

Augusta University
House Staff Policies and Procedures

Policy	Source
HS 22.0 Emergency/Disaster Response Policy	Graduate Medical Education Office

1.0 Purpose

This policy is established to protect the well-being, safety, and educational experience of House Staff enrolled in our GME training programs in the event of an emergency, including disasters, impacting the GME programs sponsored by MCG. This policy is provided in accordance with ACGME requirements that state the Sponsoring Institution (i.e., MCG) must maintain a policy consistent with ACGME Policies and Procedures that addresses support for each of its ACGME-accredited programs and House Staff in the event of an emergency/disaster or other substantial disruption in patient care or education.

2.0 Definition of Emergency

Emergencies, as pertain to this policy, are significant events that necessitate deviation from the routine functioning of MCG GME programs. Emergencies may be natural (e.g., hurricane, tornado, pandemic) or manmade (e.g., active shooter, bombing, chemical attack).

3.0 Scope of Policy

An emergency does not have to have been officially declared by a local, state, or federal leader in order for this policy to be enacted. A program director that recognizes a situation as an emergency may independently enact this policy after consultation with the GME Office including the DIO.

4.0 Procedure


- 4.1 Following the declaration of an emergency such as a disaster or other substantial disruption in patient care or education, the GMEC, working with the DIO and other sponsoring institutional leadership, will strive to restructure or reconstitute the educational experience as quickly as possible. Every reasonable effort will be made to preserve House Staff's scheduled rotations and educational curricula to ensure the continuation of House Staff assignments. The health of the public and the care needs of individual patients will be the principal reasons for modifications of House Staff schedules or educational curricula. Modifications of House Staff schedules or educational curricula should incorporate meaningful learning opportunities to the greatest extent possible. Service-oriented activities should be minimized or avoided altogether if possible.
- 4.2 Any substantial modifications of House Staff's scheduled rotations and/or educational curricula in response to an emergency should be discussed with the DIO, or designee, prior to implementation. If there is no time to do this beforehand due to the acuity of the emergency, the GME Office must be notified of modifications as soon as possible after the fact, along with sufficient rationale.
- 4.3 If applicable, the DIO and GMEC, in consultation with the Dean of MCG (i.e., the chair of the Governing Body), will determine if transfer to another program is necessary as quickly as possible to maximize the likelihood that House Staff will be able to complete program requirements within the standard time required for certification in that specialty.
- 4.4 If it is determined that MCG can no longer provide an adequate educational experience for its House Staff, MCG will, to the best of its ability, arrange for the temporary transfer of House Staff to programs at other sponsoring institutions until MCG can resume providing the training experience.
- 4.5 House Staff who transfer to other programs as a result of an emergency or other substantial disruption will be provided by their Program Directors with an estimated time that relocation to another program will be necessary. Should that initial time estimate need to be extended, the House Staff will be notified by their Program Directors using written or electronic means identifying the estimated time of the extension.
- 4.6 If the emergency or other substantial disruption prevents MCG from re-establishing an adequate educational experience within a reasonable amount of time following the emergency or other substantial disruption, then permanent transfers will be arranged.

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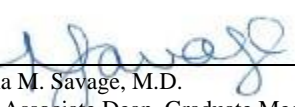
Source
Graduate Medical Education Office

- 4.7 In the event of a disaster or other substantial disruption in patient care or education, MCG will ensure continuation of salary, benefits, and professional liability coverage so long as the House Staff remains within the MCG GME training program. If transfer were needed due to continued disaster or other substantial disruption, MCG would assist in identifying training programs and may assist with funding of salary and benefits during the duration of the required GME training period within the stated specialty based on funding availability.
- 4.9 The DIO will be the primary institutional contact with the ACGME including the Institutional Review Committee Executive Director regarding emergency/disaster plan implementation and needs within MCG following ACGME requirements.
- 4.10 In the event of an emergency or other substantial disruption affecting other sponsoring institutions of GME programs, the DIO at MCG will work collaboratively with the other sponsoring institutions' DIO with the consideration of accepting House Staff from other institutions. Programs currently under an adverse accreditation decision by the ACGME will not be eligible to accept transfer of House Staff. All ACGME requirements will be followed, including requesting complement increases from GMCEC and ACGME if needed.
- 4.11 Programs will be responsible for establishing procedures to protect the academic and personnel files of all House Staff from loss or destruction by a disaster. This should include at least a plan for the storage of data in a separate geographical location.
- 5.0 Requirements that Should Not Be Violated in Accordance with ACGME Guidance
- 5.1 Clinical and Educational Work Hour Requirements
- The ACGME Common Program Requirements Section VI.F Clinical Experience and Education Hour Requirements remain unchanged. The safety of patients and House Staff is GME's highest priority, and it is vital all House Staff receive adequate rest between clinical duties.
- 5.2 Adequate Resources and Training
- When caring for patients during the unique circumstances of an emergency, House Staff must be trained in treatment protocols, infection control protocols, and procedures adopted by the local healthcare setting (e.g., personal protective equipment) for that situation. Clinical learning environments must provide adequate resources, facilities, and training to House Staff.
- 5.3 Adequate Supervision
- Any House Staff who provides care to patients in an emergency setting will do so under the appropriate supervision for the clinical circumstance and the level of education of the House Staff. As a prerequisite, supervising faculty members are expected to have been adequately trained to practice in the emergency setting.
- 6.0 Specific Guidance Provided by the ACGME
- The GME Office will monitor the ACGME website during large-scale emergencies and communicate any ACGME policies and guidance directly to program directors, program coordinators, and other leadership as appropriate.



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5/31/24
Date



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5/31/24
Date