

IV. Policy on Disaster/Interruption of Residency Training *Revised 11/09/2022*

I. References

In accordance with Section IV.N of the ACGME Institutional Requirements, the Sponsoring Institution must have a policy consistent with ACGME Policies and Procedures that addresses support for each of its ACGME-accredited programs and trainees in the event of a disaster or substantial interruption in patient care or education. This policy must include information about assistance for continuation of salary, benefits, professional liability coverage and trainee assignments.

II. Definitions

1. Extraordinary Circumstances Policy: the ACGME Policy and Procedures to Address Extraordinary Circumstances, currently set forth in ACGME Policy 25.00, *et seq.*
2. Emergency: an extraordinary event or set of events, which may be declared by Federal, State and/or local governments or Tulane University School of Medicine leadership.
3. Extraordinary Circumstance: an event that significantly alters the ability of Tulane University School of Medicine and its residency programs to support graduate medical education, as further defined by the ACGME Policy and Procedures to Address Extraordinary Circumstances. Examples of extraordinary circumstances include, without limitation, abrupt hospital closure, natural disasters or catastrophic losses of funding and may include Emergencies.

III. Disaster/Emergency Response Policy

- A. Subject to Tulane University School of Medicine's *Policy Regarding Closures and Reductions of Training Programs*, in the event of a disaster or an event that causes the interruption of resident or fellow (trainees) training, the Tulane University School of Medicine has adopted the following policy related to its trainees.
 1. Trainees should provide and update their personal contact information annually through the [Gibson Online](#) portal to ensure that the University has accurate and current contact information on-file. This information may be accessed by the Human Resources (and/or Payroll) staff in the event of a disaster/emergency or crisis situations occurring on campus. Additionally, each residency and fellowship training program is responsible for collecting updated emergency contact information for its individual trainees at the end of each academic year and updating its files with the information
 2. Tulane will continue to provide support that may include continued payment of salary and benefits depending on the overall circumstances, scope, and duration of the Emergency, subject to Tulane's Policy on Residency Training Program Closure or Reduction.

3. In the event of an Emergency, Tulane will work closely with the ACGME and other accrediting bodies to ensure that minimal interruption occurs in a resident or fellow's training experience and that trainees are transferred (if needed) temporarily or permanently, to new sites.
4. In the event of an Emergency, Tulane will assess, in consultation with the appropriate accrediting bodies, whether certain programs may need to be temporarily or permanently withdrawn in order to ensure a quality training experience.

B. Code Gray Policy FOR WEATHER EVENTS AND NATURAL DISASTERS

1. A Code Gray will be called for an impending weather event that includes but may not be limited to:
 - **Level I:** Short notice events (heavy rain, thunderstorms, tornados)
 - **Level II:** Limited Notice Events: ice storms, tropical storms, tropical depressions
 - **Level III:** Intense weather events that generally impact the entire geographic service area, including category 1-5 hurricanes, intense tropical storms, or heavy rains resulting in flash or sustained floods
2. GME Program Administrators should have access to a portable electronic version of all resident/fellow files containing information vital for resident and fellow credentialing, licensing, and transfer.
3. GME Program Administrators are responsible for ensuring that each Program has up-to-date emergency contact information for its trainees, including a non-university email account through which the resident/fellow can be contacted in the event of an emergency.
4. Each program will have a list of names of residents/fellows who volunteer for Level III Code Gray Activation Team, and residents/fellows who are part of the Recovery Team.
5. Communication during a Code Gray will be through:
 1. the School of Medicine website and Tulane University Website,
 2. the Tulane Alert Line: 504-862-8080 or 1-877-862-8080,
 3. the Tulane University Emergency website: <https://Tulane.edu/emergency>
 4. via Email alerts, text messages – TU Alert, Everbridge App
6. An important caveat for Code Gray communication is that the School of Medicine faculty, residents, and fellows may have different roles and responsibilities than other Tulane schools and must follow the guidance of their departments and the GME Office. This guidance may be substantially different from announcements directed to the public or the undergraduate university.

C. Level III Code Gray Policy

1. Upon activation of a Level III Code Gray, the hospital administrations will notify the Dean of the School of Medicine and the Associate Dean of GME/Designated Institutional Official (DIO).

- a. The DIO will contact each program director and confirm that the program director has communicated the Level III Code Gray to his or her trainees. For applicable programs, the DIO will ensure that the program director is prepared to activate their program's Level III Code Gray. Program Directors are responsible for providing the names of the current Activation and Recovery Team members to each hospital.
 - i. Principles of the Level III Code Gray
 1. The goal of the Level III Code Gray is to ensure the ongoing operation of the hospital.
 2. The goal is to provide necessary personnel without burdening the hospital with excessive staff or trainees. It is possible that all personnel will require evacuation and will consume more resources (food, water) because of a prolonged Code. As such, it is imperative that the necessary number of people are present, but not more than that.
 3. Level III Code Gray Activation Teams should be proactively selected such that the right personnel capable of handling the assignment are chosen. Each program is to choose personnel for the Level III Code Gray Activation Team by June 1st of each academic year.
 4. A Level III Code Gray assumes that the damage from the storm will be sufficiently severe to warrant city evacuations, either voluntary or mandatory. Because all personnel on the Code Gray Activation Teams will have been proactively chosen (by June 1st of each academic year), trainees not on the Code Gray Activation Team can safely evacuate from the city during voluntary or mandatory evacuations.
 5. The timing of the beginning and end of the Level III Code Gray is determined by the departments in coordination with the GME office and the hospitals. Trainees and faculty should follow the Tulane School of Medicine guidance regarding returning to the city after a voluntary or mandatory evacuation.
 - ii. Selection of the Level III Code Gray Activation Team should be proactive prior to the Hurricane season. Designation of Team members should not be assigned arbitrarily by the trainees on service or on call. Program Directors and department Chairs should follow the following principles in selecting personnel:
 1. No trainee may be conscripted into service. Only trainees volunteering for duty should be selected.

2. It is preferable to not choose trainees and faculty with dependent children or adults whose hospital service during the Level III Code Gray might be compromised because of concerns for their family.
 3. It is preferable to not choose trainees and faculty with medical problems that could be compromised by an extended stay in the hospital.
 4. The GME office recognizes that not every trainee is equally prepared to endure the responsibilities required of disaster duty. From the pool of volunteers, the Program Director and Department Chair should choose personnel who they believe will have the mental stamina to endure up to four days in the hospital.
 5. Interns should not be chosen for Activation Team assignments; by definition of the hurricane season (June-November), they will lack sufficient familiarity with the hospital system, and cannot provide the necessary procedures that upper-level trainees can perform.
- iii. Essential services with Level III Code Gray Activation Teams. Individual departments will set specific policies for coverage at each hospital other than UMC. Activation teams are to be organized and determined at the beginning of each season at major affiliate and non-primary sites clinical sites. Program Directors will be required to report to the GME Office the names of residents participating on Activation Teams.
- iv. The Activation Team
1. Once a Level III Code Gray is called, each Program's Activation Team will be deployed to their respective hospitals. All other trainees will sign-out their patients to the Activation Team trainees.
 2. If a full evacuation of all patients in the hospital is required, the Activation Team will sequentially accompany the evacuated patients to evacuation centers per hospital protocol.
- v. The Recovery Team
1. Each program will be asked to proactively assign trainees and faculty to a Recovery Team. For simplicity, the composition of the Recovery Teams should match the Activation Teams.
 2. Once a Level III Code Gray is called, the Recovery Team will begin preparations to evacuate to within 3 hours of New Orleans.
 3. Recovery team members will remain off-duty until they are called to return to New Orleans.
 4. The Activation Team will subsequently be relieved of their duties. The Activation Team will be able to evacuate or return to their homes, depending on the post-storm circumstances.

5. If a full evacuation of all patients in the hospital is required, the Recovery Team will be directed to evacuation centers to provide relief for the Activation team.
 - vi. Program Directors and Department Chairs will instruct all students, trainees, and faculty who have not been designated as the Code Gray Activation or Recovery Teams to stay away from the hospital facilities until the Code Gray has been lifted.
2. All programs are required to provide emergency contact information (cell phone numbers, secondary email addresses, and preferred relocation destinations) for all trainees to the GME Office through MedHub in order to communicate instructions in the post-Code Gray period.

IV. Extraordinary Circumstances Procedures

1. In the event a Level III Code Gray or other event significantly alters the ability of the School of Medicine and its residency and fellowship programs to support graduate medical education, the DIO will report the events to the ACGME and will request that the ACGME invoke its Extraordinary Circumstances Policy.
2. The invocation of an ACGME Extraordinary Circumstances Policy would support of the School of Medicine's efforts to ensure the continuation of residents'/fellows' educational experiences in compliance with the applicable ACGME Requirements.
3. If the ACGME declares an Extraordinary Circumstance, the DIO, or designee(s), on behalf of the School of Medicine shall:
 - a. Within 10 days of invocation, contact the ACGME President and Chief Executive Officer, or designee, to provide preliminary information about the major changes to the School of Medicine and its residency programs resulting from the Extraordinary Circumstance;
 - b. Consistent with applicable ACGME Requirements, provide a plan explaining how the trainees will continue their educational experiences and any major changes to the School of Medicine and its residency programs and provide this to the ACGME President and Chief Executive Officer within 30 days of the invocation of the policy;
 - c. Organize timely reassignment of trainees, including their temporary or permanent transfer to other ACGME-accredited programs as needed;
 - d. Ensure that trainees are prospectively informed of the estimated duration of any temporary transfer to another ACGME-accredited program; and
 - e. Ensure that trainees receive timely, continual information regarding reassignments, transfer assignments and/or major changes to the School of Medicine or its residency programs.

4. The School of Medicine and its programs will minimize disruption to trainee education due to the Extraordinary Circumstance to the best of its ability. When the School of Medicine and its residency programs experience an Extraordinary Circumstance, the preferences of the trainee shall be considered when organizing a temporary or permanent transfer to other ACGME-accredited and ACGME-recognized programs.
5. Residency and fellowship programs are required to appoint transferring trainees to approved positions and temporary and permanent increases in trainee complement requests may be made through each program's respective ACGME Review and Recognition Committees on the Accreditation Data System (ADS).

V. References/Associated Policies

- Tulane University School of Medicine, Graduate Medical Education, *III. Policy on Closure, Reduction, or Expansion*