

Residents and Public Health Emergency Preparedness Guidelines

COFM Deans

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Residents are a critical resource in addressing public health emergencies, which are not limited to infectious disease outbreaks, but can also result from natural disasters, accidents and conflict. With dual roles as healthcare providers and as trainees, residents are uniquely situated to participate in emergency preparedness and the mobilization of the response.

These guidelines are intended for:

- PARO members;
- Employer Hospitals and their representative organizations;
- University and residency program leadership; and
- Government and Public Health Agencies.

Residents in Ontario provide service under the auspices of a Collective Agreement between PARO and CAHO. The Agreement sets parameters around duties, remuneration, leave, work hours, and other conditions of employment. For instance, residents are currently limited to a service rotation and on-call shift limit of 24 hours in duration averaging no more than every fourth day for in-house call, and no more than every third day for home call.

Though PARO may not strictly enforce the Agreement during a public health emergency, individual residents should not be compelled to work to the detriment of patient or personal safety. Residents have been very proud of the significant contributions they have made during public health emergencies in the past such as SARS and H1N1. These contributions are not only in the delivery of important service but often with disruption to their regular training schedule and experiences.

Our commitment to the PARO membership and overarching principle of these guidelines is adherence to the PARO-CAHO Collective Agreement in the following context:

- Although patient care exigencies and diminished staff resources in a Public Health Emergency may result in residents working additional hours, taking additional call or missing vacation, every effort should be made to respect the conditions of the Collective Agreement to ensure patient safety and resident well-being.
- The salaries of resident physicians should not be prejudiced due to a pandemic/disaster scenarios or Public Health Emergencies.

Residents play a significant role in the provision of direct patient care, regularly on-call inside the hospital. As such, society has a reciprocal obligation to support

those who face a disproportionate burden in protecting the public good, and take steps to minimize this burden as much as possible. (CMA Policy)

Communications and Resident Representation

Residents provide cross-coverage at multiple sites, and are often members of several professional associations. There is great potential for residents to receive conflicting information from numerous stakeholders during a Public Health Emergency. Therefore, reliable lines of communication should be established well in advance.

- Residents should familiarize themselves with Public Health Emergency policies and procedures of the CPSO, hospitals, and university PGME Offices.
- PARO should be on the communications list of the Ministry of Health, PGME Offices, and hospitals regarding Public Health Emergency planning and will serve as a central clearinghouse for pandemic/crisis knowledge transfer for residents.
- Hospital, University PGME Offices, the CPSO, and government public health organizations should have PARO representatives on their planning committees regarding Public Health Emergency planning, including local implementation committees regarding deployment of residents.

Training, Supervision and Assignment

As physicians and front-line healthcare providers, residents recognize their ethical duty to respond to public health emergencies. Disasters and epidemics will require efforts in excess of routine activities, and residents as a skilled workforce that can be mobilized to address the added strains on the healthcare system. All contingency plans for public health emergencies should incorporate resident physicians.

Residents, however, are also trainees with a diverse range of skills dependent on specialty and level of training. A final-year emergency medicine resident, for instance, could be called upon to staff a temporary emergency department with minimal supervision, while a first-year resident may be better suited to provide screening assessments or procedures such as casting and suturing.

Regardless of specialty or level of training, residents possess basic medical knowledge and procedural skills and can be efficiently retrained or provided with complementary or additional training (such as training in Chemical Biological Radiological, Nuclear or Explosives) to provide care outside of their scope if necessary.

- Residents should practice when care needed is urgent, when a more skilled physician is not available, and when not providing care would lead to worse consequences than providing it during a Public Health Emergency

- Residents should perform essential frontline work where it is most needed during a Public Health Emergency. Where they are expected to perform procedures they may not be qualified to perform, appropriate training must be provided.
- Residents should not be expected to continue their routinely scheduled teaching duties during a Public Health Emergency.
- Residents will be given training for and access to Personal Protection Equipment and have the right to refuse work if not provided.
- Supervision and assignment of residents should be the responsibility of the attending physician, department/division chief, and approved by the Program Director or designate.
- The relevant organizations (Faculty, hospitals, CaRMS, Colleges) should make accommodation for residents who are in training during a Public Health Emergency on issues of training requirements for certification exams, length of training and promotion, and subspecialty matching activities.

Residents fully recognize the invaluable learning experience working during a pandemic or disaster provides. As such, this valuable experience gained by resident physicians should also be recognized in terms of their training credentials.

Vaccinations, Safety, Illness & Treatment

Inevitably, providing care in emergency circumstances will require placing oneself at risk of harm that is above and beyond routine work. This is not limited to exposure to infectious agents, toxins and conflict, but can also include excessive fatigue, burnout and emotional harm. Residents must balance their obligation to provide care to patients with those to themselves and their families. Residents should use professional judgment when balancing these obligations. (CPSO Policy – Physicians and Health Emergencies)

- In their role as hospital employees, residents have access to hospital Occupational Health Offices.
- Residents at high risk of morbidity and mortality based on the type of service being provided or underlying medical conditions should have rapid access to vaccines along with the population deemed high risk.
- Residents who are ill, infected or high-risk -- including those with chronic illness, on immunosuppression treatment, or pregnant -- can refuse work.
- Residents who contract a pandemic illness will be quarantined according to site infection control protocols and subsequently provided with alternate
- Living arrangements in the event that returning home would place their family at great risk.

Appendix A

Resources and Information on Emergency Preparedness for Healthcare Professionals

Health care providers and other health workers can receive important health notices through email and/or fax at the following link: [eHealth Ontario](#)

The Health Care Provider Hotline 24-hour hotline (toll free 1-800-212-2272)

Available when clarification or interpretation of ministry directives, or follow up on Important Health Notices (IHNs) is required during an emergency or also to notify the ministry of a local health emergency.

The MOHLTC website <http://www.health.gov.on.ca/en/pro/programs/emb/default.aspx>



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