

## PGME Teleconference Friday March 20<sup>th</sup> 2020

### Another Friendly Update

**PARO Update:** If you want to change call scheduling, provide ‘back-up’ scheduling or a night float schedule etc., contact PARO to provide information and get their feedback.

COVID Work Alert <http://www.myparo.ca/>

#### Vacation cancellations

Given the extraordinary circumstances that are unfolding related to the COVID-19 pandemic, it is very important that residents comply with any directions you receive to report to work.

We have reports that some hospitals or services are canceling scheduled vacations. If you have been required to cancel your vacation, comply with the direction to report to work and let us know the details by emailing [covid19@paroteam.ca](mailto:covid19@paroteam.ca)

PARO is monitoring the situation and we are actively looking into what options might be available should you be unable to take vacation or have it canceled.

#### Back-Up Scheduling

As this pandemic unfolds it is likely that, in addition to increased demand on healthcare resources, growing numbers of healthcare workers may be placed on self-isolation or quarantine. We saw this during the SARS outbreak in 2003 and, to help services manage increased work with fewer resources, PARO permitted programs and services to implement a back-up call model.

We advise programs use a similar strategy with the following criteria:

- if a resident scheduled for back-up call is notified by 1700 hrs the day of the call that they are not required, the call will not be counted in the calculation of their duty hour maximums nor will it be eligible for a call stipend
- if the resident is not notified by 1700 hrs and completes the back-up call, then it will count in accordance with the provisions of the PARO-CAHO Collective Agreement.

For reference, please see the following relevant articles of the PARO-CAHO Collective Agreement:

*Article 16.1 – Maximum Duty Hours*

*Article 16.4 (c) – Relief of Duty Post-Call for home call*

*Article 23.2 – Call Stipend Entitlement When Call Converts*

We encourage anyone scheduling call to recognize that some residents, such as those with young children who would need to arrange for childcare on short notice, may face additional challenges in being placed on back-up call. PARO encourages programs or services to work to alleviate undue stress for residents who are going above and beyond in these challenging times by employing strategies such as minimizing the need for residents to be on back up call or by offering support or financial reimbursement for those requiring childcare arrangements.

Back-up systems should be designed to be equitable. Calls worked should be tracked and the schedule revised if some residents are activated more frequently than others. If programs are able to utilize a sign-up process where residents can identify preferences in how they are scheduled for back-up call, this may mitigate conflicts like childcare, etc.

If your program would like assistance in designing a back-up system, PARO will be pleased to help. Please send an email to [covid19@paroteam.ca](mailto:covid19@paroteam.ca).

**Another Friendly Update**

**Travel Policy Update**

**1. Schulich Western travel policy** – sent out March 18<sup>th</sup> ~ 4:30 PM

All Schulich Medicine residents and fellows who have travelled internationally (including the United States) must self-isolate for 14 days upon their return. This is in alignment with the [Government of Canada travel advisory](#), March 13, 2020. Only after 14 days, and if the resident or fellow is asymptomatic, will they return to their clinical training. If the clinical demands at the resident or fellow's home hospital is critical and their support is required, they may be asked to return to their training prior to the completion of the 14 days, only if they are asymptomatic. They will be required to wear appropriate protective equipment upon their return.

All Schulich Medicine clinical faculty who have travelled internationally (including the United States) please follow your home hospital travel policies. Faculty working at [London Health Sciences Centre](#) and [St. Joseph's Health Care London](#) can review those policies through the individual hospital intranet sites.

**2. LHSC travel policy** provided on March 17<sup>th</sup>

**Health Care Worker Travel**

We have received many questions regarding return to work following any travel outside of Canada and we have updated our policy. Our policy is consistent with the federal and provincial guidelines and aligned with St. Joseph's Health Care London.

1. Anyone working at LHSC who has travelled outside of Canada in the last 14 days and is symptomatic should stay home and follow your regular sick call-in process.
2. Anyone working at LHSC who has travelled outside of Canada in the last 14 days and is asymptomatic is asked to contact their direct leader upon returning to the country. Your leader will determine if you perform an essential function **at this time**.
3. If you are deemed essential **at this time** and are asymptomatic you will be required to report to work and wear a mask, as an extra layer of safety, while closely self-monitoring for symptoms.
4. Those who are deemed non-essential by their leader **at this time** will be asked to stay home. If you are asymptomatic you must be prepared to come to work if required (this may include redeployment to another task). Those who can perform their functions from home, and are already equipped to do so, will be instructed by their leader.
5. Those at home will be paid.
6. Anyone, regardless of travel, who is symptomatic should stay home and follow their sick call-in process.

**3. And of note: PARO advice to residents from March 16<sup>th</sup>**

**Public Health is telling me one thing but the Hospital is telling me something else – what do I do?**

The answer is that you should follow the advice of your employer. Public Health is responsible for issuing advisories to the broader public and there may be reasons why there are different expectations of you as a health care worker.

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**Travel Policy Update:** So what does this mean?

**For your residents and fellows – if they are not considered ‘essential’ by your program then provide 14 days of self-isolation. If you do consider them to be essential then follow hospital guidelines with them.**

**COVID-19 Testing: from London Middlesex Health Unit March 19<sup>th</sup>**

Testing is NOT currently recommended for asymptomatic individuals.

NOTE: however, our test kits are in short supply

#### Who should be tested for COVID-19?

Testing is now recommended for the following people, dependent on the local availability of swabs:

A person who has FEVER or COUGH or SHORTNESS OF BREATH

AND

Any of the following within 14 days prior to the onset of illness:

- Travel outside of Canada
- Close contact with a confirmed or probable case
- Close contact with a person with acute respiratory illness who has travelled

#### Examination Update:

- CFPC may be rethinking attempt to have written examinations in June – and looking at combined written and office oral exam in the fall; more information from the Royal College expected by early next week.
- CPSO – agreement in principle for all jurisdictions in Canada to provide some type of special licence as a temporary licence pending successful examination completion. The certification examination would need to be taken as soon as it is available. One option has been use of Restricted Registration – but this requires supervision and an MRP which may not be available or practical for some of our graduating residents – CPSO is aware.
- **For PDs and residents taking exams:**
  - The RCPSC and CFPC have promised to provide a four-week notice prior to any scheduled exam dates – PDs may wish to consider providing study time or a low risk environment for the two weeks prior to exam dates for these residents so they are not caught in a situation of ‘self-isolation’ during their exam dates.

#### Questions we can't answer:

- Our Year 1 residents – what clinical experiences will be available, will they be able to obtain required EPAs? Do we need to change orientation which is historically done in large group settings?
- What will be the effect of missing their elective opportunities have for our medical students and their CaRMS applications?
- Etc.