



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

School of Medicine

Operating Policy and Procedure

SOM OP: 50.10, **Disaster Policy**

PURPOSE: The purpose of this School of Medicine (SOM) policy and procedure is to establish guidelines regarding an event that causes significant interruption in the provision of patient care, as mandated by ACGME's Policies and Procedures.

REVIEW: This SOM Policy and Procedure shall be reviewed within each odd-numbered fiscal year by the TTUHSC Graduate Medical Education Coordinating Council. Revisions will be forwarded to the Office of the Dean for approval and publication

POLICY/PROCEDURE:

DEFINITIONS:

1. **Disaster.** An event or set of events causing significant alteration to the residency/fellowship experience at one or more residency/fellowship programs. (ex. Hurricane Katrina)
2. **Extreme emergent situation.** A local event (such as a hospital-declared disaster for an epidemic) that affects resident education or the work environment but does not rise to the level of an ACGME-declared disaster as defined in the ACGME Policies and Procedures.

POLICY/PROCEDURE:

1. **ACGME Declaration of a Disaster.** When warranted, the ACGME Chief Executive Officer, with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee, will make a declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to ACGME's response to the disaster.
 - a. After declaration of a disaster, triggering implementation of the PME GME Disaster Policy:
 - 1) The Associate Dean for GME and Resident Affairs and DIO or designee will meet with each Program Director and appropriate university and/or hospital officials to determine the ability of the programs to continue to provide adequate educational experiences for residents and fellows.

Insofar as a program/institution cannot provide at least an adequate educational experience for each of its residents/fellows because of a disaster, the Associate Dean for GME and Resident Affairs and DIO and Program Directors will proceed to:

- a) Arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows; or
 - b) Assist the residents in permanent transfers to other programs/institutions, i.e., enrolling in other ACGME-accredited programs in which they can continue their education.
- 2) Program Directors are to use a previously developed contact list of potential sites for resident placement. The Program Director and DIO are jointly responsible for maintaining ongoing communication with the GMEC throughout the placement process.

If more than one program/institution is available for temporary or permanent transfer of a particular resident, the preferences of each resident must be considered. Programs must make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident/fellow will complete the year in a timely fashion.

- 3) The DIO or designee will contact the ACGME Institutional Review Committee Executive Director within ten days after declaration of the disaster to discuss the due date for submission of plans for program reconfigurations and resident transfers to the ACGME.

The Associate Dean for GME and Resident Affairs and DIO will then provide initial and ongoing communication to university/hospital officials and all affected Program Directors.

- 4) Each Program Director and or the DIO will determine/confirm the location of all residents; determine the means for ongoing communication with each; and notify emergency contacts of any resident who is injured or cannot be located.

As soon as arrangements for temporary or permanent transfers have been confirmed, but no less than 10 days after declaration of the disaster, the Program Director or designee will notify each resident.

- 5) The DIO will access information on the ACGME website to provide Program Directors with assistance in communicating and document resident transfers, program reconfigurations, and changing participating sites.

b. Communication with ACGME:

- 1) On its website, the ACGME will provide phone numbers and email addresses for emergencies and other communication with the ACGME from disaster affected institutions and programs. The DIO shall ensure that each Program Director and resident is provided with information annually about this emergency communication availability.

- 2) In general:
 - a) The DIO will call or email the Institutional Review Committee Executive Director with information and/or requests for information.
 - b) Program Directors will call or email the appropriate Review Committee Executive Director with information and/or requests for information.
 - c) Residents call or email the appropriate Review Committee Executive Director with information and/or requests for information, if they are unable to reach their Program Director or DIO.

2. Declaration of An Extreme Emergent Situation. Declaration of an extreme emergent situation may be initiated by a Program Director or by the Associate Dean for GME and Resident affairs and DIO. Declaration of a qualifying local disaster is made by the Associate Dean for GME and Resident Affairs and DIO, in collaboration with affected Program Directors, and Department Chairs and the Dean of the School of Medicine. When necessary, an emergency meeting of the GMEC – conducted in person, through conference call, or through web-conferencing – shall be convened for discussion and decision-making as appropriate.

After declaration of an extreme emergent situation:

- a. The Program Director of each affected residency/fellowship program shall meet with the Associate Dean for GME and Resident Affairs and the DIO and other university/hospital officials, as appropriate, to determine the clinical duties, schedules, and alternate coverage arrangements for each residency program sponsored by the Institution. ACGME's guidelines for development of those plans should be implemented, including:
 - 1) Residents and fellows must be expected to perform according to the professional expectations of them as physicians, taking into account their degree of competence, level of training, and context of the specific situation. Residents who are fully licensed in Texas may be able to provide patient care independent of supervision in the event of an extreme emergent situation, as further defined by the applicable medical staff by-laws.
 - 2) Residents are also trainees/students. Residents/fellows should not be first-line responders without consideration of their level of training and competence; Texas Medical Board (TMB) training certificate supervision requirements, the scope of their individual license, if any; and/or beyond the limits of their self-confidence in their own abilities.
- b. Program Directors will remain in contact with the Associate Dean for GME and Resident Affairs and DIO about implementation of the plans to address the situation, and additional resources as needed.
- c. The DIO will call the ACGME IRC Executive Director if (and, only if) the extreme emergent situation causes serious, extended disruption that might affect the Institution/Program's ability to remain in substantial compliance with ACGME requirements. The ACGME IRC will alert the respective RRC. If notice is provided to the ACGME, the DIO will notify the ACGME IRC ED when the extreme emergent situation has been resolved.

- d. The Executive Committee of the GMEC will meet with affected Program Directors to establish monitoring to ensure the continued safety of residents and patients through the duration of the situation; to determine that the situation has been resolved; and to assess additional actions to be taken (if any) to restore full compliance with each affected resident's completion of the educational program requirements.