

This policy has been reviewed and the following summarizes the main changes to include physical safety, psychological, professional and fatigue risk management.

Principles

1. Residents have the right to safe environment during residency training.
2. Promoting a culture and environment of safety for residents is the responsibility of KIMS, training sites, programs and the residents themselves. Safety includes physical, psychological/ emotional, and professional wellbeing.

Residents who feel that his safety is threatened should remove themselves and seek assistance immediately.

This policy may be augmented by the Residency Program Committee (RPC) in response to a program-specific context as appropriate.

Reporting

1. Residents who identify a threat to personal safety should report it immediately to the site coordinator and/ or program director to allow a resolution of the issue at a local level.
2. Pending an investigation and the resolution of an identified personal safety or security concern, the resident has the right to refuse to complete a rotation.
3. The Program Director, in consultation with the PGTC, has the authority to remove residents from clinical placements if the risk is seen to be unacceptable.
4. Must be reported to the Postgraduate Education Office who will investigate.
5. The PGME office at KIMS may also be involved if PD or Resident wishes or if safety/security issues not resolved at the local level
6. Accidents, incidents, and environmental illnesses occurring during a resident's training should be reported and handled according to the reporting policies and procedures of the hospital or clinical teaching location.

Responsibilities:

Residents must comply with safety policies and be responsible for providing information and communicating concerns to their programs.

Programs must provide prompt response to address identified safety concerns and incidents and be proactive by providing a safe learning environment.

It is the responsibility of the program to establish, maintain and disseminate to residents, and their Clinical Tutor/Teacher, a resident safety policy

1.0 Physical safety

1.1. Workplace, Training Environment and Occupational Health and Safety

1.1.1. Site orientation should include a review of local safety procedures.

1.1.2. Call rooms and lounges provided for residents must be clean, smoke free, located in safe locations, and have adequate lighting, fire alarms, and smoke detectors. There must be adequate locks on doors.

1.1.3. Residents must applying the concept of Universal Precautions in the following situations:

1.1.3.1. Patient examination

1.1.3.2. Performing procedures (minor /major surgeries)

1.1.3.3. Handling patient secretions/ body fluids

1.1.3.4. Handling patients 'samples for laboratory purposes

Biosafety in Clinical laboratories:

1.1.4. Applying the concept of Universal Precautions (treat all samples as biohazard)

1.1.5. Awareness of the use of Proper Personal Protective Equipment (PPE), which include the following:

1.1.5.1. Clothing:

1.1.5.1.1. Laboratory coat: appropriate long sleeved cuffed coat with closed front at all times when working in the lab. Use apron if there is potential splashing

1.1.5.1.2. All lab coats need to be removed before leaving the lab and not to move with them in offices or hospital wards/corridors/cafeteria

1.1.5.1.3. All linen/ clothing in the lab should be considered biohazard.

1.1.5.2. Footwear:

1.1.5.2.1. Closed non-slip shoes with low heel

1.1.5.3. Hand protection:

1.1.5.3.1. Disposable gloves to be worn upon handling biological specimens, chemicals in the lab, and before extracting blood or any other body fluid from patients

1.1.5.3.2. Hand wash after any procedure and after removing the gloves

1.1.5.3.3. Dispose all used gloves even if not grossly contaminated in the Bio hazard yellow bag

1.2. Resident Immunization: Residents should keep their immunization up to date for:

1.2.1. Hepatitis B: Should take the 3 doses (0, 1, 6)

Check the immunity level after 6 months. If level < 10 IU need one booster dose, then check antibody titer after 6 months

1.2.2. Tetanus

1.2.3. TB: regular Chest X-ray examination

1.2.4. Varicella: health-care workers caring for immunocompromised patients

1.2.5. Influenza: seasonal flu (Mandatory for resident attending high risk rotations such as ICU, Bone marrow transplant unit and other high risk rotation defined by each program.

1.2.6. Coronavirus (COVID 19)- as per MOH and Public health requirement

1.3. Security

1.3.1. Residents should not work alone after hours in healthcare facility without adequate support from the public relations

1.3.2. Residents are not expected to work alone at after-hours clinics nor arrange to meet patients after hours without on-site support/supervision.

1.3.3. Residents should not be expected to walk alone for any major or unsafe distances at night.

1.3.4. Residents are encouraged to contact Security Services for any walking outdoors in the areas of Health Care Facilities and parking lots at night

1.3.5. Residents should use the health care facility phones and should not disclose their personal and/or private information in the course of their daily professional and/or academic duties.

1.3.6. Residents are not expected to make unaccompanied home visits.

1.3.7. If a resident is anticipating an interaction with a potentially violent or aggressive patient: - A security back-up should be available. - Unobstructed exist should be accessible. Resident must be aware of the exist and position them self safely in the room

1.3.8. Pregnant Residents should be aware of the training environment risk to themselves and their fetus and seek advice when indicated

1.4. Travel

1.4.1. Residents' call should be arranged before long distance travel for clinical or academic assignments. When resident returned from long distance flight for academic or clinical assignment, the resident can request that they not be on call the same day of joining back.

1.4.2. Overseas travel immunizations and advice should be sought well in advance when travelling abroad for electives or meetings.

1.4.3. While driving by using private vehicles for clinical or academic activities, resident is responsible for:

1.4.3.1. Ensuring that the vehicle is in an appropriate state of repair

1.4.3.2. Being compliant with the law pertaining to the use of cellular phone while driving

1.4.3.3. Ensuring the Resident is well-rested before driving.

1.4.3.4. The Resident should not drive home after call or night duty if he/she has not had adequate rest. Alternative means of transportation should be planned.

1.4.4 For long distance travel, the following are advised:

1.4.4.1. if resident feels unwell can request excuse from duty

1.4.4.2. during rain season, resident rotations can be modified.

1.4.4.3. For certain peripheral sites such as Sabah Al-Ahmed health center;

1.4.4.3.1. residents are only placed in the morning shift

1.4.4.3.2. Residents are encourage using MOH transportation from Al-Adan hospital to Sabah Al-Ahmed health center.

1.4.4.3.3. Sleep rooms are available if resident feel tired and require rest.

1.4.4.3.4. The resident is always accompanied by a senior/ team during the shift

1.5. Patient Encounters

1.5.1. Residents should only telephone patients from a clinic or hospital telephone line.

1.5.2. Specialty training must be provided to residents who are expected to encounter hazards such as exposure to violence from patients or others.

1.6. Elective Training

1.6.1. For electives in countries outside of Kuwait, residents are responsible for communicating with the institution where the elective is based, to determine how to obtain recognized and sufficient liability coverage.

1.7. Injury Reporting

1.7.1. If an injury occurs to a resident while performing residency duties, the resident must:

1.7.1.1. if necessary, go to the nearest Emergency Room or seek the appropriate level of medical attention and identify themselves as a resident

1.7.1.2. Complete, within 24 hours, an Injury/Incident Report (forms should be available in the local Emergency Room or the Preventive Medicine Department of the hospital/training site where the injury took place)

1.7.1. 3. Submit the Injury/Incident Report to the hospital/training site where the injury took place.

1.7.1.4. Postgraduate trainees/ residents are expected to familiarize themselves with the location and services offered by the Preventive medicine and Safety Office. This includes familiarity with policies and procedures for infection control and protocols following exposure to contaminated fluids, needle stick injuries, and reportable infectious diseases.

1.8. Safety Climate

In the event of severe weather or road conditions, residents are expected to use caution for short-distance travel and avoid long-distance travel. In this situation, the residents should be in communication with the Site Coordinator or Chief Resident for guidance. In addition, the resident should communicate any potential delays to their attending physician in order to adjust their daily schedule.

1.9. Radiation safety

1.9.1. Postgraduate trainees working in areas of high and long term exposure to radiation must follow radiation safety policies and minimize their exposure according to current guidelines of the radiation preventive directorate at MOH.

1.9.2. Resident can consult safety officers at diagnostic imaging departments.

1.9.3. Radiation protective garments, such as aprons, gloves and neck shields, must be used by all postgraduate trainees using fluoroscopic techniques.

1.9.4. Pregnant trainees are expected to be aware of specific risks to themselves and their fetus in the training environment and request accommodations where appropriate.

1.10. Fire Safety

General Information

Familiarize yourself with the location and operation of the fire extinguishers, emergency exits, evacuation routes, fire alarm systems. Once the fire alarm is sounded, follow the evacuation routes and hospital evacuation plan.

1.11. Transport Safety

Opportunities may arise when a resident can participate in patient transport during their rotations. The resident will be considered part of the Transport Team with a role of collaborator and communicator. Any written notes created by residents should be co-signed by en-charge/ responsible attending physician. It is the resident's duty to follow the safety guidelines as hospital policy and make sure to apply personal protective equipment when indicated.

2.0. Psychological Safety

Intimidation and harassment, psychological illness, substance abuse, inequity in the workplace

2.1. Learning environments must be free from intimidation, harassment, discrimination and violence. See KIMS [Policy- Intimidation and Harassment](#)

2.2. When resident's performance is affected or threatened by poor health or psychological conditions, the resident should be counseled and granted a leave of absence and receive appropriate support. Such trainees must not to return to work until an appropriate assessor has declared them ready.

2.3. Residents should be aware of the process and available resources of immediate and long-term help when needed. Resources include, but are not limited to,

- Postgraduate Office at KIMS (PGME_KIMS) Hotline +96522411096
- Office of Wellness - Dr Bassma Al-Qallaf (in progress)

3.0. Professional Safety

3.1. KIMS and Residency programs should promote a culture of safety in which residents are encouraged and supported to report and discuss critical incidents and adverse events.

3.2. Residents may experience conflicts between their ethical or religious beliefs and the training requirements and professional obligations of physicians. Resources must be made available to residents to deal with such conflicts via the site coordinator.

3.3. Residents must have adequate support from the program following an adverse event or critical incident.

3.4. When programs collect postgraduate trainees' personal information and evaluations, they must keep this material responsibly and securely, to maintain confidentiality. Disclosure is appropriate where required for the purposes of ongoing education and to facilitate and maintain patient and workplace safety.

3.5. Postgraduate trainee feedback and complaints must be handled in a manner that ensures trainee anonymity, unless the trainee explicitly waives anonymity. In the event of a complaint regarding a highly serious matter or one that concerns a threat to others, however, a Program Director may be obliged to proceed against the complainant's wishes. Depending on the nature of the complaint, KIMS may need to be informed and involved. In general, the Program Director should serve as a resource and advocate for the resident in the complaint process.

3.6. Residents must be members of the Kuwait Medical Association (KMA) and follow KMA recommendations in the event of real, threatened or anticipated legal action.

3.7. In addition to KMA coverage for patient actions, residents are covered, by the Ministry of Health, for actions arising from their participation (acting reasonably) in committees.

4.0 Fatigue Risk Management (FRM)

Fatigue is a hazard in medical education that impacts residency training and workplace health and safety, with potential implications for patient safety.

Successful management of fatigue risk is therefore the shared responsibility among all those who have a role within medical education. Within that shared responsibility, trainees have a key role in managing and reporting their own fatigue to their supervisors, peers and to the healthcare team. To support this, medical education leaders are accountable for ensuring practices are in place that enable and protect every trainee's ability to fulfill their role in the management of fatigue risk.

4.1. Postgraduate Role

4.1.1. The resident in collaboration with program director and the PGME office at KIMS should identify if the resident have a medical condition interfering with his/her physical ability. The schedule may be modified according to the medical report issued by medical council. (e.g. pregnancy and call exemption during third trimester and for breast feeding)

4.1.2. The call rooms should be available according to the training site requirement checklists as per ministerial decree (86/2017)

4.2. Program Role:

4.2.1. To ensure resident call schedule not exceeding 1 in 4.

4.2.2. On call schedule includes a medical team that consists of assistant R, R, and SR. the tasks are distributed among the entire on call team should resident feel fatigue or need to be supported he/ she should inform their senior.

4.2.3. The program is encouraged to schedule the rotations so that no consecutive rotations are overwhelming to the resident e.g no NICU following PICU.

4.3. Resident role:

4.3.1. Ensure adequate rest, nutrition are obtained prior to call

4.3.2. Declare fatigue to supervisors and team

4.3.3. Report fatigue related incidents via established reporting routes

4.3.4. Employ individual controls/fatigue risk countermeasures while on call (caffeine intake, napping/breaks, task variation, nutrition and hydration)

4.3.5. Before and during night shift:

4.3.5.1. Residents are advised to get extra sleep before their shift.

- 4.3.5.2. An afternoon nap is ideal as it reduces the length of time you have been continuously awake
- 4.3.5.3. Keep well hydrated and eat healthy snacks.
- 4.3.5.4. Breaks are essential: work as a team to cover each other for these.
- 4.3.5.5. A 15-20 min nap can significantly improve alertness.
- 4.3.5.6. If post calls resident feel sleepy resident is advised to NAP before driving home; miss rush hour & feel more alert. Are there OTHER ways to get home than driving? Taxi or get a lift?

4.3.6. What to do if you feel fatigued

- 4.3.6.1 As soon as you can, take a break. Ask for help if you can't take a break. Sometimes just telling someone you are experiencing fatigue can help.
- 4.3.6.2. Use caffeine carefully.
- 4.3.6.3. Plan your recovery - you'll need two nights of restorative sleep to recover from a sleep debt, so prioritize your sleep for the next few days.

Review

This Policy will be reviewed 1 year after adoption and every 3 years subsequently.