

<b>Fakeeh Care</b>		<b>Policy No. ATA-EDU-OPP-019</b>		
<b>Title:</b>  <b>Trainee's safety policy and professional liability coverage</b>	<b>Classification:</b>	<input checked="" type="checkbox"/> <b>New</b>	<input type="checkbox"/> <b>Revised</b>	<input type="checkbox"/> <b>Renewal</b>
	<input type="checkbox"/> <b>Corporate</b> <input checked="" type="checkbox"/> <b>Hospital</b> <input type="checkbox"/> <b>Ambulatory</b> <input type="checkbox"/> <b>Aman HC</b>	<b>Version: 1</b>		<b>Issued Date:</b> <b>07/08/2019</b>
	<b>High Risk</b> <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>	<b>Effective Date:</b> <b>07/09/2019</b>	<b>Expires Date:</b> <b>07/08/2022</b>	
		<b>Replaces:</b>		
<b>Applicability: ATA / All Training</b>				

**1. Purpose:**

- 1.1. Trainees have the right to a safe environment during their training. The responsibility for promoting a culture and environment of safety for residents/fellow rests with our institutional, regional health authorities, clinical departments, and residents themselves.
- 1.2. This policy provides a mechanism for residents to use when faced with a health and safety issue during the course of their training which cannot be resolved at the local level.
- 1.3. The concept of resident safety includes physical, emotional, and professional security

**2. Definitions and Abbreviations:**

- 2.1. **For Residents:** To provide information and communicate safety concerns to the training program and as well as to comply with all applicable safety policies.
- 2.2. **For Residency Training Program:** To act promptly to address identified safety concerns and incidents and to be proactive in providing a safe learning environment. These may include concerns related to physical safety, psychological safety and professional safety.
- 2.3. **Physical safety:** including electives rotation outside DSFH, community activities that supervised by ATA, working in isolated locations, electronic communication with patients, dealing with violent patients, body substance exposure, immunizations, on call rooms, radiation exposure, pregnancy. Psychological safety: Intimidation and harassment, psychological illness, substance abuse, inequity in the workplace.
- 2.4. **Professional safety:** adverse event/critical incident support, confidentiality of personal information, medico-legal coverage and threat of legal action.

**3. Policy:**

<b>3.1</b>	Physical safety policy: These policies apply only during residents' activities that are related to the execution of residency duties See Procedure 4.1
<b>3.2</b>	Psychological safety policy: Learning environments must be free from intimidation, harassment, and discrimination. See Procedure 4.2
<b>3.3</b>	Professional safety policy See Procedure 4.3

**4. Procedure:**

Procedure		Responsibility
4.1.	<p><b>Physical safety policy: These policies apply only during residents' activities that are related to the execution of residency duties</b></p> <p><b>4.1.1.</b> Residents should familiarize themselves with the location and services offered by the Occupational Health (Staff clinic) of the health care facility in which they are training. This includes familiarity with policies and procedures for infection control and protocols following exposure to contaminated fluids, needle stick injuries, and reportable infectious diseases.</p> <p><b>4.1.2.</b> Residents who are infected by a blood borne pathogen must declare their condition to the staff clinic, especially if they may be involved in exposure-prone procedures.</p> <p><b>4.1.3.</b> Residents must observe standards of universal precautions and appropriate personal protective precautions, when indicated (e.g. airway management procedures, bleeding patients, patients with confirmed or suspected infectious diseases, etc.)</p> <p><b>4.1.4.</b> Residents must keep their immunizations up to date.</p> <p><b>4.1.5.</b> Residents who exposed to Blood, Body Fluid and Needle Stick Injury during their duties must follow <b>Blood and Body Fluid Exposure and Needle Stick Injury Management policy</b> (see Policy No. IC-OPP-254).</p> <p><b>4.1.6.</b> In the event a resident is injured at work, he/she is to report the injury immediately or as soon as is practical by filling an Occurrence Variance Report (OVR).</p> <p><b>4.1.7.</b> The injured resident must attend Staff Clinic during working hours and ER during after-hours and weekends or for injuries requiring immediate care.</p> <p><b>4.1.8.</b> Those who attend Emergency Room (ER) shall still report to staff clinic on the next working day for information and documentation of injury on staff file.</p> <p><b>4.1.9.</b> The Provided medical care for injured resident at work free of charge</p> <p><b>4.1.10.</b> On call rooms and lounges provided for residents must be clean, smoke free, located in safe locations, and have adequate lighting, a phone, fire alarms, and smoke detectors. Any appliances supplied are to be in good working order. There must be adequate locks on doors.</p> <p><b>4.1.11.</b> Residents working in areas of high and long term exposure to radiation, such as in a fluoroscopic suite, must follow radiation safety policies and minimize their exposure according to current guidelines. Radiation protective garments (aprons, gloves, neck shields) should be used by all residents using fluoroscopic techniques</p> <p><b>4.1.12.</b> Pregnant residents are never expected to compromise their personal safety or the safety of their fetus in the course of their clinical or academic duties.</p> <p><b>4.1.13.</b> Pregnant trainees should be aware of specific risks to themselves and their fetus in the training environment. They should consult their Program Director.</p> <p><b>4.1.14.</b> Residents should consult the Occupational Health (staff clinic) of the health care facility for information.</p> <p><b>4.1.15.</b> Residents should only contact patients using the health care facility phones and not their personal e-mail or social media accounts.</p> <p><b>4.1.16.</b> Residents should not assess violent or psychotic patients without the backup of security and an awareness of accessible exits and</p>	<p><b>Resident &amp; staff clinic</b></p>

	<p>buzzers.</p> <p><b>4.1.17.</b> The physical space requirements for management of violent patients must be provided where appropriate.</p> <p><b>4.1.18.</b> Special training should be provided to residents who are expected to encounter aggressive patients, for example Crisis Management courses.</p> <p><b>4.1.19.</b> Site orientations should include a review of local safety procedures.</p>	
<p><b>4.2.</b></p>	<p><b>Psychological safety policy: Learning environments must be free from intimidation, harassment, and discrimination.</b></p> <p><b>4.2.1.</b> When a resident’s performance is affected or threatened by poor health or psychological conditions, the resident should be placed on a leave of absence and receive appropriate support. These residents should not return to work until an appropriate assessor has declared them ready to assume all their resident duties, including night duty.</p> <p><b>4.2.2.</b> Residents must be aware of the mechanisms and resources in place to manage issues of perceived lack of resident safety, intimidation, harassment and abuse.</p> <p><b>4.2.3.</b> Threatening behavior, harassment, and intimidation are never acceptable; whether the source be a patient (or family member), a colleague, an allied health professional, or a supervisor. We encourage all residents to be fully aware of the DSFH policy on intimidation, and should be made aware that they may report such behavior without fear of reprisal.</p>	<p><b>Resident &amp; RTP And ITC</b></p>
<p><b>4.3.</b></p>	<p><b>Professional safety policy:</b></p> <p><b>4.3.1.</b> The Safety management Office should promote a culture of safety in which residents are able to report and discuss adverse events, critical incidents, ‘near misses’, and patient safety concerns without fear of punishment.</p> <p><b>4.3.2.</b> Residency program committee members must not divulge information regarding residents. It is the responsibility of the residency Program Directors to make the decision and to disclose information regarding residents (e.g. personal information and evaluations) outside of the residency program committee and to do so only when there is reasonable cause. The resident file is confidential.</p> <p><b>4.3.3.</b> Resident feedback and complaints must be handled in a manner that ensures resident anonymity, unless the resident explicitly consents otherwise. However, in the case of a complaint that must be dealt with due to its severity or threat to other residents, staff or patients, a Program Director may be obliged to proceed, against the complainant’s wishes. In that case the DIO should be consulted immediately. In general, the Program Director may serve as a resource and advocate for the resident in the complaints process.</p> <p><b>4.3.4.</b> Residents must be insured for professional liability.</p> <p><b>4.3.5. The Role of Residents during Ambulance Transports:</b></p> <p><b>4.3.5.1.</b> participation in patient transport is a valuable learning experience for residents. There must be clear educational objectives underlying the resident’s participation in patient</p>	<p><b>Resident &amp; RTP and ITC</b></p>

	<p><b>4.3.5.2.</b> Residents must have appropriate training with demonstrated competency in the circumstances relevant to the transport experience.</p> <p><b>4.3.5.3.</b> Communication and supervision between the resident and his/her designated supervising physician must be available at all times.</p> <p><b>4.3.5.4.</b> Resident well-being should be considered in all transports.</p>	
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**5. Monitoring**

Policy Indicator Measure (if applicable)	Source of Data	Responsible

**6. Material/Equipment:**

N/A

**7. Forms/Attachments/Flowcharts:**

N/A

**8. References/Links to External Sources:**

Reference	Hyperlink to External Source or Reference if available
8.1. SCFHS Roles and Regulations	<a href="https://www.scfhs.org.sa/Facilities/TCRecognition/PostgraduatePrograms/RegulationBoard/Pages/default.aspx">https://www.scfhs.org.sa/Facilities/TCRecognition/PostgraduatePrograms/RegulationBoard/Pages/default.aspx</a>
8.2. SCFHS Curriculum for each programs	<a href="https://www.scfhs.org.sa/MESPS/TrainingProgs/TrainingProgramsStatement/Pages/index.aspx">https://www.scfhs.org.sa/MESPS/TrainingProgs/TrainingProgramsStatement/Pages/index.aspx</a>

**9. Review History:**

Version	Change Approval Date	Changes Approved By	Changes
New			

**10. Approvals:**

10.1 Prepared by:   
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10.2 Reviewed and Approved by:   
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10.3 Reviewed by:   
Date: 07/08/2019  
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10.4 Approved by:   
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