



SAFETY OF CRITICAL CARE MEDICINE RESIDENTS

Purpose

The purpose of this policy is to provide basic standards for resident safety with regards to clinical activities and travel during their Critical Care Medicine (CCM) Residency. This policy applies while residents are undertaking activities related to the execution of residency duties.

Principles

Resident safety is a shared responsibility of Faculty of Medicine, the Health Employers Association of BC, clinical and academic departments and the trainees themselves. Occupational health and workplace safety is governed Occupational Health & Safety Regulations (WorkSafe BC). The Collective Agreement between the Health Employers Association of BC and the Professional Association of Residents of BC 2006-2011 outlines additional responsibilities of the employer with regard to safety of personal effects, orientation, on-call areas, workload during pregnancy and distributed training sites.

Participating sites have taken reasonable measures to ensure resident safety, particularly considering hazards such as environmental toxins and radiation, exposure to infectious agents transmitted through blood and fluid and potential exposure to violence from patients or others. But residents also need to be actively participating in the process of ensuring safety on an ongoing basis. Awareness of personal safety and assessment of risk is part of the professional development inherent in postgraduate medical education and will be facilitated throughout training.

Residents will 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.

A Clinical activities

1. Responsibility of the Program

- a) CCM residents will be made aware of site specific safety risks.
- b) As part of the educational curriculum, CCM residents will be provided with general safety training including personal safety and protection of personal information, with an emphasis on risk identification and management.
- c) In particular, training will be provided during academic halfday regarding the following topics:



- (i) environmental toxins and radiation
 - (ii) exposure to infectious agents transmitted through blood and fluid
 - (iii) potential exposure to violence from patients or others.
- d) To protect the personal security and privacy of CCM residents, the program will not publish photographs and rotation schedules of named residents on publically accessible websites.
- e) Specifically related to clinical activities on-call and after hours, CCM residents will be able to avoid the following situations by contacting Protection Services:
- (i) working alone after hours in health care or academic facilities.
 - (ii) working alone in private offices, including after hours clinics.
 - (iii) walking alone for any major or unsafe distances at night
- f) Based on the criteria outlined in each academic sites' transfer policy, there will be times when a physician will be requested to accompany a critically ill patient during intra- or inter-hospital transfers. CCM residents may be asked to fulfill this responsibility, but may decline to participate without fear of repercussions for any reason should they feel uncomfortable in completing this task. In order to optimize their safety and comfort within this situation, the CCM residents participate in educational sessions regarding patient transport during academic halfday, and will always be accompanied by one or more critical care nurses, one or more respiratory therapists and, in the case of an inter-facility transfer, a crew from BC Ambulance Services. Once the patient has reached the destination, the CCM resident, nurse(s) and respiratory therapist(s) will travel as a group back to the home ICU.

2. Responsibility of the CCM Resident

- a) CCM residents are expected to participate in required safety sessions and abide by the safety codes of the assigned facility and ICU, including WHMIS, Fire safety or dress codes as they pertain to safety.
- b) CCM residents should familiarize themselves with the location and services offered by the occupational health and safety office of the assigned facility.
- c) CCM 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.
- d) CCM residents are expected to exercise caution and common sense in all situations in the workplace. If a trainee feels that her/his personal safety is



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

B Travel

This policy applies to travel for clinical or academic assignments.

1. Responsibility of the Program

- a) There is an unscheduled day between rotations to or from distributed training locations.

2. Responsibility of the CCM Resident

- a) When traveling by private vehicle, it is expected that CCM residents will execute judgement especially when driving in inclement weather or when fatigued.
- b) For long distance travel, CCM residents should ensure that a colleague or the home residency office is aware of their itinerary.
- c) When long distance travel is required, the CCM resident should request that they not be on call on the last day of the preceding rotation.
- d) CCM residents should exercise caution when driving home after call if they have not had adequate rest. Should they feel that it is unsafe to drive home, CCM residents should do one of the following:
 - (i) Take a nap in their call-room, and once rested drive home
 - (ii) Take an alternative form of transportation home (taxi, public transit, call for a ride from friend or family)

C Resources

1. PAR-BC Resources

Collective Agreement between the Health Employers Association of BC and the Professional Association of Residents of BC 2006-2011, Article 19.06 (Damage to personal property) and 19.07 (Theft of residents' medical equipment); Memorandum of Understanding (On-call areas); Letter of Understanding (Distributed Training Locations)

2. Faculty of Medicine Resources



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The Faculty of Medicine strictly prohibits 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](#)
- [Process to Address Concerns/Complaints of Intimidation, Harassment, Unprofessional Behaviour](#)

3. Specific Health Authority Resources

The following resources can be used by program directors and residency training committees to develop site specific policies. They are not intended to be a comprehensive list of occupational health and safety policies at each health authority.

Vancouver Coastal Health Authority. Site Orientation Checklist for Students & Faculty. Available from http://studentpractice.vch.ca/docs/vch_site_orientation_checklist.pdf Accessed 9 March 2011

Vancouver Coastal Health Authority. Protection Guidelines for Safe Home Visits. Available from http://studentpractice.vch.ca/safe_home.htm Accessed 9 March 2011

Vancouver Coastal Health Authority. Prevention and Management of Violent and Aggressive Behaviour. Available from http://studentpractice.vch.ca/safety_aggressive.htm Accessed 9 March 2011

Fraser Health Authority. Physician Orientation & Organization. Available from http://physicians.fraserhealth.ca/orientation_and_organization/ Accessed 9 March 2011

Fraser Health Authority. Prevention and Management of Aggressive Behaviour. Available from http://physicians.fraserhealth.ca/media/Prevention_and_Management_of_Aggressive_Behaviour-PMAB-April2008.pdf Accessed 9 March 2011

Vancouver Island Health Authority. Occupational Health and Safety, Protocols and Programs. http://www.viha.ca/occ_health/resources/protocols_and_programs.htm Accessed 11 April 2011. Note: All Protocols and Programs links require VIHA Intranet access.



4. Other Resources

Moscovitch A, Chaimowitz GA, Patterson PGR. Trainee Safety in Psychiatric Units and Facilities, a position of the Canadian Psychiatric Association. *Can J Psychiatry* 1990;35(7):634-635.

Edwards S. Health and Safety. In: Puddester D, Flynn L, Cohen J, editors. *CanMEDS Physician Health Guide, A Practical Handbook for Physician Health and Well-being*. Ottawa: Royal College of Physicians and Surgeons of Canada; 2009. p. 46-47.