

 <p><b>All HFHS Includes:</b>          Behavioral Health Services          Community Care Services          Corporate Services          Henry Ford Hospital          Henry Ford Medical Group          Kingswood Hospital          Macomb Hospitals          West Bloomfield Hospital          Wyandotte Hospital</p>	<b>Policy Name/Subject:</b> Emergency Preparedness: Disasters and Extreme Emergent Situations (MEP 002)		<b>Policy No:</b> MEP 002
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	<b>External Regulatory Requirement:</b> ACGME, AOA, CPME		
	<b>Audience:</b> Graduate Medical Education		
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## Background

To define responsibilities during emergencies including “disasters” which impact an entire community or region for an extended period of time and “extreme emergent situations” localized to one institution, a participating institution or a clinical setting.

## Policy

Henry Ford Health System strives to provide a stable educational environment and employment for medical students and house officers. A declaration of an emergency will be made in accordance with the HFHS Emergency Preparedness plans for each site, located at [www.onehenry.hfhs.org](http://www.onehenry.hfhs.org).

Decisions regarding medical students and house officers’ involvement in emergencies must take into account the following:

- house officers’ multiple roles as a student, a physician, and an institutional employee;
- medical students roles as a student and a volunteer;
- the nature of the health care and clinical work that the individual is expected to deliver;
- level of undergraduate or post-graduate education specifically regarding specialty preparedness;
- safety, considering their level of training, associated professional judgment capacity, and the nature of the emergency at hand;
- board certification eligibility during or after a prolonged emergency;
- reasonable expectations for duration of engagement in the emergency; and,
- self-limitations according to the individual’s maturity to act under significant stress or even duress.

Medical students and house officers should not be first-line responders without appropriate supervision given the clinical situation at hand and their level of training and competence. If a house officers are working under an educational license, they must work under supervision.

**Performance in emergencies should not exceed expectations for scope of competence or license as judged by program directors.** Individuals should not be expected to perform beyond the limits of self-confidence in their own abilities or be expected to perform in any situations outside of the scope of their individual license. Expectations for performance under extreme circumstances must be qualified by the scope of licensure.

Fully licensed house officers at an advanced level of training may be able to provide patient care independent of supervision.

## Procedures

In the event of an emergency:

1. The Incident Commander will notify the System Vice President of Medical Education or hospital Designated Institutional Official (DIO).
2. The DIO is the official in charge of medical students and house officers within the institution during an emergency. The chair of the Graduate Medical Education Committee (GMEC) is the designee if the DIO is not available.
3. Program directors' first point of contact for information and answers to questions regarding medical students and house officers is the Department of Medical Education/ Designated Institutional Official.
4. The DIO will contact medical school(s) deans if an emergency causes serious, extended disruption to medical student assignments, educational infrastructure or clinical operations, and to discuss deployment of medical students during the emergency. Medical students function as volunteers during an emergency.
5. The DIO will contact the appropriate accrediting agency (ACGME: Executive Director, Institutional Review Committee; AOA: Director of Education; CPME: Executive Director) if an emergency causes serious, extended disruption to house officers' assignments, educational infrastructure, or clinical operations that might affect the Sponsoring Institution's or any of its programs' ability to conduct education in substantial compliance with program requirements (ACGME Institutional, Common, and specialty-specific Program Requirements; AOA Basic Standards for Residency Training; CPME Basic Standards). On behalf of the Sponsoring Institution, the DIO will provide information regarding the emergency and the status of the educational environment for its accredited programs.
6. The Department of Medical Education will provide administrative support to all programs and gather information regarding the impact of the emergency on (1) safety and supply of medical students and house officers, faculty and staff; (2) immediate needs for patient care and changes in volume; (3) extent of damage to facilities and training sites, communications and clinical information systems; (4) impact on function of the program; (5) short-term (days/weeks) and long-term (weeks/months) projections.
7. The DIO or designee will work directly with medical and site administration to determine the short-term and long-term impact on clinical operations caused by the emergency.
8. The GMEC will meet within two business days of the emergency to review the available information regarding the impact on clinical operations and training programs. The committee will meet regularly, as necessary, to continue assessing the situation and to make decisions regarding training programs.
9. Given the complexity of some events, the accrediting agency/medical school(s) may request a written description of the disruptions at the Institution and details regarding activities the Institution has undertaken in response. Additional updates to this information may be requested based on the duration of the event.

10. All communication with the accrediting agency and medical schools will be addressed to and by the DIO.
11. All are expected to follow institutional Emergency Preparedness plans for each site located at [www.onehenry.hfhs.org](http://www.onehenry.hfhs.org).
12. All house officers on duty are expected to remain at their site until dismissed by their supervisor, program director or DIO. All house officers who are not on duty when an emergency is declared, should contact their program director or DIO who will determine when individuals are to report. Medical students may be asked to serve as a volunteer by their clerkship director or their medical school.
13. In the event that it becomes necessary to transfer house officers temporarily to another institution, the Department of Medical Education will work with that institution and within the rules of CMS' (Center for Medicare and Medicaid Services) GME funding policies and procedures to ensure maintenance of house officer salaries/benefits and to allow the other institution to claim and collect CMS' GME funds during the resident's temporary duty assignment.
14. The Department of Medical Education and HFHS will make every effort to restore clinical services and educational resources to the normal pre-emergency status in order to reinstitute resident training as soon as possible.
15. The DIO will notify the accrediting agency when the emergency has been resolved.