# Policies and Procedures for Disasters

# Impacting Residency Training

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# I. Purpose:

The Graduate Medical Education programs sponsored by XXX would be impacted to an unpredictable extent by any disaster that disrupts the normal patient care activities of core training sites. On this basis, the following policies and procedures will guide the institution in re-establishing communications among leadership of GME programs and the GME enterprise following the disaster, assessing the impact of such a disaster on the GME programs, and preparing an organized response that allows for minimal disruption of trainees impacted by the disaster. Moreover, these policies and procedures will also aid the institution in developing a response that allows for both assistance with local recovery and relocation of all displaced trainees. The document that follows includes policy statements, official procedures and lines of command for the GME Offices and GME programs. Appendices include other information necessary for successful implementation of disaster the response.

# II. Key Definitions Used in This Document:

|  |  |
| --- | --- |
| **Scope of disaster** | |
| **On site** | A disaster that impacts only XXX and local campus facilities |
| **Partial Regional** | A disaster that impacts XXX, local facilities, local affiliates and additional teaching hospitals in the XXX region. |
| **Regional** | A disaster that impacts all teaching hospitals in XXX and extended affiliates in the region. |
| **Duration of disaster** | |
| **Limited** | The predicted duration of disrupted clinical and academic services will allow the institution to reestablish patient care services within the academic year. |
| **Extended** | The predicted duration of disrupted clinical and academic services results in a significant period of disruption, likely more than a single academic year. It would be expected that such a disruption would necessitate residency program closures |
| **Type of disaster** | |
| **Warned** | The disaster occurs following reasonable period of warning that would allow evacuation and minimal loss of staff to death/incapacity as well as reasonable backup of IT (Example includes predicted weather event) |
| **Unwarned** | Disaster occurs without warning, and thus creates potential staff disruption secondary to death/incapacity and additional loss of infrastructure (Example includes catastrophic building loss) |

# III. Immediate Disaster Procedures:

In the case of warned or unwarned disasters the resident is expected to follow the policies and procedures outlined in the emergency management plan for the training site where they are assigned at the time of the disaster. In the immediate aftermath the resident is expected to attend to personal safety and then render humanitarian assistance where possible (e.g. temporary medical facilities). In the case of warned disasters, residents who are not classified by their programs as “essential employees” and are not included in one of the clinical sites emergency staffing plans should secure their property and evacuate should such an order be issued by their program or institution. If a resident has a question about their status as an “essential employee”, they should contact their Program Director to clarify their role before any disaster. Residents who are displaced by a disaster must attempt to contact their Program Directors or the Designated Institutional Official (DIO) as soon as communications are available.

The DIO and GME administrators will participate as possible in the immediate institutional “command center” processes to assess the disaster impact and begin to identify sites for temporary offices. Policies and Procedures already established for XXX will govern this phase of the disaster response.

Communication between the DIO/Acting DIO and program directors will begin as soon as feasible, guided by contact information collected from each program and on file, as well as contact information for the DIO posted on the emergency contact web site.

# IV. Communications

Communications disruption will accompany most significant disasters. The extent of a disruption would be dependent on disaster type, and could affect all modes of traditional communication, including but not limited to: telephone “land lines”, radio pager service, cellular phone service and internet communications. On this basis the institution disaster plan must provide for multiple contact methods for administrative staff, faculty, and all trainees. The following section outlines the plans for this eventuality.

# V. Emergency Contact Information:

This “GME Disaster Policy” will require annual survey of GME administration, key faculty, key clerical staff and all residents and fellows for alternate contact information, including the following:

* 1. Mobile number
  2. Back up mobile number
  3. Email addresses: This includes the mandate that all key personnel maintain a secondary email account with an established, national provider that is not dependent on the institutional IT structure
  4. Emergency address: This will be classified as an address where an individual would plan to relocate out of the immediate area if their primary address was impacted by the disaster.

# VI. Emergency Contact Database

The Offices of Graduate Medical Education for XXX will send out request forms for this data to all programs on an annual basis. The deadline for completion of these forms will be July 30th of each academic year. This data will be maintained in a secure fashion, and will be located in both a central repository and in off-site locations to provide for sufficient backup in the case of regional and/or unwarned disasters.

# VII. Emergency Communication Methods:

To facilitate outgoing communications, the institution will activate both an emergency information web page **linked directly to the XXX home page**s for key personnel and residents to access up to date information. For the next phase of this plan, the GME Committee will recommend that both the internet site and phone line will be paired with national providers to provide requisite redundancy with XXX Information Technology in the event of unwarned and/or regional disasters.

These modalities will be constructed to contain at the minimum:

1. Immediate procedures for faculty and trainees, selected for disaster characteristics
2. Contact information for the current administrator “DIO” based on previously published lines of succession.

# VIII. Information Technology Backup and Recovery:

This policy requires that each GME program will maintain sufficient protection and backup of its records that will allow for recovery of critical information in the event of a disaster that impacts local storage and retrieval of data. This would include:

1. Contact information for all key GME personnel in their department
2. All other information that program staff deem necessary to resume basic level of functioning following a disaster

At the institutional level, the Hospital GME Offices will maintain sufficient protection and backup of their records that will allow for recovery of critical information in the event of a disaster that impacts local storage and retrieval of data. This would include, but is not limited to:

1. Contact information for all key GME and hospital administrative personnel
2. Backup of all program rosters including all emergency contact information

Finally, the programs must also reassess backup methods utilized for key documentation that may not be necessary for immediate disaster recovery, but required for the resumption of organized education, evaluation and certification of trainees. Examples of such information includes all information that is not readily reproducible including letters of agreement between training sites, contents of educational portfolios, and other documentation not stored in traditional data repositories (i.e. GME Toolkit or New Innovations Residency Suites).

# IX. ADMINISRATIVE RESPONSIBILITIES:

## A. Immediate Responsibilities of DIO following Disaster:

Immediately following a disaster which is predicted to be of extent or duration that will disrupt training programs at XXX, the DIO or their designate will perform the following activities:

* 1. Contact the CEO/CMO (or designates) of XXX to assess institutional impact
  2. Initiate contact with the ACGME, providing preliminary information regarding the disaster and its impact
  3. Activate the emergency information web site and emergency information phone number for trainees and key personnel
  4. Initiate contact with program directors (or designates) to reaffirm published disaster policy
  5. Initiate contact with residents to reaffirm published disaster policy

## B. Administrative Support:

Housestaff reporting will need to continue during disaster recovery. Counting and accounting for resident activity during the initial post-disaster period will be based on resident assignments provided to the house staff offices of XXX who is responsible for reporting this institution’s residents and for XXX the Office of Finance - Budget and Reimbursement will provide this information. Updated information on immediate post-disaster assignments will be provided to that office by the Program Director/Acting Program Director of each training program. The house staff offices of XXX will be in contact with the Designated Institutional Official (DIO) to confirm resident activity and rectify any discrepancies in this information.

## C. Local Disaster Needs: (Manpower Allocation):

Any disaster with significant impact will require XXX to examine their available resources, and the immediate public health needs of the community. However, the type, scope and duration of a disaster will largely determine the extent of its impact on the assets of these institutions. Similarly, these variables will determine the resultant needs of the surrounding community and its population. Therefore, there is no effective way to pre-plan such a response. The GME programs will certainly be integral in any potential response, and while the DIO can provide a commitment for assistance in advance of a disaster, only following the disaster can formal plans be outlined.

Accordingly, the DIO or designee will meet with the CMO and CEO of XXX (or their designees) following a disaster. At that time the following will occur:

* 1. Initiation contact with local, state and federal public health officials
  2. Determination of impact of disaster on the surrounding community
  3. Determination of available clinical resources for potential deployment in relief efforts
  4. Identification of potential sites for resource deployment
  5. Formalizing agreements with public health agencies for relief efforts

## D. Legal Implications of Disaster Relief Activity:

The liability protection of housestaff engaged in disaster relief must be considered. This will vary dependent of the type of activity engaged in during relief efforts.

If a resident acts in the capacity of assignment by the National Guard and/or Department of Homeland Security, they become temporary employees of Health and Human Services (HHS) and therefore they are subject to and protected by the Federal Tort Claims Act.

For liability purposes, this policy will mandate that whenever and wherever possible, and notwithstanding other capacities in which housestaff may serve outside of their training program, residents act within their XXX function when they participate in disaster recovery efforts. While acting within their XXX function, housestaff will maintain their personal immunity to civil actions.

## E. Finance:

During and/or immediately after a disaster, housestaff will be allowed and encouraged to continue their roles where/as possible, and also will participate in disaster recovery efforts. Housestaff will continue to receive their salary and fringe benefits during any event recovery period, for a period of up to ***sixty days*** following the disaster. If the disaster impacts direct receipt of salary, the residents will accumulate salary and benefits until such time as utility restoration allows for fund transfer. Following any resident transfers outside of XXX or their major participating sites, the GME Offices will assure that the transfer of responsibility for salary and fringe benefits will occur in as expeditious manner as possible to the resident’s new program.

## F. Resumption of Training:

The resumption of training will be dependent on the availability of clinical activity, as well as supervising faculty and suitable facilities to support safe and effective patient care. The DIO/Acting DIO, in concert with the CEO and Chief Medical Officers will assess these factors to determine first each institution’s capacity for clinical activity, and next the capacity of each sponsored training program. The DIO will also confer with the Chairs of the core clinical programs to review the findings. Following this analysis, the DIO will present the information to the Program Director (or designee) for each program, and together these parties will outline the post-disaster training capacity for that program. Additionally, the duration of disruption will be estimated, allowing decisions regarding temporary versus permanent resident placements. Once these factors are outlined, the DIO and Program Director will then activate the resident placement process as outlined below for any residents now displaced by the disaster.

The XXX Regional Disaster Coalition will provide an extensive local resource for placement of displaced trainees. The policies and procedures of this coalition are currently being ratified, and when completed will be located in Appendix III (p. 17)

Step I: Placement within program affiliates (Temporary placements only)

Step II: Placement within “XXX Regional Network” (Temporary or Permanent) Step III: Placement nationally (Permanent)

The steps of the transfer process are outlined below in Appendix I, Item 4 (p. 13)

As outlined by the ACGME: “If more than one program/institution is available for temporary or permanent transfer of a particular resident, the transferee preferences of each resident must be considered by the transferring program/institution.”

# Appendix I: Procedure Flow Diagrams

Assess Disaster Impact on: Institution

Regional Affiliates Regional Institutions

**\*Must Occur within 10 Days of Disaster**

# 

## A. Initial DIO Procedures

Publish DIO/Acting DIO Contact Information on “Disaster Web Page” And Emergency Hotline

Identify DIO Command Structure (See 1a. below)

Contact ACGME IRC Executive Director to

Declare Institutional Disaster**\***

XXX

COMMAND MEETINGS

Initiate Contact with XXX Regional Disaster Committee

Initiate Contact with Leadership of Residency Programs

## B. Designated Institutional Official Line of Succession

***If Unavailable:***

**XXX**

and/or

**XXX**

Associate Deans GME and Affiliations

*Official DIO Designees*

**XXX**

Vice Dean GME and Affiliations

*DIO*

***If Unavailable:***

**Acting DIO**

*Selected by Chair of GMEC from GME Committee Membership*

**XXX**

Program Director XXX Residency

***If Unavailable:***

**Assess Disaster Impact on:**

1. **Primary Clinical Site**
2. **Affiliates**

**Declare need for Temporary or Permanent Transfers**

## C. Initial Program Director Procedures

**Identify Department/Program Command Structure**

**Contact DIO/Acting DIO**

**to Formalize**

**Program Leadership**

**Identify DIO/Acting DIO From**

**“Disaster Web Page”**

**Initiate Contact with RRC Executive Director of Program Specialty**

**Initiate Contact with Residents**

## D. Initial Resident Procedures

**Contact Program Director (Or DIO if Program Director Unavailable)**

**Obtain PD/DIO Contact Information from “Disaster Web Page”**

**Participate in Immediate Emergency Procedures and/or relief efforts**

**Discuss with Program Director/DIO any “Personal Disaster Impact”**

**Joint Decision Regarding Temporary or Permanent Transfer**

**Discuss with Program Director/DIO Training Options**

**Await Decision of Program Status**

## E. Resident Transfer Process:

**Transfer Decision is Confirmed**

**Resident/Program Director Meeting to**

**Outline Rationale and Discuss Options**

**Resident/Program Decision to Initiate Transfer**

**Program Director Informs:**

1. **DIO/Acting DIO**
2. **New Program Director**
3. **Resident Copied on All Correspondence**

# APPENDIX II: ACGME Policy and Procedures for Disaster Impacting Training

For reference, the following is the full text of the ACGME Policy and Procedure statement for Disasters impacting residency training (AGCME Accreditation Policies and Procedures, Effective 9/26/2020):

**Subject: 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances**

The ACGME may invoke the Extraordinary Circumstances policy in response to circumstances that significantly alter the ability of a sponsor and its programs to support resident education. The ACGME is committed to assisting in reconstituting or restructuring residents’ educational experiences as quickly as possible. Examples of extraordinary circumstances include abrupt hospital closures, natural disasters, or a catastrophic loss of funding.

**Subject: 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances**

**Section: 21.10 ACGME Declaration of Extraordinary Circumstances**

If the President and Chief Executive Officer of the ACGME, in consultation with the Chair of the ACGME Board, determines that a Sponsoring Institution’s ability to support resident education has been significantly altered, he or she shall invoke the Extraordinary Circumstances policy. A notice will be posted on the ACGME website with information relating to ACGME’s response to the extraordinary circumstances.

**Subject: 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances**

**Section: 21.20 Resident Transfers and Program Reconfiguration**

When the ACGME deems that a Sponsoring Institution’s ability to support resident education has been significantly altered, the Sponsoring Institution must:

1. a. revise its educational program to comply with the applicable Common, specialty specific Institutional and Program Requirements within 30 days of the invocation of the policy; and,
2. b. arrange temporary transfers to other programs or institutions until such time as the program(s) can provide an adequate educational experience for each of its residents and/or fellows; or,
3. c. assist the residents and/or fellows in permanent transfers to other ACGME-accredited programs in which they can continue their education.

If more than one institution or program is available for temporary or permanent transfer of a particular resident or fellow, the preferences of the resident or fellow must be considered by the transferring institution or program. Programs must expeditiously make the decision to reconstitute the program and/or arrange for temporary or permanent transfers of the residents and/or fellows so as to maximize the likelihood that each resident or fellow will complete the academic year with the least disruption to her or his education.

1. Within 10 days of the invocation of the Extraordinary Circumstances policy, the designated institutional official, or designee(s), of each affected Sponsoring Institution must contact the ACGME to receive the timelines the ACGME has established for its programs. These timelines will establish deadlines for the Sponsoring Institution(s) to:
   * + - 1. (1) submit program reconfigurations to the ACGME; and,
       1. (2) inform each program’s residents of the decision to reconstitute the program and/or transfer the residents either temporarily or permanently.

The due dates for submission of said plans shall be no later than 30 days after the invocation of the Extraordinary Circumstances policy unless other due dates are approved by the ACGME.

If within the 10 days of the invocation of the Extraordinary Circumstances policy the ACGME has not received communication from the designated institutional official(s), the ACGME will attempt to establish contact with the Sponsoring Institution(s) to communicate its expectations.

**Subject: 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances**

**Section: 21.30 Communication with the ACGME**

On its website, the ACGME will provide phone numbers and e-mail addresses for communication with the ACGME from affected institutions and programs.

Designated Institutional Officials should call or e-mail the Institutional Review Committee Executive Director with information and/or requests for information.

Program directors should call or e-mail the appropriate Review Committee Executive Director with information and/or requests for information.

Residents should call or e-mail the appropriate Review Committee Executive Director or the Office of Resident Services (residentservices@acgme.org; or 312.755.5000) with information and/or requests for information.

On its website, the ACGME will provide instructions for changing resident e-mail information through Accreditation Data System.

**Subject: 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances**

**Section: 21.40 Institutions Offering to Accept Transfers**

The ACGME will expedite the process for transfers of affected residents and/or fellows. The process of approval of requests for increases in resident complement from receiving programs to accommodate resident and/or fellow transfers from the affected programs must be handled through the Accreditation Data System (ADS). The Review Committees will expeditiously review applications for complement changes and communicate their decisions. Affected institutions must coordinate temporary or permanent transfers through the ACGME.

**Subject: 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances**

**Section: 21.50 Changes in Participating Sites and Resident Complement**

The ACGME will expedite the review and approval of submissions by programs relating to:

1. a. the addition or deletion of a participating site(s);
2. b. change(s) in the format of the educational program(s); and,
3. c. change(s) in the approved resident complement.

**Subject: 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances**

**Section: 21.60 Temporary Resident Transfer**

At the outset of a temporary resident or fellow transfer, programs must inform each transferred resident or fellow of the estimated duration of his or her temporary transfer. When a program determines that a temporary transfer will continue through the end of the academic year, it must promptly notify each transferred resident or fellow.

**Subject: 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances**

**Section: 21.70 Site Visits**

Upon invocation of the Extraordinary Circumstances policy, the ACGME may determine that one or more site visits is required. Prior to the visit(s), the designated institutional official(s) will receive notification of the information that will be required. This information, as well as information received by the ACGME during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to the extraordinary circumstances may be postponed.

# APPENDIX III: Policies and Procedures, XXX Region Disaster Coalition

The XXX Coalition Web Site is located at the following URL: [www.XXX.org](http://www.XXX.org)