



**DEPARTMENT OF PSYCHIATRY
WESTERN UNIVERSITY**



PSYCHIATRY RESIDENCY SAFETY POLICY

1. Background

This document is complimentary to the PGME Resident Health and Safety Policy, which covers the majority of general health and safety situations. However, that document is not program specific and does not address concerns specific to the practice of psychiatry in London or to the practice of Department of Psychiatry residents. This document will follow the outline and formatting of the PGME policy for consistency.

The PGME policy section 3.4 states that: "Individual residency programs are required to develop safety policies to deal with issues specific to their training. In addition, site specific policies may be required." This policy is intended to address this.

This document is not intended, in any way, to eliminate the need for individual clinical assessment of the risk of violence. There is a baseline risk to safety in the practice of all areas of medicine, and this document is intended to address specific concerns of psychiatry. It does not infer that the patient population encountered is inherently violent or dangerous.

2. Purpose

This document is intended to supplement the existing general policy with specifics related to the psychiatry residency program: the resident duties in the emergency room, off-site locations, as well as the practice of psychiatry in other areas of the hospital system.

- 2.1. Outline safety procedures and policy in the emergency room in regards to residents.
- 2.2. Outline general steps to be taken to minimize risk during psychiatric interviewing.
- 2.3. Describe the reporting procedures available to residents when adverse events occur.
- 2.4. Show the department's desire to protect residents and prepare them for potential adverse events during and after training, while also training for prevention.

3. Scope and Responsibility

- 3.1. The program is expected to provide safety training to all enrolled residents.
- 3.2. Residents are required to follow policy regarding safety.
- 3.3. Residents are expected to report on adverse events promptly through the AEMS on the hospital webpage.
- 3.4. The program is expected to act promptly upon any reported adverse event.

4. Procedures

This section is in addition to the existing PGME Policy and should be read with it. The PGME document supersedes this policy.

4.1. General Observations

- Residents will have access to security panic alarms and screamers and are expected to wear them as per hospital and Ministry of Labour policies and recommendations.
 - Regular Panic alarms work on B7, B8 and D4 at Victoria Hospital and are distributed to all residents at the beginning of residency. The Geriatric Behavioural Unit (GBU) on C6 has their own panic buttons which will be available to residents when attending that unit. Screamers are also available on GBU.
 - For St. Joseph's Health Care London Parkwood Institute and the Southwest Centre for Forensic Mental Health, all residents will be provided with panic alarms at the start of residency training in PGY-1, to be used throughout the duration of residency. Residents are expected to cover the cost if these panic alarms are lost.
 - Emergency Department-specific panic alarms are available in the CEPS office to be used and returned daily.
 - Residents must check their panic alarm's functionality at a Remote Display Unit (RDU) located in nursing stations or other designated areas.
 - Screamers are to be used in all other areas of the hospital (A2 outpatient, Geriatric Behaviour Unit, and on medical/surgical units). They are also distributed to all residents. *Note: Screamers are not connected to security, unlike panic alarms, but rather function by making noise to identify a problem.*
- The program will provide access to special training (e.g., "SAFE Management" provided by LHSC) for the prevention of violence, management of agitation, and protection of self to all enrolled residents.
- Residents are expected to remove themselves from situations of perceived risk or when feeling threatened, while maintaining a professional manner.
- Residents must exercise caution when approaching patients with a history of violence or reported agitation.
- Residents will have the option of requesting security assistance if necessary, prior to or during an encounter. They will also have the option of contacting police services, particularly outside of the hospital sites.
- Residents are expected to request assistance from security before high risk interactions.
- Residents should maintain environmental awareness prior to and during all patient encounters for potential risks and possible exits.
- Residents can choose to be excused from call duties at any point during the course of a pregnancy, out of concern for exposure to violence.

4.2. All Psychiatry Hospital Areas

- Residents should be familiar with the layout of the hospital area they are working in, with particular regard to: exits, alarms, sound proofing, mobile objects, and telephones.

- Residents should have card and key access to secure rooms for charting, meetings, and assessment.
- There will be no expectation for residents to place themselves at perceived risk at the direction of other staff members. However, there is an expectation, when feasible, for residents to complete clinical and educational expectations in such situations by using available supports (e.g., security, staff, police, etc.).

4.3. Emergency Room

- Residents should be familiar with the layout of the emergency department, locations of security staff, and which rooms are monitored by CCTV.
- As per 4.1, residents should notify the associated Emergency Department nurse prior to assessing a patient. Any associated security staff should also be made aware.
- Residents will notify the nurse and/or security before meeting alone with a patient.

4.4. Other Hospital Areas

- Residents should be familiar with the layout of the area they are working in and be aware of fastest way to contact support (other staff or security).
- Residents may wish to choose an assessment location for privacy, but consideration for safety must be prioritized. The patient's assigned nurse should be notified before assessing a patient.

4.5. Locations other than Victoria Hospital

- Residents should be familiar with the location they are in, and exercise environmental awareness.
- There is no expectation for residents to visit patients at home alone.
- Residents are expected to familiarize themselves with the existing safety policies at each site.

4.6. Elective Sites outside of the London Area

- Elective sites must have a health and safety policy that satisfies the program (as guided by the PGME policy). This includes protections for the residents involved, as well as a reporting system for adverse events.

4.7. Psychological Safety

- Residents will be supported by the program should an adverse event occur.
- Residents in need of additional support will be free to approach the Program Director, Chair of the Department, or appropriate coordinator for support, without fear of negative consequence or reprimand. A Policy on Resident in Distress as well as Wellness resources are available on One45.
- At no point will a resident be forced by a supervisor to perform a clinical action they are opposed to (e.g., patient discharge). Should a conflict arise, the supervising physician must take responsibility, and the matter must be forwarded to the appropriate agent as per the UWO Schulich School of Medicine and Dentistry Code of Conduct.

5. Reporting and Follow up

5.1. General Procedure

- The policy outlined by the PGME must be followed in regards to reporting of adverse events.
- As per the PGME policy, the immediate supervisor must be notified immediately and site-specific reporting requirements should be met. Further involvement from the program, PGME, Associate Dean, etc., will be pursued as necessary if resolution is not met at the local level.
- Please refer to the **Residents Critical Incident Policy** for supplemental information.

5.2. Within LHSC/SJHC

- Hospital policy for the reporting of adverse events should be followed.
- The Adverse Event Monitoring System should be used by residents to report any adverse event, particularly those involving themselves, while at an LHSC/SJHC affiliated site.

5.3. Off-site Locations

- Site specific reporting of events must be followed.
- The Program Director will be notified of any events occurring at sites outside of SJHC/LHSC campuses.

6. Additional Documentation

- 6.1. See Page 4 for the AEMS flow sheet for resident adverse event reporting. *UWO Faculty/Student/Staff Code of Conduct for Teacher-Learner and Trainee-Clinician Relationships*. [Code of Conduct - Learner Experience - Western University \(uwo.ca\)](https://www.uwo.ca/academicaffairs/learningandteaching/teachingandlearning/teachingandlearningpolicyandprocedures/teachingandlearningpolicyandprocedurescodeofconductforlearnerexperience.html)
- 6.2. *UWO Code of Student Conduct* - [Code of Student Conduct - Student Experience - Western University \(uwo.ca\)](https://www.uwo.ca/academicaffairs/learningandteaching/teachingandlearning/teachingandlearningpolicyandprocedures/teachingandlearningpolicyandprocedurescodeofconductforstudentexperience.html)
- 6.3. LHSC Occupational Health and Safety Services Policies (intranet) - [Policies and Procedures | London Health Sciences Centre \(lhsc.on.ca\)](https://www.lhsc.on.ca/occupational-health-and-safety/policies-and-procedures)
- 6.4. SJHC Occupational Health and Safety Policies (intranet) - [Policies and Guidelines | St. Joseph's Health Care London](https://www.sjhc.on.ca/occupational-health-and-safety/policies-and-guidelines)