UNIVERSITY OF TORONTO FACULTY OF MEDICINE
DEPARTMENT OF SURGERY, DIVISION OF GENERAL SURGERY
General Surgery Residency Program Committee
Emergency Preparedness Policy

Purpose and Limitations
1. The purpose of this policy is to outline key principles for the General Surgery Residency Program’s response to public health emergencies (e.g. infectious disease outbreaks, natural disasters, accidents, conflict).
2. This document is informed by several policies from related organizations:
   a. University of Toronto Hospital University Education Committee: ‘Principles for Maintenance of the Education Processes During Times of Crisis’ [2004]
   b. University of Toronto Health Sciences Committee on Emergency Preparedness: ‘Guidelines for Clinical Sites Regarding Student Clinical Placements in an Emergency Situation’ [2016]
   c. University of Toronto Postgraduate Medical Education (PGME): ‘Principles for Redeployment of Residents and Fellows in Times of Exceptional Health System Need’ [2020]
3. This document does not, and cannot, override the policies of hospitals or the PGME, including policies related to redeployment of personnel.
   a. In the event of conflict between this document and actions taken by a hospital/PGME, the program will actively work alongside the affected residents to resolve the issue.

Emergency Readiness
1. All residents not on approved leave from the program must be registered at a University of Toronto-affiliated clinical site.
   a. For residents on clinical rotations, registration will be at the clinical site of their current rotation.
   b. For residents on research electives or enrolled in the Surgeon Scientist Training Program (SSTP):
      i. If research is being conducted at a clinical site-affiliated research institute, registration must be at minimum with the associated clinical site.
      ii. If research is not being conducted at a hospital-affiliated research institute (e.g. University of Toronto St. George campus), registration must be at minimum with one University of Toronto-affiliated clinical site near their research address.
   c. Residents completing clinical electives or research outside of the University of Toronto (e.g. elective at another university, data collection in a foreign country) are temporarily exempted from this requirement until their return.
2. The Program Director will maintain an active list of all residents and their current hospital registration.
   a. As SSTP residents may be registered at multiple hospitals, the SSTP Chief Resident will update the Program Director on the registration status of all SSTP residents at the end of each month.

Resident Involvement in Public Health Emergencies
1. In principle, residents should not be excluded from providing care during a public health emergency.
2. Redeployment of residents will be informed by the balance between perceived risk and level of competence, or capacity to safely gain competence, for the new role.
3. Residents should, as much as possible, participate in clinical roles similar to those they would perform during non-emergency situations.
   a. By extension, residents on research electives or enrolled in the SSTP should continue their research, as appropriate.
4. It is expected that residents will receive the same level of personal protective equipment (PPE) as employees performing a similar task, in compliance with the Occupational Health and Safety Act (and its regulations), directives from the Government of Ontario, and local hospital policy.
   a. If a resident is not provided the same level of PPE as an employee performing a similar task, or if the PPE provided is not compliant with the above acts, regulations, directives, or policies, the resident has the right to refuse work and will be supported by the program. The resident must inform the clinical site and Program Director of this decision as soon as possible.
   b. The program recognizes that in a public health emergency, some residents may have health conditions, social situations, or other factors that complicate or preclude participation in some aspects of clinical care. Residents in such situations must notify the Program Director as soon as possible; solutions will be determined on a case-by-case basis.

Resident Education During Public Health Emergencies
1. Faculty should continue to work with residents to achieve the learning objectives and/or Entrustable Professional Activity requirements of the resident’s current rotation, when possible.
2. The Program Director will assist residents redeployed to services outside of their planned clinical rotations in identifying learning objectives and/or Entrustable Professional Activities that can be fulfilled during redeployment to facilitate timely completion of training.
3. Redeployed residents will have their rotation schedules reviewed by the Program Director and modified as necessary to ensure timely completion of training upon return from redeployment.
4. The program will endeavour to continue scheduled teaching (e.g. academic half-day) during public health emergencies when possible.
   a. Alternative modes of education may be used including, but not limited to, web conferencing-based lectures, online modules, and videos.
   b. Synchronous learning will be favoured over asynchronous learning, when possible.
   c. Teaching around the public health emergency will be integrated into the academic half-day curriculum where relevant.
Resident Support During Public Health Emergencies

1. To ensure consistency and clarity, the Program Director will serve as the principal source of communication from the residency program on matters related to ongoing public health emergencies.
   a. Communication methods include, but are not limited to, electronic mail, town halls, and on-site rounds.
   b. For clarity, the residency program cannot control communication from hospitals, PGME, the University, or other stakeholders.

2. The Program Director will keep themselves informed of available support services during the public health emergency to serve as a resource for residents.