



## EMERGENCY/DISASTER PLAN & PROCEDURES FOR RESIDENTS & FELLOWS

### DEFINITIONS

1. **State Emergency:** Any emergency situation in which the State Civil Defense and/or City and County is involved, and has declared an advisory, watch, or warning. Examples of State Emergencies are:
  - a. Hurricanes
  - b. Tsunamis / Tidal Waves
  - c. Tornados
  - d. Heavy Rains and Flash Flooding
  - e. High Winds
  - f. Civil Unrest
  - g. Terroristic Threats, including outbreaks of war
2. **Active Emergency:** A state declared emergency (as above defined) in which the State Civil Defense, Governor, and/or other official state/city & county agency has declared that an impending disaster is about to strike or is immediately occurring. In an “Active” Emergency, the state/city & county has ordered the closing of all offices and roads, with the exception of emergency vehicles and essential facilities such as hospitals and other medical, emergency, and evacuation facilities.
3. **Potential Emergency:** A state/city & county declared emergency (as above defined) in which the State Civil Defense, Governor, and/or other official state/city & county agency has issued advisories, watches, or warnings of a potential emergency. In a “Potential” Emergency, the State has not ordered the closing of all offices and roads, but rather, has left it up to individual, non-essential facilities to remain open and operational.
4. **Inundation Zone:** A state/city & county declared area, in which, buildings and facilities are in direct danger due to the potential and active emergency. These are areas in which the state/city & county has ordered closures and/or evacuations.

Residents, fellows and faculty should follow the clinical sites / health systems emergency protocols and the HRP Emergency Action Plan. These protocols cover other types of emergencies including those confined to the clinical learning environment.

The following are the parameters under which residents and fellows in training must always function:

1. **Medical Licensing:**
  - a. Residents/Fellows with temporary medical licenses may only practice medicine when under the supervision of an approved faculty physician.
  - b. Residents/Fellows with permanent medical licenses must still be under

supervision (in area of training) pursuant to the ACGME supervisory requirements.

**2. Malpractice Coverage:**

- a. The resident/fellow malpractice coverage, provided by their employer, applies to program approved rotations with appropriate faculty or clinical faculty supervision.

**3. Workers' Compensation Insurance Coverage:**

- a. Workers' compensation coverage, provided by the resident/fellow's employer, applies to bodily injury during the course of employment.

**4. ACGME – Common Program Requirements:**

- a. Clinical Work Hour limitations in accordance with ACGME CPR VI.F. Apply in all circumstances for all residents and fellows.

**Residents/fellows ARE NOT CONSIDERED ESSENTIAL PERSONNEL.** Residents/Fellows should only work under the supervision of their attending and not as 'general help' or 'general services'. Residents should not be reassigned to higher acuity services or to the emergency department. Residents/Fellows are limited to provide care for patients and conditions that are within their scope of training and practice, and at their level of training, under approved and appropriate faculty supervision.

In the event of an **ACTIVE EMERGENCY**, residents/fellows should await further direction from the Program Directors and Site Supervisors (or ask the PDs if there are questions) regarding whether to show up for their rotation.

The safety of the residents/fellows come first, then complying with ACGME policies and **working under proper supervision**, within their scope of training and as appropriate to the PGY- level of training and competency. Program Directors may alter work hour assignments to maximize resident safety (i.e., decrease driving in inclement weather) provided residents do not violate duty hour requirements.

**PROCEDURES DURING ACTIVE EMERGENCY**

During an **ACTIVE EMERGENCY** as defined above, the following applies to GME trainees:

1. PD and APDs with assistance of Chief Residents, as applicable, will ascertain which sites/rotations are open/functioning and will communicate this information to the trainees, the DIO and the employer of the residents/fellows.
2. Based on their own circumstances, residents/fellows will determine whether they are able to report to an approved rotation.
  - a. If the resident/fellow chooses not to report to work for various reasons (i.e., their home is in an inundation zone, lack of transportation, their child's school is closed, they are primary caregivers for others in their family, etc.) they must communicate this by phone call, mobile phone text messages, or

email to the PD, APD or PD designate.

- b. If email, text messages or phone calls are disrupted, then they should use their best judgment to determine the safest situation.
  - c. Once telecommunications are restored, the resident/fellow should make attempts to communicate with the PD, APD or PD designate.
3. PD and APDs with assistance of Chief Residents, as applicable, based on information available to them, will determine whether the residents/fellows should report to a rotation site, keeping resident/fellow safety in mind.
  4. Unless directed otherwise by the PD, APD or PD designate, residents/fellows will report/remain on service on approved rotations with faculty supervision meeting licensing, malpractice & duty hour requirements.
  5. If/when the resident/fellow returns to their rotation or clinic site and finds substantial damage from the Active Emergency, they should not enter the building, but should contact the PD, APD or PD designate to report the situation and receive further instructions.