

Section:	Family Medicine Residency Program
Document Number:	GME0015
Title:	Disaster Planning Policy
Responsible Department:	Graduate Medical Education
Created:	07/12/2016
Revised:	09/28/2020
Superseded:	07/12/2016
GMEC Approved:	10/20/2020
Board of Directors Approved:	10/22/2020
Effective:	10/23/2020
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POLICY:

Valley Health Team and its affiliates have each developed plans to guide institutional responses to local extreme emergent situations and disasters.

SCOPE:

This GME Disaster Planning Policy is intended to augment existing institutional plans, focusing specifically on residents in graduate medical education programs sponsored by Valley Health Team.

PURPOSE:

In the event of a widespread emergency affecting operations, the extent to which a particular situation constitutes a local extreme emergent situation or disaster will be determined with reference to those institutional policies and plans.

PROCEDURE:

The Policy is guided by the following principles:

- Valley Health Team is committed to ensuring a safe, organized and effective environment for training of its residents and fellows;
- Valley Health Team recognizes the importance of physicians at all levels of training in the provision of emergency care in the case of a local extreme emergent situation of any kind or a disaster;
- Decisions regarding initial and continuing deployment of residents in the provision
 of medical care during a local extreme emergent situation or disaster will be made
 taking into consideration the importance of providing emergency medical care; the
 continuing educational needs of the trainees; and the health and safety of the
 trainees and their families.
- 1) Upon the occurrence of the local extreme emergent situation or disaster and immediately following up to one week:
 - a) Residents able to report to work will report to the institution of their current rotation assignment. Residents will be deployed as directed by the leader of the VHT Incident Command at each institution. Ongoing decision-making regarding



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deployment of trainees to provide needed clinical care will be based on the clinical needs of the institution, the ability to adequately supervise trainees, and the safety of trainees.

- b) Those involved in making decisions in this period are:
 - i. Leaders of VHT Incident Commands
 - ii. Chief Medical Officers
 - iii. Designated Institutional Official (DIO)
- c) To the extent possible within the constraints of the emergency situation, decision-makers shall inform and consult with the Valley Health Team Office of Legal Affairs, Residency Program Director(s), Chief Residents, and the Chairs of the Resident Forum.
- 2) By the end of the first week following the occurrence of the local extreme emergent situation or disaster, if the emergency is ongoing:
 - a) An assessment will be made of:
 - i. The continued need for provision of clinical care by trainees; and
 - ii. The adequacy of trainee supervision;
 - iii. The likelihood that training can continue on site.
 - b) The assessment will be made by:
 - i. DIO
 - ii. Chief Medical Officers
 - iii. Leaders of VHT Incident Commands
 - iv. Valley Health Team Office of Legal Affairs
- 2) Graduate Medical Education Committee
 - a) By the end of the second week following the occurrence of the local extreme emergent situation or disaster, if the emergency is ongoing:
 - i. The DIO will request an assessment by individual program directors regarding their ability to continue to provide training;
 - ii. The DIO will request suggestions for alternative training sites from program directors who feel they will be unable to continue to offer training at Valley Health Team;
 - iii. The DIO will contact the Accreditation Council for Graduate Medical Education (ACGME) to provide a status report;



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- iv. Those involved in decision making in this period are:
 - a) DIO
 - b) Individual Program Directors
 - c) Graduate Medical Education Committee (GMEC)
 - i. Trainees who wish to take advantage of the Valley Health Team Leave of Absence Policy or to be released from their contract will be accommodated.
- b) During the third and fourth weeks following the occurrence of the local extreme emergent situation or disaster, if the emergency is ongoing:
 - i. Program directors at alternative training sites will be contacted to determine feasibility of transfers as appropriate;
 - ii. Transfers will be coordinated with ACGME;
 - iii. Valley Health Team Program Directors will have the lead responsibility for contacting other program directors and notifying the DIO and of the transfers; and
 - iv. The DIO will be responsible for coordinating the transfers with the ACGME.
- c) When the local extreme emergent situation or disaster is ended:
 - i. Plans will be made with the participating institutions to which residents and fellows have been transferred for them to resume training at Valley Health Team;
 - ii. Appropriate credit for training will be coordinated with the ACGME and the applicable Residency Review Committees; and
 - iii. Decisions as to other matters related to the impact of the local extreme emergent situation or disaster on training will be made by the DIO and GMEC.
 - iv. Salaries and benefits of Valley Health Team residents will continue to be paid as normal throughout the emergent situation or disaster per Valley Health Team Human Resources payroll policies.



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