



## EM RESIDENT HEALTH & SAFETY POLICY

<b>Category:</b>	Health, Safety and Wellness
<b>Responsibility:</b>	Program Director – Emergency Medicine
<b>Approval:</b>	Emergency Medicine Residency Program Committee
<b>Date:</b>	Date initially approved: Date(s) reformatted or revised – December 20, 2022; June 20, 2023; December 17, 2024

### Purpose:

This purpose of this policy is to highlight the potential health and safety issues specific to our training program.

### Principles:

A resident feeling uncomfortable in any situation should inform the Program Director(s) or Program Administrator(s) so this can be addressed.

### Scope of this Policy:

This policy pertains to the residents of the Emergency Medicine Residency Training Program.

### Policy:

This policy adheres to the [Resident Health and Safety Policy](#) of the PGME office.

#### Body Fluid Exposures

1. Residents must take precautions to minimize the risks of exposure to patient's bodily fluids. This includes, but is not limited to:
  - a. Wound repair
  - b. Incision & drainage of abscesses
  - c. Placement of intra-venous/central venous/arterial lines
  - d. Placement of thoracostomy tubes
  - e. ED thoracotomy/surgical airways
  - f. Intubation
  - g. Violent patients (spitting)
2. Residents will use personal protective equipment when needed including, but not limited to:

- a. Gowns
- b. Gloves
- c. Facemasks or N95 respirators
- d. Eye protection

## **Radiation**

1. Residents must take precautions when portable x-rays are utilized in the ED.
2. Residents will use lead gowns or distance themselves safely from x-ray machines when necessary.

## **Infectious Patients**

1. Residents must be vigilant about the potential for communicable disease via airborne, droplet and contact spread.
2. As soon as residents suspect that a patient may have a communicable disease that requires isolation, they should distance themselves from the patient and institute the appropriate precautions.
3. Residents will use personal protective equipment when assessing patients on isolation, including but not limited to:
  - a. Gowns
  - b. Gloves
  - c. Facemasks or N95 respirators
  - d. Eye protection

## **Violent Patients \*INCLUDES SEXUAL AND GENDER-BASED VIOLENCE\***

1. Residents will assess all patients for potential violence prior to assessment.
2. Residents will only assess patients on their own when the risk for violence is low.
3. If the potential for violence exists, residents will utilize safety strategies as they deem necessary including, but not limited to:
  - a. Remove all loose items (pens, stethoscopes, necklaces/lanyards)
  - b. Assess the patient from the door for easy exit
  - c. Have a security guard escort
4. The resident will familiarize themselves with the emergency notification devices in the psychiatric assessment rooms in the event of unexpected violence.

## **Travel/Transport**

1. The nature of work in residency involves travel to and from the hospital at unusual hours, and the neighborhoods in which hospitals exist are not always safe for all modes of transportation.
2. Residents will utilize safe transport to and from work when a safety concern may exist. This may include, but is not limited to:
  - a. Walking to and from vehicles in a group, with security, or with a safewalk

- program
  - b. Parking in a secure parkade
  - c. Taxi or other ride that can pick up or drop off at entrance to hospital
3. Residents are also expected to travel to distant sites for rotations and educational events over the course of their training.
  4. If residents feel unsafe to travel due to poor driving conditions or weather advisories, they are not to travel.
  5. If a resident feels unsafe to travel to a distant site, they must notify the supervisor that they will not be travelling.
  6. If a resident feels unsafe to drive due to extreme fatigue after working for a prolonged period, they should rest prior to driving or look into alternative travel options.
  7. As of January 2022, residents who feel unsafe to drive their vehicle from their training facility to their residence after an emergency medicine or call shift will be reimbursed by the Employer for taxi fare home to a maximum of \$25 per occurrence ([RDoS Article 9.17-Taxi Vouchers for Post-Call](#))

### **After Hours Consultation**

1. Residents should not see patients alone after hours in private work environments.

### **Complaints and Allegations of Malpractice**

1. Residents may receive complaints through the College of Physicians and Surgeons of Saskatchewan. Upon receiving the written complaint, they are encouraged to reach out to their program director or designate to receive support in responding to the complaint. They are also encouraged to contact their clinical supervisor for the patient complaint.
2. Residents may contact the CMPA for support.
3. Residents are also encouraged to reach out to the PGME Resident Wellness Coordinator or the Saskatchewan Medical Association Physician Health Program. There are also other programs through the Saskatchewan Medical Association that may provide assistance.

### **Fatigue Risk Management**

Please see the [EM Resident Fatigue Risk Management Policy](#)

### **Hazardous Materials**

Please see the [PGME Hazards in Health Care Workplaces](#)

### **Safe Disclosure of Patient Safety Incidents**

1. Residents will receive training on the disclosure of adverse patient events and/or safety incidents.

2. Residents will be provided with support from their supervisors and program leadership when disclosing an adverse event or patient safety incident.

### **Patient Transfers (EMS Rotation & Transport Medicine Rotation)**

1. Emergency Medicine Residents participate in patient transport during their core rotations.
2. Residents receive training prior to participating in the transport experience.
3. Communication and supervision between the Resident and his/her designated supervising physician, paramedic or nurse must be always available.
4. Resident well-being should be considered in all transports.

### **Patient Encounters (Including House Calls)**

1. Emergency Medicine residents do not participate in house calls outside of their ground and air ambulance ride-along experiences.

## **Responsibilities**

The Program Director(s) and/or Program Administrator(s) in the Emergency Medicine Residency Training Program are responsible for ensuring the residents are aware of this policy at orientation.

Residents in the Emergency Medicine Residency Training Program are responsible to be aware of and adhere to this policy, and to the principles laid out by the [Post Graduate Medical Education Resident Health & Safety Policy](#).

## **Non-compliance:**

Concerns of non-compliance with this policy should be brought to the attention of the Program Director, Emergency Medicine Residency Program.

## **Procedures:**

If residents are injured or exposed to bodily fluids, they must report an injury as per the [Work Related Injuries PGME Policy](#).

## **Resources:**

Coordinator, Academic and Non-Academic Processes, PGME Office  
Phone: 306-966-6145

University of Saskatchewan Resources:

Safety Resources: 306-966-4675

Wellness Resources: 306-966-4580

Protective Services: 306-966-5555

College of Physicians and Surgeons of Saskatchewan: 306-244-7355

## **Contact:**

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