DALHOUSIE UNIVERSITY Postgraduate Medical Education **Public Health Emergencies and Mass Casualty Events Guidelines**	*Policy Sponsor:* Faculty of Medicine	*Approval Date:* March 6, 2025
	Responsible Unit: Postgraduate Medical Education	*Amendments:*

Introduction

Postgraduate trainees are a critical resource in addressing public health emergencies and mass casualty events, which may include events such as infectious disease outbreaks, natural disasters, accidents and conflict. Public health emergencies can also provide some unique learning opportunities. With dual roles as healthcare providers and as learners, postgraduate trainees are uniquely situated to participate in emergency preparedness and the mobilization of the response to public health emergencies and/or mass casualty events. These guidelines are intended for all Dalhousie postgraduate trainees and non-Dalhousie trainees registered for electives (collectively "Postgraduate Trainees") as well as University and residency program leadership.

Guiding Principles and Best Practices

Postgraduate trainee wellness related to Public Health Emergencies and Mass Casualty Events

- Public health emergencies and mass casualty events are recognized to be a time of increased stress for the entire medical system, including postgraduate trainees.
- Appropriate pre-briefing and de-briefing services should be made available for all trainees related to public health emergencies and mass casualty events, as per the resident safety policy.

Communications in the Event of a Public Health/Mass Casualty Event

- *Guiding Principles:* Postgraduate trainees provide cross-coverage at multiple sites and are often members of several professional associations. There is great potential for them to receive conflicting information from numerous stakeholders during a Public Health Emergency. Therefore, reliable lines of communication with Postgraduate Trainees and coordination of the roles of Postgraduate Trainees in such an event should be established under the direction of the Postgraduate Medical Education (PGME) Office.

Overarching Best Practices

- The PGME office should act as the conduit for information from stakeholders to Postgraduate Trainees.
- Postgraduate Trainees should familiarize themselves with Public Health Emergency policies and procedures of the College of Physicians and Surgeons of the province where they are working, their health authority, and the Dalhousie PGME Office.
- Postgraduate Trainees should ensure that the Dalhousie PGME Office has current contact information on file.

Training, Supervision and Assignment Guiding Principles

- As physicians and front-line healthcare providers, Postgraduate Trainees have an ethical duty to respond to public health emergencies. Disasters and epidemics may require efforts in excess of routine activities, though these should not be in excess of those outlined in the MarDocs contract. Since Postgraduate Trainees represent a skilled workforce that can be mobilized to address the added strains on the healthcare system, all contingency plans for public health emergencies and mass casualty scenarios should incorporate Postgraduate Trainees.
- Postgraduate Trainees are individuals with a diverse range of skills dependent on specialty and PGY-level of training. These skills may lend themselves to different kinds of redeployment activities. A final-year emergency medicine Postgraduate Trainee, for instance, could be called upon to staff a temporary emergency department with minimal supervision, while a first-year Postgraduate Trainee may be better suited to providing screening assessments or perform procedures such as casting and suturing.
- Regardless of specialty or level of training, Postgraduate Trainees possess basic medical knowledge and procedural skills and can be efficiently retrained or provided with complementary or additional training to provide care outside of their scope if necessary.

Training, Supervision and Assignment Best Practices

- Postgraduate Trainees should practice when required care 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.
- Postgraduate Trainees should perform essential frontline work where it is most needed during a Public Health Emergency. Where they are asked to perform procedures, they are not qualified to perform independently, appropriate training and supervision must be provided.
- Postgraduate Trainees should not be expected to continue their routinely scheduled teaching or research duties during a Public Health Emergency.
- Postgraduate Trainees will be given training for and access to Personal Protection Equipment (PPE) and have the right to refuse work if appropriate protective devices are not provided.

- Supervision and assignment of Postgraduate Trainees within a service should be the responsibility of the attending physician, as directed by the department/division chief, and these assignments must be approved by the Program Director or designate.

Vaccinations, Safety, Illness & Treatment Guiding Principles

Providing care in emergency circumstances may 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. Postgraduate Trainees must balance their obligation to provide care to patients with the obligations to themselves and their families and should use their professional judgment when balancing these obligations.

Vaccinations, Safety, Illness & Treatment Best Practices

- In their role as Health Authority employees, Postgraduate Trainees should have access to Health Authority Occupational Health Offices.
- Postgraduate Trainees at higher risk of morbidity and mortality based on the type of service being provided or underlying personal medical conditions should have rapid access to vaccines along with the population deemed high risk.
- Postgraduate Trainees who are ill, infected or high-risk, including those with relevant chronic illnesses, those who are on immunosuppression treatment, or those who are pregnant, can refuse work in situations in public health emergencies and mass casualty events that would place them at increased risk.
- Postgraduate Trainees who contract a pandemic illness will be quarantined according to site infection control protocols and will subsequently be provided with alternate living arrangements in the event that returning home would place their family at great risk.

Appendix A: Principles for Redeployment of Post-Graduate Trainees During Public Health Emergencies and Mass Casualty Situations

The Chief Medical Officers of Health are empowered to issue directives to health care professionals and health care entities such as hospitals to protect the health of citizens. Under exceptional circumstances of clinical need as identified by Ministerial and/or Public Health Officials, many health care professionals may be redeployed to services in need such as hospital emergency rooms, ICUs, triage facilities, or to responsive facilities such as vaccination units and assessment clinics. Through its guidelines on response to mass casualty events and public health emergencies, Dalhousie's Faculty of Medicine has endorsed the principle that all registered postgraduate trainees (including residents and fellows) are subject to these redeployment measures by virtue of their status in the hospitals. Redeployment under such circumstances is the jurisdiction of the hospital administrative leaders who are charged with providing care for the population. VPs Medicine or their delegates at affiliated health authorities will advise the faculty of the relevant measures taken involving postgraduate learners through the Academic Issues Committee and the Dean and/or Associate Dean, PGME.

In keeping with provincial licensing authority directives, postgraduate trainees, as licensed professionals, have a duty to the public and may engage in activities deemed to be in public interest even if the activities normally fall outside of the expected core duties of the individual practitioner. Postgraduate trainees, however, should never be forced against their will to engage in unsupervised activities that would not be considered a reasonable competency set for a doctor at their level in their specialty.

Principles to Guide Redeployment Decisions

Duration

Redeployment will be as short a period of time as is necessary to address the acute need. Redeployment will respect the employment provisions of the MarDocs contract and allow flexibility at the discretion of the Program Director or relevant Site Director regarding individual absences due to the health emergency (personal illness or family care). In all cases, absences should be documented by the Program Directors.

Activities while on redeployment

The roles and performance of redeployed postgraduate trainees should be recorded and evaluated as separate from their regularly assigned rotation and activities. Although impossible to guarantee at the outset of a redeployment, individuals should not be required to extend their training program as a result of redeployment for short periods and should receive appropriate credit for any time spent on redeployment. There may be individual cases that require consultations with the Program Directors, certifying Colleges and the PGME Office, so a formal record must be made of the service provided. This record will include, at a minimum, the name of a primary supervisor, time period, description of activities to be performed, and a complete evaluation of such activities. The form should be signed and forwarded to the learner's Program Director at the end of the service. Redeployment decisions made by the hospital administrative leaders may need to take into consideration the resident's seniority/level of training and any special expertise, i.e. more senior residents may be able to function more independently, ensuring that the overall team's ability to cope with the workload is increased.

Eligibility for redeployment

Any postgraduate trainee may be redeployed as per these principles. Any redeployment assignment must respect resident accommodation regarding assigned duties and/or protective measures. It is expected that redeployment decisions will be made by hospital administration officials, primarily by VPs medicine (or designates), or zone/regional medical directors (or designates), and will be based on relative need. These decisions will apply to those postgraduate trainees assigned to the relevant sites at the time the need arises. Unless otherwise directed by the University, rotations between hospitals will occur as scheduled, and postgraduate trainees will be expected to adhere to requirements for their service put in place by the institution they rotate to. The University reserves the right to eliminate or otherwise alter rotation changes

(including date, duration and specific assignments of individuals or groups) in consultation with health authority and/or hospital partners.

Framework for redeployment decisions

The following order for redeployment is preferred: Postgraduate trainees can remain where they currently are rotating. Postgraduate trainees, regardless of home specialty, can be called upon to provide care in a manner or volume not normally encountered within their current rotation. Within this group, redeployment should occur in this order of priority:

a) ***Postgraduate trainees, currently on rotation in their home specialty, should be redeployed first.***
   - *Examples:* Emergency Medicine (EM) residents on EM rotations participating in screening units,
   - Medicine residents on CTU rotations redeployed to cover alternative wards, Pediatric residents on clinic rotations redeployed to flu clinics).

b) ***Postgraduate trainees currently on rotation in a specialty other than their own, which is being called upon to provide care. (In consultation with their "home" program to ensure they are not needed elsewhere.)***
   - *Example:* Surgery residents doing an Emergency Medicine rotation being redeployed to an evening vaccination clinic operated by the Emergency service

c) ***Postgraduate trainees on non-clinical experiences should be called back into clinical service.***
   - *Example:* Postgraduate trainees who are on research months or on non-call service within the affected institution can be called back to take calls or engage in clinical activities.

d) ***Postgraduate trainees need to be called back to" home" rotation: Postgraduate trainees in a given specialty can be asked to provide care in their home specialty while on another rotation.***
   - *Example:* Emergency Medicine resident on Psychiatry rotation being asked to redeploy to the Emergency Department to cover absences.

e) ***Postgraduate trainees need to be" loaned" to other services: Postgraduate trainees who have the skillset and/or who have previously completed key prerequisite experiences, can be asked to shift their work to another service from that of their home discipline and their current service. The rotation coordinator and/or service chief must be consulted, and the home university program director should be consulted prior to the decision being made.***
   - *Example:* A General Surgery resident who is on Plastic Surgery being called to provide call in the ICU.

f) ***Postgraduate trainees need to be sent to another facility: Postgraduate trainees may need to be redeployed to help address surge or other extraordinary circumstances across the network. Ideally this would only be done within specialty. The home program***

director and the Associate Dean, Postgraduate Medical Education must be involved in the decision.

- *Example:* Anaesthesia residents rotating at a busy community site that has been repurposed as a screening facility can be redeployed to a trauma centre to address increased surgical volumes.

Other postgraduate trainees may be redeployed on a voluntary basis. Postgraduate trainees may volunteer to help in redeployment activities with consent of the university Program/Fellowship Director and relevant hospital authorities. The home Program Director and the Associate Dean, Postgraduate Medical Education must be involved in the decision.

Authority and Approval

While it is understood that hospital administrative leaders may redeploy any and all providers on service at the institution to address urgent needs, it is expected that the following consultations and collaborative decision-making will occur. For redeployments a, b and c above, the rotation coordinator and/or service chief must be consulted prior to the decision. The Program Director must be informed immediately.

Resolution of Conflict

Resolution of conflicts related to redeployment will be adjudicated by a committee consisting of the Dean of Medicine or delegate, the relevant University Department Chair, VP Medicine or Zone Medical Director, and the Associate Dean, PGME. Please note that a postgraduate trainee's participation in service unrelated to one's current training program is not mandatory. If a postgraduate trainee chooses not to participate in a redeployment assignment and takes time off during the public health emergency or mass casualty situations, they should be made aware that the absences may not count towards the credentialing of their education pro