

**McMaster University Psychiatry Postgraduate Program  
Hamilton Program**

**SAFETY POLICY**

May 13, 2013

**I. PREAMBLE:**

Resident education must occur in a physically safe environment (Royal College of Physicians and Surgeons of Canada, standard A.2.5; College of Family Physicians of Canada). As such, all aspects of the McMaster University, Faculty of Health Sciences, Postgraduate Medical Education Health and Personal Safety Policy apply to the Psychiatry Postgraduate Program and should be used in conjunction with this policy.

Similarly the Safety Policies of those hospitals in which residents are working must be followed. This includes the policies of: Hamilton Health Sciences Inc.; St. Joseph's Healthcare, Hamilton; Oakville Trafalgar Memorial Hospital; Homewood Health Centre and Grand River Hospital. All of the above-named policies are accessible to residents and faculty via Medportal, Psychiatry Homepage.

The purpose of this policy is to address those safety aspects specific to the field of Psychiatry and to those sites in which psychiatry residency training is being delivered.

**II. SCOPE:** This policy applies to:

- All residents registered within the McMaster Psychiatry Postgraduate Program
- All McMaster faculty providing supervision to residents within the McMaster Psychiatry Postgraduate Program

**III. GENERAL:**

1. All residents will be provided with Crisis Intervention training within the first two months of residency training.
2. In years 2 to 5 of residency training, all residents will be provided with a refresher course of Crisis Intervention training.
3. All residents will be provided with a whistle which they are to carry with them at all times during clinical work.
4. All residents will be provided with an orientation to the Psychiatric Emergency Service on the first day of their pgy-1 Emergency Psychiatry rotation. This orientation must include an outline of safety procedures specific to the Emergency Room in which they are working. This should include an orientation to the call rooms, where applicable, and

safety protocols related to call rooms (ex. Access; phones, video-surveillance of halls, etc.)

5. **It is the responsibility of clinical supervisors to ensure that all residents working with them are provided with orientation to the site in which they are working within the first day of a new rotation. This orientation must include a review of safety procedures specific to that site/clinic/team. A Safety Orientation Checklist must be signed off by both the clinical supervisor and resident, confirming that the Safety Orientation has been provided. This signed checklist must be submitted to the Psychiatry Postgraduate Program office.** This checklist will be sent to supervisors prior to the start of the rotation. *See Appendix A for a copy of the Safety Orientation Checklist.*
6. Residents are never to be alone in a clinic or office when seeing patients, including after hours.
7. Residents are encouraged to not be alone in a clinic/office after hours, even when not seeing patients.
8. Whenever a resident is seeing a patient on their own, they must be provided with an appropriate room. The resident must notify another staff member present in the clinical setting (i.e. clinic or ward) that they are seeing the patient on their own and the room in which the interview is being held. The resident must have a method to sound an alarm, which may include whistle or personal alarm, within arms reach.
9. All staff and residents must wear staff identification badges. If the badge is on a lanyard, it must have a “quick release” mechanism that separates if pulled.
10. Residents should feel comfortable in utilizing hospital security personnel whenever they feel the need, in clinical situations or for any personal situations on the campus (ex. Safe walk to car after hours)
11. During all home and other outreach visits, residents must be with at least one other member of the clinical team.
12. **WHENEVER A RESIDENT OR SUPERVISOR HAS A SAFETY CONCERN, THEY SHOULD FOLLOW THE REPORTING PROCEDURE OUTLINED IN SECTION VI.**

#### **IV: SITE SPECIFIC SAFETY STRATEGIES:**

1. Orientation to all sites must include a review of:
  - a. Applicable Hospital Safety Policies
  - b. Presence of a Security Department and how to access them
  - c. Video-camera surveillance
  - d. All entrances and exits
  - e. How to call a Code White
  - f. Location of Code White buttons
  - g. Use of personal alarms
  - h. Code White response protocols
  - i. Swipe and Key access
  - j. Safety protocols for use of Seclusion Rooms
  - k. Where applicable, use of sally-ports

- l. Rooms designated as appropriate in which to interview patients
- m. Safety strategies in parking areas
- n. Importance of wearing personal staff Identification Badges
- o. Where applicable, use of walkie-talkies or other communication technologies
- p. Safety strategies when making home visits
- q. Fire safety
- r. Management of Agitated Patients

**V: RESIDENTS ON ELECTIVE AWAY FROM McMASTER:**

Residents of the McMaster Psychiatry Postgraduate Program completing electives outside of McMaster are expected to follow those safety protocols of the clinical program and, if applicable, university at which they are completing their elective.

**VI: REPORTING SAFETY CONCERNS**

1. If a resident has a safety concern:
  - a. The resident should speak with the staff member supervising them in that clinical location.
  - b. The clinical supervisor must respond to the resident's concerns in a timely manner. The supervisor should begin by gathering details of the concern. If other people were involved with or aware of the incident/concern, details should also be gathered from them.
  - c. The supervisor should give consideration as to whether the concern can be resolved through clarification of policies and procedures or minor modification of the environment / team functioning. If such options are able to be coordinated at the level of the supervisor, these should be implemented.
  - d. The supervisor should provide feedback to the resident as to the attempts at improvement being made and must monitor over time that the concern resolves.
  - e. Supervisors should pass along safety concerns to Site Directors in order to allow the Safety Subcommittee of PEC to monitor for any trends. Site Directors are listed on the Clinical Placement Listing which is sent to supervisors and is listed on Medportal.
  - f. If the resident's concern persists, despite their reporting it to the clinical supervisor, they should report their concern to the site director.
  - g. Supervisors should inform the PD or REL (Program Director or Regional Education Lead) on all safety concerns that arise.
  - h. Residents may also bring safety concerns to the Resident Safety Representative through PRAM (Psychiatry Residents' Association of McMaster).

- i. The Safety Representative can bring the safety concern to the Safety Subcommittee for discussion with the PD/REL and appropriate hospital representatives.
2. If a supervisor has a safety concern which cannot or has not been able to be resolved despite attempts at the supervisor's level:
  - a. The supervisor should speak with the site director or Hospital/Agency management.
  - b. The site director must respond to the concerns in a timely manner, beginning by gathering details of the concern.
  - c. The site director should work with the clinical team and any applicable managers to develop modifications to reduce the safety concern.
  - d. The site director should provide feedback to the clinical supervisor and the resident as to the improvement strategies.
  - e. The site director must monitor the safety strategies over time.
  - f. Site Directors should inform the PD or REL of all safety concerns that arise for monitoring of trends.
3. If a site director has a safety concern which cannot or has not been able to be resolved despite attempts at the site director's level:
  - a. The site director should speak with the PD/REL.
  - b. The PD/REL must respond to the concerns in a timely manner, beginning by gathering details of the concern.
  - c. The PD/REL should review the concerns with the Safety Subcommittee to develop recommendations.
  - d. Recommendations developed by the Safety Subcommittee must be provided to the site director, clinical supervisor and resident.
  - e. The Safety Chair and Safety Subcommittee must monitor for implementation of the recommendations and outcome on safety risks.
  - f. The Psychiatry Postgraduate Program Director or Safety Subcommittee Chair may choose to bring the safety concerns forward to the Psychiatry Postgraduate Education Committee (PEC) for discussion. This discussion must include deliberation as to whether the safety concern is of a severity that requires immediate removal of residents from that site. Discussion should also include development of recommendations for improvement and requirements for residents to continue at that site.
  - g. The Program Director should provide feedback to the Safety Chair, site director, clinical supervisor and the resident as to the recommended improvement strategies.
  - h. The Program Director and PEC must monitor for implementation of recommendations and outcome on safety risks.

**FIGURE 1: REPORTING PROCEDURE IN THE EVENT OF A SAFETY CONCERN**

