and environmental illnesses occurring during training will be reported and administered according to the reporting policies and procedures of the teaching site/affiliated teaching hospital [and reported to the Program and PGME Office.](#)

**4.4.4.** Trainees will receive instruction on body substance precautions, infection control and occupational health procedures in the teaching sites. This instruction is a joint responsibility of the hospital or teaching site and the training program

**4.4.5.** Locations without a formal health and safety policy or joint committee will be guided by the standards outlined in the OHSA and the PARO-OTH

Collective Agreement and any other applicable law.

**4.4.6.** All teaching sites that deal with inmates must have safety policies and procedures that deal specifically with this unique population. Trainees must familiarize themselves with the policies and procedures at each teaching site.

**4.4.7.** Site orientation must include access to safety procedures and policies.

#### **4.5. Trainee**

**4.5.1.** Trainees must adhere to the relevant health and safety policies and procedures of their rotation/learning experience training site.

**4.5.2.** Any workplace injury must be reported within 24 hours to Kingston Health Sciences Centre Occupational Health.

**4.5.3.** Trainees must comply with applicable health and safety codes and policies and communicate safety concerns to both the training site and the program. Trainees are expected to participate in required safety sessions at the training site

**4.5.4.** Trainees should familiarize themselves with the location and services offered by the relevant Occupational Health and Safety Office. This includes familiarity with policies and procedures for infection control and protocols following exposure to contaminated fluids, needle stick injuries, and reportable infectious diseases.

**4.5.5.** Trainees must observe universal precautions and isolation procedures when indicated.

**4.5.6.** 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 Thermoluminescent Dosimeter (TLD) or "dosimeter badges" and be encouraged to register with the Canadian National Dose Registry

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

- 4.5.8.** Trainees working in areas of high and long-term exposure to toxic substances, including but not limited to chemotherapeutic agents and reagent dyes, must follow the institutional safety policies.
- 4.5.9.** Pregnant Trainees should be aware of specific risks to themselves and their fetus in the training environment and request accommodations where indicated. Programs must be compliant with the PARO-OTH collective agreement on [working during pregnancy](#). Trainees should consult the [Director, Resident Wellness](#) for information and guidance on making requests for accommodation.

#### **4.6. Travel**

- 4.6.1.** 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., 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.
- 4.6.2.** Trainees should not drive if they have not had sufficient sleep within the preceding 24 hours.
- 4.6.3.** Trainees should monitor travel conditions (check the internet, listen to the radio, react appropriately to changing travel conditions) and ensure that conditions are safe and allow additional time to reach their destination if weather conditions are not ideal.
- 4.6.4.** Some rotations will take place outside of the primary teaching site. It is the Trainee's responsibility to ensure that they drive while fully alert and are free from distractions. It is also a Trainee's responsibility to seek advice from the appropriate provincial and insurance regulators regarding safe vehicular travel (e.g., the Ministry of Transportation, insurance carrier).
- 4.6.5.** Trainees should notify the program, a friend and/or family member of the destination and the anticipated arrival time.



- 4.6.6.** 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.
- 4.6.7.** Trainee may elect not to attend their academic half-day, clinic, etc. if in their estimation, it would not be safe to travel because of inclement weather.
- 4.6.8.** The Trainee must inform the appropriate person as soon as possible of absences due to inclement weather.

#### **4.7. Off-Campus Safety Planning**

- 4.7.1.** Trainees planning an overseas placement or conference must complete a Safety Planning Record as mandated by the University's Off Campus Activity Safety Policy.
- 4.7.2.** 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.
- 4.7.3.** 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.
- 4.7.4.** On occasion, Trainees 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.

#### **4.8. Expectations for all Training Sites**

##### **4.8.1. After-Hours/On-Call**

- 4.8.1.1.** 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 their services.

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

**4.8.1.3.** Trainees may be required to attend to patients at a home-visit\*.

**4.8.1.3.1.** No home visit should be made or expected unless a safety assessment has been conducted with the Trainee and the supervisor. Where the Trainee has concerns, they may speak with their Program Director or contact the PGME Office or Director, Resident Wellness.

**4.8.1.3.2.** For DAYTIME home visits: Trainees may attend home visits on their own, even if they have not been to that particular patient's home with a supervisor before, if the following three conditions are met:

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

**4.8.2.** For AFTER HOURS home and clinic visits: trainees must be accompanied by a supervisor.

\* This is to maximize Trainee home visit learning opportunities, as well as patient care. This procedure applies to visits to private residences. Although visits to care facilities (e.g., nursing homes, group homes, retirement homes, long term care facilities) also require being alert and observant to the environment at those facilities, and observing patients for increasing signs of agitation, the presence of other health care personnel once at the facility may mean first time visits can be done independently by a Trainee after discussion with a supervisor.

## **4.9. Telephone Usage**

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 call blocking.

**4.9.1.** Trainees should not provide patients with their personal or private information, including home or cell numbers, personal email addresses, social media contact information, and home addresses. Trainees who are nevertheless contacted by a patient through personal communication channels should report the contact to their Program as soon as possible.

#### **4.10. Walking Alone at Night**

No Trainee is expected or required to walk alone at night 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 who will take appropriate action, which may include arranging for an alternate means for the Trainee to travel, at no expense to the Trainee.

#### **4.11. Violent or Threatening Patients**

**4.11.1.** Programs should provide specific training to Trainees who are expected to encounter aggressive patients.

**4.11.2.** 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.

**4.11.3.** In the event of a safety emergency at any time, the Trainee should call security and/or the police.

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

**4.11.5.** The physical space requirements for management of violent patients must be provided where appropriate.

#### **4.12. Participation in Patient Transportation**

**4.12.1.** 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.

- 4.12.2. Trainees must have appropriate training with demonstrated competency in the circumstances relevant to the transport experience.
- 4.12.3. Communication and supervision between the Trainee and their designated supervision physician must be available at all times.
- 4.12.4. Trainee wellbeing should be considered in all transports.

#### **4.13. Psychological Safety**

Learning environments must be free from harassment and discrimination as defined in the Queen's University [Harassment and Discrimination Prevention and Response Policy](#). If required, a Trainee will be advised to follow the procedures outlined in the Harassment and Discrimination Prevention and Response policy.

- 4.13.1. Trainees should be aware of and have easy access to the available sources of immediate and short-term help for psychological problems, substance abuse problems, harassment, and inequity issues. Resources include the Director, Resident Wellness, KHSC Employee and Family Assistance Plan, PARO Helpline, OMA Physician Health Helpline, and Queen's University Student Wellness Office. For a list of resources click [here](#)
- 4.13.2. If a trainee requires a leave from their program for any medical reason, they will be granted time in accordance with the PARO-OTH collective agreement and applicable PGME policies. A trainee may not return to training without the appropriate clearance from a treating physician.
- 4.13.3. Some physicians may experience conflicts between their ethical or religious beliefs and the training requirements and professional obligations of physicians. Trainees should contact the Program Director or the Director Resident Wellness for resources to help deal with these conflicts.
- 4.13.4. Trainees should have adequate support from their program and/or the PGME Office, or delegate, following an adverse event or critical incident.
- 4.13.5. Programs must promote a culture in which Trainees are able to report and discuss adverse events, critical incidents, 'near misses', and patient

safety concerns without fear of punishment or retaliation, while also recognizing the need for accountability.

**4.13.6.** When programs collect Trainees' personal information and assessment information, they must keep this material responsibly and securely, to maintain confidentiality. Disclosure is appropriate where required for the purpose of ongoing education and to facilitate and maintain patient and workplace safety.

**4.13.7.** Programs must be aware of and comply with the Freedom of Information and Protection of Privacy Act (FIPPA) provisions regarding trainee files.

**4.13.8.** In addition to CMPA 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.

#### **4.14. Patient Complaints**

Where a Trainee has received a patient complaint or has legal action against them, they are to discuss with their program director and contact CMPA for guidance. Additional resources include the Director, Resident Wellness and PARO.

### **5. Reporting/Follow-Up/Dispute Resolution**

**5.1.** Trainees identifying a health and safety issue must report it to their immediate supervisor at the training site/affiliated teaching hospital and their program director to allow a resolution of the issue at a local level, and comply with the site reporting requirements. The safety or security concern should also be brought to the attention of the PGME Office for tracking purposes and in case the issue needs to be escalated. See Flow Chart and Reporting Form.

**5.2.** If the safety or security 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.

- 5.3.** Pending an investigation and the resolution of an identified health and safety concern, the trainee has the right to refuse to complete a rotation/learning experience.
- 5.4.** Pending an investigation and the resolution of an identified health and safety concern, the Program Director, in consultation with RPC/PGEC, and/or the Associate Dean, has the authority to remove Trainees from clinical placements if the risk is deemed to be unacceptable.
- 5.5.** 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, or the Associate Dean, Regional Education, for resolution or further consultation.
- 5.6.** The Associate Dean, PGME, will report, as appropriate, to the Postgraduate Medical Education Committee on trainee safety/security issues.
- 5.7.** Health and 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.
- 5.8.** Trainees cannot be negatively impacted for refusing to engage in clinical or educational experiences if they truly feel at risk in doing so and have communicated this to their Program Directors and respective site supervisors. It is recognized, however, that there are times (for example, 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 care despite these risks.

## **6. Urgent Situations**

- 6.1.** Urgent Trainee safety issues must be brought to the attention of the Program Director and Associate Dean, Postgraduate Medical Education immediately.
- 6.2.** [Queen's Campus Security and Emergency Services](#) and/or the appropriate local police force can 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.

## **7. Getting Help**

Questions regarding interpretations of this document should be directed to:

Postgraduate Medical Education  
Queen's University  
Phone: 613L 533-2543  
[pgme@queensu.ca](mailto:pgme@queensu.ca)

### ***In emergency situations:***

Go to the nearest Emergency Room and identify yourself as Queen's resident/clinical fellow.

### **Note:**

Postgraduate programs must develop their own specific resident health and safety procedures so long as they do not conflict with this procedure or with Queen's University Harassment and Discrimination Prevention Policy and the Sexual Violence Policy. **See attached template**

## Resources

[General Standards of Accreditation](#)

[PARO-OTH collective agreement](#)

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

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

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

[Queen's University Campus Security](#)

[Queen's University Walkhome](#)

[PGME Health and Wellness](#)

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

[Kingston Health Sciences Centre Policies](#)

- (1) Reporting and Investigation of Employee/Affiliate Incident and Injuries Number 02-096
- (2) Correctional Staff and Inmate Patients Number 02-155

[Kingston Health Sciences Centre Wellness](#)

