

Postgraduate Medical Education Policy Health and Safety Policy

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Section A: Introduction

A comprehensive list of definitions can be found in the [PGME Glossary of Definitions and Terms](#).

A1: Preamble

McMaster University Postgraduate Medical Education (PGME) recognizes that all postgraduate trainees have the right to a safe learning environment during their training. McMaster University, PGME, affiliated training sites, individual postgraduate training programs, faculty and supervisors, and postgraduate trainees must share the responsibility of maintaining and promoting an environment of safety, including physical, emotional/psychological, and professional safety.

This policy is guided by, and should be used in conjunction with, relevant policies and procedures of accrediting bodies, McMaster University and its affiliated teaching sites, Ontario Occupational Health and Safety Act, the Professional Association of Residents (PARO) and the Ontario Teaching Hospitals (OTH) Collective Agreement and policies governing professional practice as outlined by the College of Physicians and Surgeons of Ontario (CPSO).

Reviews of this policy will be informed by available institutional data related to adverse events involving postgraduate trainees and individuals involved in postgraduate teaching.

1. McMaster University:

McMaster University is committed to providing and maintaining a healthy and safe working and learning environment for all employees, trainees, volunteers, and visitors. This is achieved by observing practices that meet the standards to comply with legislative requirements outlined in the Ontario Occupational Health and Safety Act, Environmental Protection Act, Nuclear Safety and Control Act and other statutes, their regulations, and the policy and procedures established by McMaster University ([President David Farrar, Workplace and Environmental Health and Safety Policy, 2020](#)).

2. PARO-OTH Collective Agreement:

The Collective Agreement between the Professional Association of Residents of Ontario (PARO) and the Ontario Teaching Hospitals (OTH) states that residents are postgraduate trainees registered in University programs and physicians employed by the hospitals.

More information specific to the provisions relating to postgraduate trainees' health and safety can be found in the [PARO-OTH Collective Agreement](#).

3. **Affiliated Teaching Sites:**

Affiliated hospitals are responsible for ensuring the safety and security of postgraduate trainees training and supervising in their facilities. Their existing employee safety and security policies and procedures and the requirements outlined in the PARO-OTH Collective Agreement must remain in compliance and adhere to all identified safety and security standards.

As employees, postgraduate trainees have access to, and coverage by, the Occupational Health Services, Employee Health Services, or any equivalent office at any teaching hospital at which they are training.

4. [General Standards of Accreditation for Institutions with Residency Programs:](#)

Domain: Learners, Teachers, and Administrative Personnel

Standard 4: Safety and wellness are promoted throughout the learning environment.

Indicator 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)
- Complaints and allegations of malpractice
- Hazardous materials
- Infectious agents
- Ionizing radiation
- Safe disclosure of patient safety incidents
- Violence, including sexual and gender-based violence
- Fatigue risk management*

**Please note fatigue risk management will be addressed through separate guidelines and will not be outlined in this document.*

A2: Purpose

1. To identify the responsibilities of the University, training sites, training programs and postgraduate trainees.
2. To ensure that postgraduate trainees are educated and informed concerning the safety policies that govern the workplace and learning environments.
3. To minimize the risk of injury and promote a safe and healthy environment at McMaster University and affiliated teaching sites.
4. To provide a process to report hazardous or unsafe training conditions or injury with a mechanism to take corrective action.
5. To provide a centralized policy that can be modified by residency programs to reflect program-specific additions and modifications as appropriate.

A3: Scope

This policy applies to all registered McMaster postgraduate trainees (residents and fellows) and postgraduate learners from other institutions completing electives, and encompasses:

- Physical Safety
- Professional Safety
- Psychological/Emotional Safety
- Occupational and Environmental Health
- Training Outside of Canada
- Reporting and Safe Disclosure Procedures

The term *trainee* will be used in this document to describe all postgraduate learners. The term *resident* may be used at times when specifically referring to trainees registered in residency programs and not applicable to clinical fellows.

The term *program* will be used in this document to describe residency, Area of Focused Competence (AFC) and fellowship programs. The term *program director* applies to the educational lead of these programs.

Section B: General Principles

B1: The Trainee must

1. Participate in required safety sessions (*refer to list in section B3*), including but not limited to Workplace Hazardous Materials Information and Safety (WHMIS), Violence in the Workplace, Fire Safety (as required), Personal Protective Equipment (PPE) training. Required safety sessions may vary across the affiliated sites.
2. Abide by the safety codes and procedures of the designated area where they are training.
3. Participate in orientation sessions as determined by the program, training site, and training unit.
4. Follow all occupational health and safety policies and procedures of the training site, PGME and programs, including but not limited to review of relevant safety policies, required PPE, safeguards in specific clinical contexts, and use of back-up from clinical supervisors.
5. Report any situation where personal safety is threatened (see Reporting Protocol below).
6. Consider downloading the McMaster University [SafetyApp](#) for free on the Apple App Store and Google Play. Among other features, it includes:
 - Safety alerts, including campus closures and emergency instructions.
 - Contact information for emergency and non-emergency security concerns.
 - A “Friend Walk” function that allows someone to watch your travel route home when you share your location with them.
7. Be familiar with the [CPSO professional policies](#) and the [Practice Guide](#) to guide professional safety.

B2: The Program must

8. Must review the PGME Policy on Health and Safety Policy with the program committee for applicability to training environment of the program.
9. Establish a program-specific safety policy as per the CanERA [General Standards of Accreditation](#) for Residency Programs, per the central policy, considering the specific clinical context of the residency program and nature of the discipline.
10. Ensure that there are specialty site-specific orientations and reviews of relevant policies available to the trainee before the beginning of clinical duties.
11. Develop and promote a safe environment and processes for trainees to report safety concerns to the program director and/or program committee.
12. Ensure prompt action to address safety concerns and incidents identified by trainees. Report serious or unresolved safety concerns to the Associate Dean, PGME and/or hospital leadership, as appropriate.
13. Ensure that community clinics or practice settings develop a site-specific protocol. The protocol must be communicated to the trainee at the start of the learning experience and must include the following, as appropriate:
 - Patient(s) who may represent a safety risk
 - Working alone
 - Working in isolated areas or situations
 - Patients with communicable diseases
 - Any other situation that may be a safety issue to the postgraduate trainee in the context of the specific learning environment

B3: The Postgraduate Medical Education (PGME) Office must

14. Develop and review the central safety policy and procedures for trainees in accordance with the [General Standards of Accreditation for Institutions with Residency Programs](#), in collaboration with policies and procedures of affiliated teaching sites.
15. Review and revise the central safety policy according to available institutional data related to trainee and teacher safety incidents.
16. Collaborate with the affiliated teaching hospitals to ensure compliance with the requirements outlined in the PARO-OTH Collective Agreement.
17. Ensure trainees have completed the required workplace educational sessions/modules before the start of clinical duties, including but not limited to:
 - WHMIS 2015
 - Fire Safety
 - Personal Protective Equipment (PPE)
 - Privacy of Patient Information

- Patient Safety
 - Medication Safety
 - Infection Prevention and Control
 - Preventing and Managing Workplace Violence and Harassment
 - Personal Health Information (PHI) and Privacy
 - The Accessibility for Ontarians with Disabilities Act
 - The Occupational Health and Safety Act
18. Develop and maintain a reporting structure in collaboration with affiliated teaching sites and programs for trainees to report systemic safety issues, as defined in this policy.
 19. Collaborate with affiliated teaching sites and programs, as appropriate, to correct systemic issues with safety.
 20. Collaborate with Occupational Health and Safety (or equivalent) offices of affiliated teaching sites to ensure timely and equitable access for trainees.
 21. Collaborate with Occupational Health and Safety (or equivalent) at affiliated teaching sites to ensure appropriate trainee information is provided for contact tracing.
 22. Collaborate with the McMaster University Health screening office to ensure trainees are compliant with required vaccinations and appropriate documentation before the start of training.

B4: The Affiliated Teaching Sites must

23. Ensure appropriate safety, supervision, and security of trainees in all teaching facilities in compliance with the existing employee policies, procedures and the [Ontario Occupational Health and Safety Act](#).
24. Collaborate with PGME and programs in the development and delivery of educational sessions for health and safety.
25. Comply with the requirements for teaching sites outlined in the PARO-OTH Collective Agreement.
26. Notify PGME and/or program leadership regarding any systemic issues of safety affecting trainees and collaborate to identify practical solutions.
27. Ensure that Occupational Health and Safety processes and procedures are applied equitably to trainees, considering that postgraduate trainees are University learners and hospital employees.
28. Ensure timely access to Occupational Health and Safety offices for workplace-related injuries.
29. Ensure Occupational Health and Safety office contacts trainees promptly if at risk of infectious disease exposure or as a part of contract tracing.
30. Collect and share aggregated trainee and patient safety data as appropriate to inform education and revisions to the PGME Health and Safety policy.

Section C: Reporting Protocols for Breaches in Safety and Security

31. Postgraduate trainees have the following reporting options:
- Immediate supervisor and/or the educational leader of the clinical unit (e.g., CTU Director).
 - Program director, Site Director, Regional Education Leads.
 - Central Resident Affairs office, Regional Directors, Resident Affairs.
 - Hospital Education leaders (e.g., Vice President Education St. Joseph's Hospital, Director of Medical Education, Hamilton Health Sciences, Niagara Health Academic Lead).
 - Regional Assistant Deans (for Medical Education Campuses in Waterloo and Niagara).
 - Associate Dean, PGME and/or PGME Office.
- See Appendices 1 and 2 for HHSC and SJHH reporting workflows.*
32. If a trainee identifies a personal safety or security breach, it must be reported to their immediate supervisor and the program director to allow resolution of the issue at the local level.
33. For a work-based injury or incident, trainees must complete a hospital incident report at the host site in which the injury or incident occurred and follow the protocol outlined in Appendix 3. Detailed information on workplace injuries can be found on the [HHS Staff Safety Occurrence Reporting & Investigation](#), the [HHS Critical Injury of Fatality Protocol](#), and [SJHH Health & Safety Policy page](#).
34. If the safety incident occurs in a community or other non-hospital based clinical setting, trainees must report to their immediate supervisor and the program director. Other individuals will be notified as appropriate.
35. If a trainee feels that their safety is threatened, they should seek immediate assistance and remove themselves from the situation in a professional manner. The trainee should seek urgent assistance from their immediate supervisor and/or program director, site director, Regional Education Lead, and/or institutional security services, as appropriate. Trainees must be protected from any negative impact if they refuse to engage in clinical service due to safety risks that they have communicated to their supervisor or program director.
36. A residual risk (e.g., in outbreaks of infectious diseases) may remain after all known precautions are taken. Responsibility to patients may require engaging in care despite these risks. The Council of Ontario Universities (COU) published a [Residents and Public Health Emergency Preparedness Guidelines report in April 2020](#).
37. Trainees are entitled to request an accommodation if residual safety risks (e.g., in outbreaks of infectious diseases) are considered to carry significant additional risk in the context of existing personal health concerns, with their treating physician's advice. Accommodation may be requested through the program director, Resident Affairs and/or the PGME office.
38. The [PGME office](#) (905-525-9140, extension 22118), Resident Affairs, and the Associate Dean, PGME are available for consultation during regular work hours, particularly if the program director is not available. If a security or safety issue arises on the grounds of the University or other training site while the postgraduate trainee is not working, they should contact the security office of the institution or call the police, as appropriate to the incident.

39. If there are systemic safety issues and/or the issue is not resolved at the local level, the trainee and/or program director must report to the Associate Dean, PGME.
40. The Associate Dean, PGME at their discretion, may investigate further, involving the appropriate hospital and University leadership.
41. The Associate Dean, PGME and program directors have the authority to remove trainees from clinical placements if there are perceived immediate risks to personal safety, pending investigation. If residents are removed from a clinical placement, the Associate Dean, PGME must be informed as soon as possible.
 - Appropriate hospital and University leadership must be notified immediately.
 - Any impact on patient care responsibilities must be identified and alternate arrangements made.
 - Any investigation must occur as soon as possible to identify the issues and propose corrective action.

Section D: Physical Safety and Security

D1. Inclement Weather

45. Postgraduate trainees are considered hospital employees. Therefore, decisions related to University closure for inclement weather or other situations that may arise, resulting in a closure, do not apply to them.
46. If the trainee estimates that it would not be safe to travel because of weather conditions, they can elect not to attend clinical and/or academic duties. They must inform the appropriate individuals within their training program as soon as possible.
47. Training programs are encouraged to consider cancelling academic half-day or other formal sessions if attendance requires travel between sites during inclement weather.

D2: Travel

48. Trainees must be compliant with all provincial laws related to the safe operation and maintenance of motor vehicles, including the prohibition on cell phone use and text messaging while driving.
49. Trainees must exercise their judgement regarding short-distance travel during inclement weather conditions. If deemed unsafe, trainees must notify the appropriate supervisors. Trainees will be expected to attend clinical duties after communicating their concerns for travel in adverse conditions.
50. For travel by personal vehicle for mandatory or elective clinical placements between distributed sites, remote communities, and/or electives at other institutions, trainees are encouraged to travel with appropriate supplies (e.g., emergency car kit, contact information, etc.) and ensure that their home program office is aware of their itinerary.

51. If travel between sites for clinical placements is more than 300 km, the postgraduate trainee must be provided with one day of travel time between sites. Trainees must not be required to travel long distances post-call.

D3: Personal Privacy, Safety and Security

52. Trainees working after hours in health care or academic facilities:

- Are expected to inform themselves of site-specific security resources.
- Are strongly encouraged to use available security services when walking outdoors at night (e.g. parking lots).
- Are not expected to work alone.

53. Trainees should not make home care visits unaccompanied. In certain situations, the training program may elect to have trainees attend home visits independently. The following criteria must be met to ensure safety:

- The trainee must be familiar with home visits and preferably be in a senior year of training.
- The program director or delegate must approve home visits as part of the specific learning experiences for that training period.
- The trainee must be familiar with the home situation, patient and family from previous supervised visits prior to unaccompanied visits.
- The trainee's supervisor or delegate must be aware of the schedule and timing of the home visit.
- The supervisor must be available via telephone during the unaccompanied home visit.

54. Trainees must use caution when offering personal information to patients, families, or staff:

- 54.1. Trainees must not disclose personal information, including but not limited to cell/home phone numbers, home addresses, email addresses and social media contact information.
- 54.2. Trainees should make every attempt to call patients and/or families from a hospital or clinic telephone line.
- 54.3. If trainees use their cell phone (e.g., during virtual clinics), they should apply a number blocking feature before making the call.

55. PGME, training programs and training sites must protect trainees' personal information. Program directors may decide to disclose information regarding trainees only when there is reasonable cause, or they are required to do so by law and/or regulatory body. Consultation with PGME and legal services is recommended prior to disclosure of trainee information, aside from that required for training purposes.

56. Trainees should not assess aggressive or agitated patients without adequate training, space, security backup, and awareness of accessible exits.

- 56.1 If a trainee feels that their personal safety is threatened, they should professionally remove themselves from the situation and seek immediate assistance.
- 56.2 Trainees who are more likely to encounter aggressive patients, (e.g., psychiatry residents) must be provided with specialised training.

57. There must be appropriately located on-call facilities and secure access between call room facilities and the service area as per the PARO-OTH Collective Agreement.

58. Access to call rooms and areas must be restricted to trainees/health professionals with adequate locks. As per the PARO-OTH Collective Agreement call rooms and lounges provided for residents must be:
- Clean, safe, smoke-free, have adequate lighting, a phone, fire alarms, and smoke detectors. Any appliances supplied must be in appropriate working order.
 - Equipped with an available bed and desk.
 - Provided with daily linen service, including weekends and holidays, and include clean sheets, blankets, and towels, as well as bed-changing and room cleaning services.
 - Consist of separate female/male washrooms and showers.

The PGME office and the appropriate hospital leadership must be notified by residents and/or program directors if there are any noted deficiencies.

59. Trainees should exercise judgement and caution when assessing their ability to drive home after call. The trainee should make alternative arrangements if fatigue could result in unsafe driving.

59.1. See the [Fatigue Risk Management website](#) and the [Taxi Program workflow](#) for more information on the Taxi Program.

60. All members of the University community have a right to study, work, and live in an environment free of physical and sexual violence. Sexual violence means any sexual act or acts targeting a person's sexuality, gender identity, or gender expression, whether the act is physical or psychological, that is committed, threatened, or attempted against a person without a person's consent, and includes sexual assault, sexual harassment, stalking, indecent exposure, voyeurism and sexual exploitation.

- McMaster's disclosure and reporting processes and other resources for survivors can be accessed through the [Sexual Violence Prevention and Response Office](#) (Associate Vice-President Equity and Inclusion, 2019).
- Trainees are strongly encouraged to seek help through the McMaster intake offices:
 - [The Human Rights & Dispute Resolution Program \(HRDR\), Equity and Inclusion Office](#) (All Community Members)
 - Employee and Labour Relations (ELR), Human Resources Services (Fellows)
 - [Faculty of Health Sciences \(FHS\) Professionalism Office](#) (FHS Community Members)
- Other resources for discussion and support include:
 - Program resources
 - Resident Affairs
 - Associate Dean, PGME

61. Pregnant trainees should be aware of specific risks to themselves and their fetus in their training environment and request accommodations as appropriate or on their treating physician's advice. Residents are also entitled to modified call obligations during pregnancy in accordance with the PARO-OTH Collective Agreement.

Section E: Infection Control

62. Trainees must be provided with education on the location and services offered by the Occupational Health and Safety (or equivalent) offices within the affiliated teaching sites in which they work. This

includes access and information on site-specific policies and procedures for infection control and protocols following exposure to contaminated fluids, needle stick injuries, and reportable infectious diseases.

63. 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 and Safety policies and processes.
64. Trainees must have access to appropriate Personal Protective Equipment (PPE) during the provision of clinical care if required.
 - Trainees must be trained in the indications and appropriate use of PPE.
 - Trainees must receive mask-fit testing and training for N95 respirators every two years by the hospital sites, and the information must be reported to programs and the PGME Office.
 - Accommodations will be made where required under the Ontario Human Rights Code.
 - Trainees must not be expected to provide clinical care for patients when appropriate PPE is not available.
 - Trainees are encouraged to regularly [check PGME's PPE Information webpage](#) for communications regarding the University's and training sites' PPE requirements.
65. Trainees must have up to date immunizations, as required by the McMaster FHS's Health Screening Office, which are in accordance with OHA and CPSO standards. The FHS Health Screening Office collects and reviews the immunization data of all trainees. The Health Screening Office must clear trainees before registration with the PGME Program. Health Screening information may be shared with the hospital's Occupational Health (or equivalent office) and Safety Office upon the trainee's consent.
 - 65.1. All trainees are expected to be aware of any site-specific requirements for electives above FHS health screening requirements and ensure overseas travel immunizations be obtained in advance of international learning experiences.

Section F: Occupational and Environmental Health and Safety

F1: General Process

66. McMaster University, its employees, and training sites are jointly responsible for implementing and maintaining an Internal Responsibility System to promote health and safety, preventing incidents involving occupational injuries and illnesses or adverse effects upon the natural environment. The Internal Responsibility System refers to the system of identification, analysis and resolution of occupational health and safety issues shared by all parties in the workplace.
67. The University is responsible for providing information, training, equipment, and resources to support the Internal Responsibility System and ensure compliance with all relevant statutes, this policy and internal health and safety programs. Managers, Supervisors, Deans, Directors, Chairs, and Research Supervisors are accountable for the safety of trainees who work/study within their jurisdiction area. Postgraduate trainees are required by University policy to comply with all University health, safety, and environmental programs such as Workplace Hazardous Materials Information and Safety (WHMIS) ([President David Farrar, Workplace and Environmental Health and](#)

[Safety Policy, 2020](#)).

68. FHS and affiliated teaching hospitals are responsible for ensuring that trainees are adequately familiarized with policies and procedures for infection prevention and control related to communicable diseases, contaminated fluids, and needlestick injuries.
- Affiliated teaching hospitals must comply with the Communicable Disease Surveillance Protocols for Ontario Hospitals developed under the Public Hospital Act, Regulation 965.
 - Compliance with these Protocols requires the hospitals, in liaison with the University's academic programs, to provide instruction in infection prevention and control and occupational health and safety.
 - Refer to [Policy regarding Communicable Diseases and Occupational Health Guidelines](#) (FHS 2019).
69. Accidents, incidents, and environmental illnesses (e.g., hazardous material, indoor air quality, chemical spills) will be reported and administered according to the University's or clinical teaching location's reporting policies and procedures.
70. Trainees are not expected to work in areas of high and long-term radiation exposure without receiving appropriate prior education on radiation safety.
- Trainees working in high and long-term exposure to radiation must follow radiation safety policies and minimize their exposure according to current guidelines.
 - All trainees must use radiation protective garments (aprons, gloves, neck shields) when participating in x-ray guided procedures.
 - Trainees working in an area where x-ray and/or nuclear equipment is utilized are required to wear a Thermoluminescent Dosimeter (TLD) or "dosimeter badges" to measure radiation exposure as a safety measure. The trainee will be notified of this requirement and be provided appropriate training prior to commencing work on rotations where this is applicable.

F2: Process for Reporting Occupational Health and Safety Workplace Incidents

71. All trainees registered in PGME at McMaster University must follow and adhere to the following protocol in the event of a workplace injury or incident.
72. All trainees must seek medical attention within 24 hours of an injury or incident and report to Employee Health Service (EHS), Occupational Health Services (OHS) or the equivalent office at the host site during regular working hours, or they must report to the Emergency Department if the injury or incident occurred after hours, on the weekend, or on a holiday.
73. The trainee is required to submit the host site reporting form to EHS, OHS or equivalent office at the site in which the injury occurred **AND** to the [Medical Affairs Office at HHS](#) **within 24 hours**. Clinical fellows are required to submit the host site reporting form **within 24 hours** to EHS/OHS or equivalent office at the host site **AND** the [FHS incident/injury report form](#) to the FHS Safety Office **within 24 hours**.
- 72.1. If the injury/incident *occurred at HHS*, residents must log in to the [HHS portal \(requires VPN\)](#) and fill out the electronic Safety Occurrence Report **within 24 hours**. Residents can find [Safety Occurrence Reporting Resources \(requires VPN\)](#) via the portal. Additional guidelines on how to submit the Safety Occurrence Report are available in the [reference guide](#).

- 72.2. If the injury/incident occurred at a *location outside of HHS*, residents can find the host site reporting form on the hospital portal or obtain a copy of the form through the EHS/OHS or equivalent office or their website.
 - 72.3. If no host form exists for reporting injury or incidents at a site where a resident is located, the resident must submit a Safety Occurrence Report using the HHS portal.
 - 72.4. If the trainee is a clinical fellow, they must fill out the host site form and submit it to the [EHS, OHS](#), or equivalent office at the host hospital **AND** fill out and submit the [FHS incident/injury report form](#) **AND** submit it to [FHS at McMaster University](#).
 - 72.4.1. If no host site form exists, clinical fellows can submit the [FHS incident/injury report form](#) **AND** submit it to [FHS at McMaster University](#).
 - 72.5. Barring extenuating circumstances, trainees will be released from clinical duties to attend the EHS, OHS or equivalent office of the emergency department to address any workplace-related injury/incident (including travel to a different site/location).
73. If the trainee seeks healthcare after 24 hours of the incident/injury (trainees will be released from clinical duties to address any workplace related injury/incident) or after they have submitted the host site reporting form, the trainee must inform and update [EHS, OHS](#), or equivalent office at the host site as soon as possible. If the injury/incident occurred outside of an HHS site, they must also inform [Medical Affairs at HHS](#). This step is imperative if a WSIB claim is necessary, and trainees must comply with this step to ensure accuracy and compliance for the WSIB process.
74. All trainees are required to notify the program director of the injury/incident promptly and preferably **within 24 hours** of the occurrence.
75. Once received in the Medical Affairs office or FHS, they will review, process, and document the submission.
76. EHS, OHS, or equivalent office, HHS or McMaster University may follow up with the trainee as required.

Section G: Professional Safety

G1: Clinical

72. Trainees must be members of the [Canadian Medical Protective Association \(CMPA\)](#) and follow CMPA recommendations in the case of real, threatened, or anticipated legal action. CMPA coverage is only applicable to clinical services provided in Canada.
73. Programs and hospitals/clinical services should promote an environment in which trainees feel comfortable reporting and discussing unfavourable events, critical incidents, “close calls,” and patient safety concerns without fear of reprisal or penalty. The hospitals/clinical services should encourage an environment of quality improvement in addressing such events.
74. Programs are required to include patient safety training, including but not limited to disclosure of patient safety incidents.

75. Trainees must be provided adequate support following an adverse or critical incident, hospital or CPSO complaint, or legal action. Trainees must be made aware of supports provided by the program's internal resources, PGME Office, Resident Affairs, McMaster University and PARO.
76. Trainees must be afforded a reasonable degree of confidentiality for any critical incidents/adverse events in which they are involved. Program directors must be made aware of any hospital complaints and/or investigations involving trainees within the limits of patient confidentiality. The trainee, program director and the Associate Dean, PGME must be notified if significant issues may result in the suspension of hospital privileges and/or reporting to CPSO by the hospital or PGME.
77. Hospital processes regarding complaints must consider trainees' dual role as postgraduate learners and hospital employees and ensure that the process is fair and equitable.
78. If a trainee experiences any tension between their ethical, cultural, or religious beliefs and the training requirements and professional obligations of physicians, they should contact [Resident Affairs](#) or [McMaster's Equity and Inclusion Office](#) to help them deal with these conflicts.
79. As regulated healthcare professionals, trainees are required by the College of Physicians and Surgeons of Ontario (CPSO) to know their serological status as part of their registration with the CPSO. As directed by the CPSO and with the trainee's express consent, only information related to an individual trainee's restrictions on [Exposure Prone Procedures](#) is to be communicated to the appropriate individual at the University such that training accommodations can be made in compliance with the restrictions. Trainees must participate in the FHS Communicable Disease protocol for assessment of risk if directed by CPSO.
 - [Communicable Diseases and Occupational Health for Applicants to and Students in McMaster University Faculty of Health Sciences Health Professional Education Programs](#).
80. Trainees have an obligation to protect the confidentiality of their patients' personal health information and to comply with privacy requirements:
 - Express consent is required to share patient information outside the circle of care.
 - Identifying patient information must not be sent via text message.
 - Only HHS, SJHH and McMaster email platforms are secure (not Medportal) and can be used to send patient information.
 - It is recommended that trainees and faculty use communication functions embedded in the Electronic Medical Report (EMR) systems, if available.
81. Trainees must not post any identifying information (e.g., patient, hospital) on social media. See [CPSO Social Media policy](#) and [CPMA Social Media Guide](#).
82. Trainees should review the [CMPA Good Practices Guide](#) for more information on how to safeguard patient privacy, professionalism and communication.

G2: Academic

See [PGME Medical Trainee Academic Records & Data Guidelines](#) for more information.

83. The trainee file is considered confidential and will not be disclosed to third parties without the consent of the trainees unless required by law and/or the regulatory bodies.

84. All personal and private information in the trainee file will not be disclosed without the trainee's consent unless there is an emergency situation involving the safety of the trainee.
85. Trainees will be afforded protection by the University from discrimination or reprisal regarding feedback provided for faculty members, including program directors and Department/Divisional Chairs. The process for attaining and review of faculty assessment completed by trainees must be designed to ensure anonymity.
86. Determined on a case-by-case basis, trainees are commonly secured against liability for actions or lawsuits related to academic activities or decisions (made in good faith) arising from residency training (e.g., faculty evaluations, appeals, promotion). If a postgraduate trainee brings a complaint or feedback to the attention of the program, it must be dealt with confidentially within the limits of University policies, the law and regulatory authorities.

Section H: Psychological/Emotional Safety

87. All members of the University community have a right to study, work, and live in an environment free of Discrimination and Harassment. McMaster University's Discrimination and Harassment Policy prohibits Discrimination or Harassment on the grounds articulated in the [Ontario Human Rights Code](#), including age, ancestry, colour, race, citizenship, gender identity, gender expression, receipt of government assistance (in housing only), record of offences (in employment only), sex (including pregnancy and breastfeeding), and sexual orientation ([McMaster University, Discrimination and Harassment Policy, 2022](#)).
88. Trainees are entitled to freedom from discrimination on the basis of their physical or mental health. When a trainee's performance is affected or threatened by poor health, they should request a leave of absence according to the PARO-OTH Collective Agreement and/or contact PGME's Resident Affairs Team.
89. Trainees should be aware of and have access to available sources of immediate and long-term help for psychological challenges, substance abuse, harassment, and equity issues. Trainees can book an appointment with the Wellness Counsellor at the Resident Affairs office or access various other resources through Resident Affairs and their Extended Health Care Benefits. See [PGME Guidelines for Resident Wellness](#).
90. Trainees can contact the following for advice, instruction and/or reporting if experiencing mistreatment:
 - Associate Dean, PGME and/or the PGME Office
 - [Office of Learning Environment and Mistreatment](#)
 - Intake offices at FHS and McMaster University
 - [The Human Rights & Dispute Resolution Program \(HRDR\), Equity and Inclusion Office](#) (All Community Members)
 - Employee and Labour Relations (ELR), Human Resources Services (Fellows)
 - [Faculty of Health Sciences \(FHS\) Professionalism Office](#) (FHS Community Members)
 - [Resident Affairs](#)
 - Program Resources

- Hospital Education Leads

Section I: Training Outside North America

91. Prior to the elective, trainees must seek approval from their Program Director, who, in turn, must provide a letter of support addressed to the [Associate Dean, PGME](#) for final approval.
92. Trainees must complete the RMM 801 [Field Trips Student Placements and Research Activity Planning and Approval Program](#) when planning to do an elective outside of North America to ensure compliance with standards and best practices for the safety of all postgraduate trainees.
93. Trainees must also participate in pre-departure training relevant to their discipline and location if they are planning to take part in an international medical elective outside Canada and the USA.
94. Overseas travel immunizations should be sought well in advance of the start of overseas electives.
95. Trainees must communicate with the accepting institution regarding the appropriate liability insurance and must ensure that they are appropriately covered for liability when providing care to patients outside Canada.

Section J: Resources

Central Resources

Postgraduate Medical Education Office

1200 Main Street West
Hamilton, Ontario, L8N 3Z5
Michael G. DeGroote Centre for Learning and Discovery (MDCL), Room 3101a
Phone: 905-525-9140, ext. 22118

Resident Affairs Office

Health Sciences Centre, Room 3N44
1200 Main Street West
Hamilton, Ontario, L8N 3Z5
Phone: 905-525-9140, ext. 22979

Faculty of Health Sciences Safety Office

Health Sciences Centre, Room 1J11A – Purple Section
1280 Main Street West
Hamilton, Ontario, L8S 4K1
Phone: 905-525-9140, ext. 24956 or 22402
Fax: 905-528-8539

Faculty of Health Sciences Office of Professionalism

Health Sciences Centre, Room 3H46 – Purple Section
1280 Main Street West
Hamilton, Ontario, L8S 4K1
Phone: (905) 525-9140 x22249 or 28639

McMaster University Equity and Inclusion Office

1280 Main Street West
University Hall, Room 104
Hamilton, Ontario, L8S 4S4
Phone: 905-525-9140 ext. 27581

Office of Learning Environment and Mistreatment

Website: <https://pgme.mcmaster.ca/resident-affairs/wellness-resources/learner-mistreatment-2/>

Hamilton Health Sciences

Employee Health Services – Hamilton General Hospital

Hamilton General Hospital 4 North, Room 415
Phone: 905-521-2100 ext. 46307

Employee Health Services – McMaster Hospital

Red Section, Room 1F-11
Phone: 905-521-2100 ext. 75573

Employee Health Services – Juravinski Hospital and Cancer Centre

Room A0-60
Phone: 905-521-2100 ext. 42314

Employee Health Services – West Lincoln Memorial Hospital

Basement Accounting Office
Phone: 905-945-2253 ext. 11211

St. Joseph's Healthcare Hamilton

Occupational Health and Safety Services

50 Charlton Avenue East
Hamilton, Ontario L8N 4A6
Phone: 905-522-1155, ext. 34114 or 34163

Regional and Distributed Medical Education Sites

Cambridge Memorial Hospital

700 Coronation Blvd.
Cambridge, Ontario N1R 3G2
Phone: 519-621-2330 ext. 1314 or ext. 2329

Grand River Hospital

Phone: 519-749-4300 ext. 2745
Phone: 519-749-4300 ext. 2253

Groves Memorial Hospital

131 Frederick Campbell St.
Fergus, ON N1M 0H3
Phone: 519-843-2010

Guelph General Hospital

115 Delhi St.
Guelph, ON N1E 4J4
Phone: 519-822-5350

Homewood Health Centre

150 Delhi St.
Guelph, ON
Phone 519-824-1010

Niagara Health

Occupational Health and Safety
1200 Fourth Avenue
St. Catharines, Ontario
Phone: 905-378-4647 ext. 33205

North Wellington Louise Marshall Hospital

630 Dublin St, Mount Forest, ON N0G 2L3
Phone: 519-323-2210

North Wellington Palmerston District Hospital

500 Whites Rd.
Minto, ON N0G 2P0
Phone: 519-343-2030

St. Mary's General Hospital

911 Queen's Blvd.
Kitchener, ON N2M 1B2
Phone: 519-749-6578 ext. 2680 or ext. 4002

Section K: Additional References

1. [Occupational Health and Safety Act](#)
2. [PARO-OTH Collective Agreement](#)
3. [Hamilton Health Sciences – Infection Protection and Control and Personal Protective Equipment](#)
4. [Faculty of Health Sciences Communicable Diseases & Occupational Health for Applicants to and students in McMaster University FHS Health Professional Education Programs](#)
5. [PGME Resident Affairs](#)
6. [Sexual Violence Prevention and Response Office](#)
7. [Canadian Medical Protective Association](#)
8. [Equity and Inclusion Office](#)
9. [HHS Staff Safety Occurrence Reporting & Investigation](#)
10. [SJHH Healthcare Worker Incident Reporting](#)
11. [PGME supervision policy](#)

Appendices

Appendix 1



Hamilton Health Sciences Staff Safety Occurrence Reporting & Investigation (Internal Process – Current State)

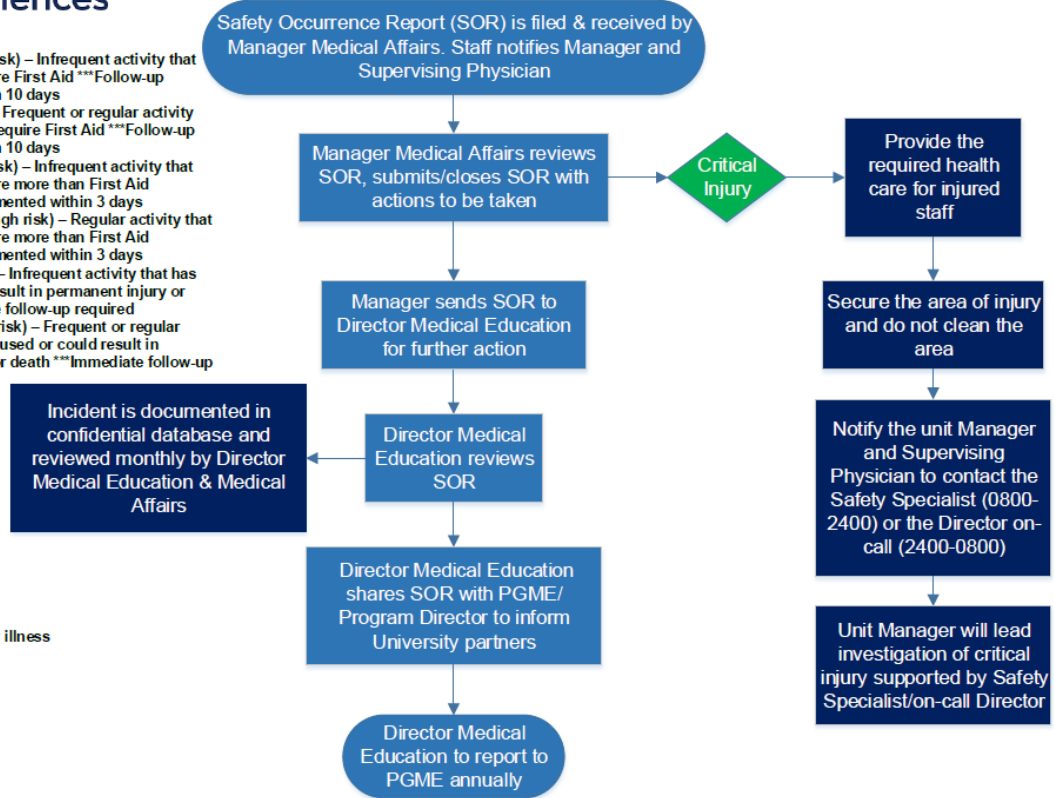


SOR Risk Levels:

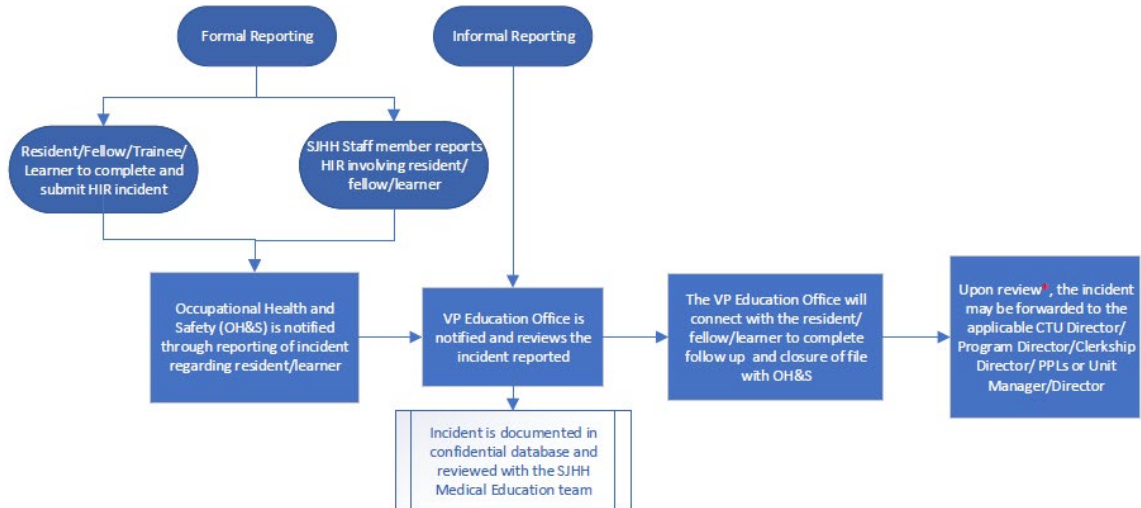
- Level 1 (very low risk) – Infrequent activity that has or could require First Aid ***Follow-up documented within 10 days
- Level 2 (low risk) – Frequent or regular activity that has or could require First Aid ***Follow-up documented within 10 days
- Level 3 (medium risk) – Infrequent activity that has or could require more than First Aid ***Follow-up documented within 3 days
- Level 4 (medium-high risk) – Regular activity that has or could require more than First Aid ***Follow-up documented within 3 days
- Level 5 (high risk) – Infrequent activity that has caused or could result in permanent injury or death ***Immediate follow-up required
- Level 6 (very high risk) – Frequent or regular activity that has caused or could result in permanent injury or death ***Immediate follow-up required

SOR Event Types:

- Employee injury or illness
- Near miss
- Hazard
- Harassment



Appendix 2



Healthcare Worker Incident Reporting (HIR)

1. Hazardous Situation – an unsafe situation, environment or practice that could contribute towards an incident
2. Health Care Incident – a work-related incident that required treatment or services provided by a licensed provider
3. Lost Time Incident – a work related injury which results in lost time from work beyond the day of the injury
4. Critical Injury – injury of serious nature that places life in jeopardy, produces unconsciousness, results in substantial loss of blood, fracture, amputation, burns or loss of sight
5. Workplace Violence – exercise of physical force by a person against a worker that causes or could cause physical injury through physical force, a statement or behavior that can be interpreted as a threat to exercise physical force (i.e. Bullying)
6. Responsive Behaviors – behavior exhibited in response to a real or perceived stimulus, and may include wandering, aggression, resistance, etc.

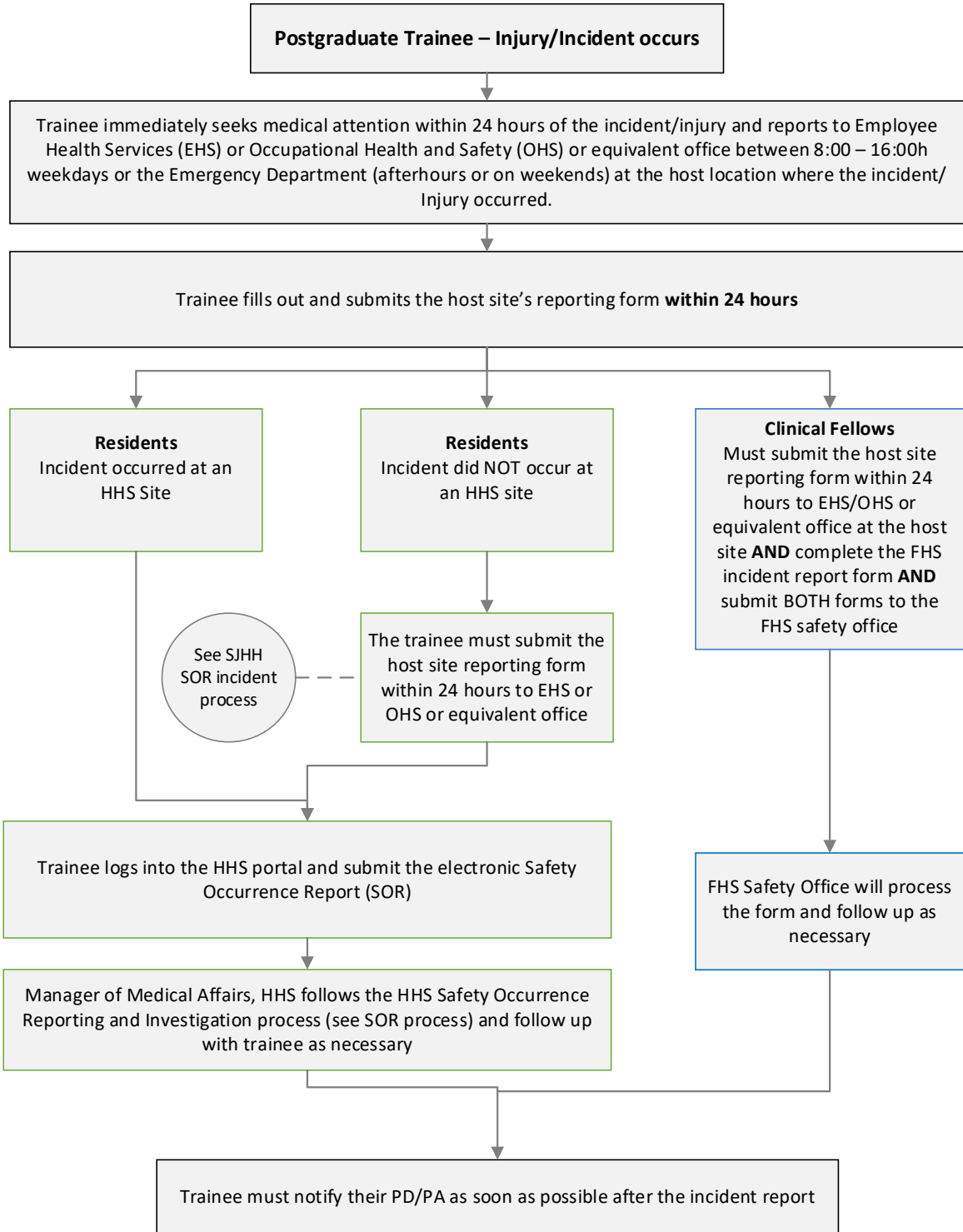
*Where appropriate, **resident/learner consent will be obtained by Medical Education team member prior to review with the applicable Program Director/CTU Director/Clerkship Director/PPLs, Unit Manager/Director (if applicable)

**PARO/Resident & Student Affairs (if applicable)

VP Education office to report annually PGME/UGME

Appendix 3

Workplace Health & Safety Incident Report Process



1. **Trainees funded by the Ministry of Health and Long-Term Care** who are injured are required to follow and comply with the requirements outlined in the workflow process outlined in Appendix A. MOH funded trainees are employees of Hamilton Health Sciences (HHS) and therefore all documentation must be sent to the Medical Affairs office at HHS and the host site if the host site is not HHS.
2. **Trainees who are funded by a foreign sponsor** who are injured in the workplace are required to follow the above process. A copy of their injury report/form is required by the sponsoring agency. PGME McMaster will forward a copy to the appropriate contact once received.
3. **Clinical Fellows who are funded through McMaster University**, must follow the same process noted above. They are required to fill out both the incident/injury report form of the host site or clinic in which the incident occurred and the [FHS Incident/Injury report](#). Both the hospital and McMaster University must be notified of the injury/incident. The clinical fellow may receive a follow up call from EHS at the hospital, FHS Safety Office or FHS HR. All WSIB claims will be processed through McMaster University in the event a claim is required.

Appendix 4

POSTGRADUATE EDUCATION COMMITTEE OF COFM (PGE: COFM) Dec. 9, 1999

EDUCATIONAL PRINCIPLES

RE: THE ROLE OF RESIDENTS DURING MEDIVAC/AMBULANCE TRANSPORTS

1. In many programs, participation in patient transport is a valuable learning experience for residents.
2. There must be clear educational objectives underlying the resident's participation in patient transport.
3. Residents must have appropriate training with demonstrated competency in the circumstances relevant to the transport experience.
4. Communication and supervision between the resident and his/her designated supervising physician must always be available.
5. Resident well-being should be considered in all transports.

Note: On occasion residents/fellows 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.