



General Surgery Resident Safety Policy

PURPOSE

The purpose of this policy is to provide standards for resident safety with regards to clinical activities, pregnancy and travel. 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 by Occupational Health & Safety Regulations (Work Safe BC). The Collective Agreement between the Health Employers Association of BC and the Resident Doctors of BC outlines additional responsibilities of the employer with regard to safety of personal effects, orientation, on-call areas, workload during pregnancy and distributed training sites. Awareness of personal safety and assessment of risk is part of professional development is 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 harm. However, residents will be required to meet the educational objectives through alternate educational activities.

CLINICAL ACTIVITIES

1. Responsibility of the Program

- 1.1. Residents are made aware of specific safety risks of radiation exposure, infectious agents and sharps related injuries as part of their initial orientation as well as on an ongoing basis. Residents are shown an educational video promoting responsibility for sharps in the operating room as well as providing strategies to minimize their risk of sustaining such an injury.
- 1.2. Aspects of general safety and personal safety are discussed in the context of the educational curriculum and are emphasized during sessions devoted to trauma. An emphasis is placed on risk identification and management.
- 1.3. When residents are present for or utilize intraoperative fluoroscopy, protection from radiation (including lead apron and thyroid protection) is provided and is mandatory. Similarly, if residents are attending to a patient undergoing a procedure in radiology in which radiation is used, residents must wear lead aprons and thyroid protectors.
- 1.4. Residents receive education on avoidance and prevention of sharps related injuries during orientation and on an ongoing basis in the operating room.
- 1.5. Residents receive the policy on reporting a sharps related injury as part of their orientation package. If they are to sustain a sharps-related injury, the attending surgeon ensures the resident scrubs out of the procedure and follows the outlined policy.
- 1.6. For patients who pose a risk of passing an infectious agent to the resident, signs outlining the necessary precautions are posted on the patient's room. These notices specifically outline all required protective measures which residents are expected to adhere to.
- 1.7. To protect the personal security and privacy of trainees, no photographs or rotation schedules of residents are available on publicly accessible websites or areas.



- 1.8. Specifically related to clinical activities on-call and after hours, residents who work alone after hours in the hospital or clinic always (24h/7d) have access to adequate support from Security/Protection Services. Residents are not to walk alone for any major or unsafe distances at night.

2. Responsibility of the Resident

Residents are expected to adhere to these requirements:

- 2.1. Residents are expected to participate in required safety sessions and abide by the safety codes of the hospital where they are assigned as well as Health Agencies. This includes Fire safety and operating room dress codes.
- 2.2. Residents are expected to familiarize themselves with the location and services offered by the hospital occupational health and safety office.
- 2.3. Residents are expected to 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.
- 2.4. Residents are expected to exercise caution. If a trainee feels that her/his personal safety is threatened, they 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.
- 2.5. Double-gloving and eye protection when scrubbed in on an operation are mandatory.

TRAVEL

This policy applies to travel for clinical or academic assignments.

1. Responsibility of the Program

- 1.1. There is an unscheduled day(s) between the rotation assignment and out of town/out of country electives. Time unscheduled depends on duration of travel required.
- 1.2. Residents are not to be on call the last day of the preceding rotation for an upcoming rotation which requires long distance travel to reach.

2. Responsibility of the Resident

- 2.1. When traveling by private vehicle, it is expected that residents will execute judgement especially when driving in inclement weather or when fatigued.
- 2.2. For long distance travel, residents need to ensure that the program is aware of their itinerary.
- 2.3. There is an unscheduled day between rotations to or from distributed training locations. When long distance travel is required, the resident should request that they not be on call on the last day of the preceding rotation.
- 2.4. Residents should exercise caution when driving home after call if they have not had adequate rest.
- 2.5. When travelling out of town for clinical activities, the resident should ensure all emergency contact information is updated.

PREGNANCY

The purpose of this policy is to outline the principles, guidelines, and clinical activity adjustments to support pregnant residents and promote the best health outcomes.

1. Responsibility of the Program

- 1.3. After 24 weeks of gestation, expecting residents will not be required to work more than 12 continuous hours as prolonged working hours have been associated with increased risks of pregnancy complications such as hypertension, IUGR, and preterm labour.
- 1.4. Expecting residents will be allowed to reduce, reschedule, alter or eliminate call and/or rotations whenever this is deemed medically necessary. Should key competencies not be obtained because of



this accommodation it may be necessary to extend training until those competencies are reached. In this instance, the resident will be provided with a written document outlining the work required to catch up and the expected timeline to obtain the competencies.

- 1.5. After 32 weeks gestation, expecting residents will be required to avoid continuous prolonged standing of greater than 4 hours at a time
- 1.6. Residents will be advised to start maternity leave at 38 weeks or earlier (if recommended by health care provider).

2. Responsibility of the Resident

- 2.1. Expecting residents must ensure that the Program Director is made aware as soon as possible about the pregnancy, especially when conditions or complications occur that require accommodation.
- 2.2. Expecting residents should obtain appropriate support from their health care provider to document requirements for accommodation.
- 2.3. Expecting residents are to eliminate physically strenuous work and heavy lifting, especially after 24 weeks of gestation.
- 2.4. Expecting residents should comply with all infectious disease prophylactic measures recommended by occupational health, including opting out of work in circumstances where:
 - Infectious disease/toxic substance/or radiation prophylactic measures (e.g. personal protective equipment) are deemed by an occupational health specialist not to provide sufficient protection.
 - Exposure to infectious diseases and the potential related impact of treatment or post-exposure prophylaxis is determined to be unsafe for mother or fetus.
- 2.5. Well in advance of delivery, expecting residents should arrange for Maternity Leave pay through their Employment Insurance Benefit plan. They are also advised to identify and secure arrangements for infant daycare or other domestic and childcare support that will be needed to return to work following birth.
- 2.6. Early discussion with the Program Director regarding return to work planning is encouraged.

HARASSMENT AND INTIMIDATION

The terms intimidation, harassment and abuse tend to be used interchangeably. The following is a clarification of definitions:

- Intimidate: terrify, overawe, cow, especially as to influence conduct. Force to do or deter from some action by threats or violence. Inspire with fear. To daunt or make afraid.
- Intimidation: the act of intimidating someone in order to interfere with the free exercise of political or social rights. The fact or condition of being intimidated. The use of authority to influence someone to do or refrain from an action or to do something they would not do or should not do otherwise.
- Harassment: trouble by repeated attacks. Subject to constant molesting or persecution. Repeated, often public, critical remarks or ridicule. Singling out for grilling or interrogation. Unjustified negative remarks or inappropriately positive remarks about appearance or dress. Unjust assignment of duties.
- Abuse: exploitation of trust and exploitation of authority. Improper use, perversion, reviling abusive language, injury, maltreatment. Types can include verbal, mental, psychological, physical and sexual.

It should be recognized that intimidation and harassment does not always have to be repetitive to be significant. A single incident can have an impact. These terms are on a continuum with some overlap representing increasing severity to full abuse. One factor in confronting these issues is that as these problems have been identified and discussed over several years, there has been a shift away from using these words.



They are too laden with ominous meaning. Instead there is a tendency to shy away to euphemisms such as “unfortunate moment”, “he/she was a bit off...” “that tendency popped up again”. We need to help the learners and teachers address these issues with courage to clarify and hopefully to resolve. This remains a challenge, as the identification and exploration of these types of situations can often provoke defensive reactions.

When a harassing, intimidating or abusive situation is encountered, the following steps should be followed:

1. Timely identification of a concern about intimidation and harassment should be the goal of all programs.
2. Trainees should be encouraged to inform their program director or university administration of problems.
3. The initial discussion must occur in a confidential setting.
4. There should be a process to clarify the facts concerning the allegation.
5. The process of clarification must occur in an atmosphere free of retribution.
6. There should be a process to address and resolve allegations in a timely manner.

RESIDENT WELLNESS

The Resident Wellness Service is operated through the Postgraduate Medical Education office. It is committed to providing confidential support services that meet the unique needs of medical residents and their family members. They offer solutions to help residents become proactive in taking care of their mental, emotional, and physical well-being. The Resident Wellness counsellor is able to assist residents with a range of personal and professional concerns. The program has been created to promote and support health and wellness among Medical Residents. The counsellor can help you work through and effectively cope with concerns such as stress and time management, anxiety, depression, career concerns, life transitions, and relationships.

REFERENCES

Physician Health Program of British Columbia: Medicine and Motherhood – Can We Talk: A Consensus Statement (<http://www.physicianhealth.com/medicineandmotherhood>)

ADDITIONAL RESOURCES TO SUPPORT RESIDENT SAFETY

- Collective Agreement between the Health Employers Association of BC and the Resident Doctors of BC 2019-2022.
- PGME Health and Safety Policy, 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
- Lower Mainland Health Authorities Radiation Exposure During Pregnancy Guideline (Appendix I)

Action	Committee	Date	Status
Approved	RPC	November 2019	Approved



THE UNIVERSITY OF BRITISH COLUMBIA

General Surgery Residency Program

Department of Surgery | Faculty of Medicine

Approved	RPC	June 2022	Approved