

**UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE JACKSONVILLE**  
**Office of Graduate Medical Education**

POLICY: GME Disaster Preparedness Policy and Procedure	
Approved by: GMEC	Page(s): 1 of 5
Approval date: 11/7/23	Reviewed date: 5/10/16
Effective date: 4/3/07	Revised date: 3/1/11; 5/10/16; 10/12/21;10/20/22; 9/13/23

**Purpose**

- To provide guidelines for communication with and assignment/allocation of housestaff (resident/fellow) manpower in the event of a disaster
- To provide policy and procedure for addressing administrative support for University of Florida College of Medicine - Jacksonville (UFCOMJ) Graduate Medical Education (GME) programs and housestaff in the event of a disaster or interruption in normal patient care
- To provide guidelines for communication with housestaff and program leadership whereby to assist in reconstituting and restructuring housestaff's educational experiences as quickly as possible after a disaster, or determining need for transfer or closure in the event of being unable to reconstitute normal program activity.

**Definitions**

A disaster is defined herein as an event or set of events causing significant alteration to the residency experience at one or more residency programs.

Housestaff are defined as any resident or fellow in an accredited or non-accredited training program.

This policy and procedure document acknowledges that there are multiple strata or types of disasters: acute disaster with little or no warning (e.g., tornado or bombing), intermediate, with some lead-time and warning (e.g., hurricane), and the insidious disruption or disaster (e.g., avian flu, H1N1, SARS-CoV-2 or other pandemic). This document will address disaster and disruption in the broadest terms.

**Communications**

Programs maintain contact information for all housestaff in New Innovations™ (NI). NI is a web-based residency management system and is available from any computer with internet access. The Emergency Recall Roster-All Programs report contains, at a minimum, the trainees home address, all available phone numbers (home, cell, etc.), all available email addresses (home and work), and emergency contact (name, relationship, and phone number) information. The information should be updated at least annually before July 31, and as appropriate to maintain optimal accuracy and completeness. The Emergency Recall Roster Report is available in NI's More>Custom Reports module, which allows individuals with access to the custom reports (program directors and coordinators) to run the report as needed.

**Finance**

During and/or immediately after a disaster, natural or manmade, housestaff will be allowed and encouraged to continue their roles where/as possible, and to participate in disaster recovery efforts. Housestaff will continue to receive their salary and fringe benefits during any (disaster) event recovery period, and/or accumulate salary and benefits until such time as utility restoration allows for fund transfer.

Housestaff are paid through the University of Florida Gainesville Peoplesoft (PS) system and receive their stipend by direct deposit bi-weekly. PS does not require any action by the Office of Graduate Medical Education (OGME) in order to process housestaff pay. The PS system auto-populates housestaff work hours every two weeks, thus generating resident payroll. The OGME must enter data into the PS manually for new hires, terminations, leave of absence without pay, and compensation increases. These functions can be done from any computer with an internet connection by logging onto [my.ufl.edu](http://my.ufl.edu)—thus allowing OGME staff to continue maintenance of the payroll process via virtual OGME, as may be necessary. The Off-cycle Report in New Innovations provides the OGME with the information necessary to execute payroll system changes.

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**Administrative Information Redundancy and Recovery**

All GME programs are responsible for maintaining sufficient protection and/or redundancy for their program(s) and their housestaff records.

In addition, all hardcopy records are maintained in the OGME in a manner consistent with the UF policy on record retention. All housestaff files are maintained electronically. All archived trainee files have been converted to digital storage and are uploaded to NI and on the Deans server in the Scans>Uploaded to NI folder.

All OGME electronic files on the Dean’s server are supported by UF Health Jacksonville ITS and backed up in a manner consistent with the UF Health Jacksonville IT department policy and procedure for mission critical servers—incremental backup daily and full back up once per week with offsite storage with Iron Mountain Offsite Data Protection.

The NI agreement provides for server redundancy at the NI Ohio headquarters to maintain functional status of this web-based tool for program and institution residency data management.

**Administrative Support**

Housestaff reporting will continue during disaster recovery. The NI block schedule is used to track resident activity. If the housestaff member is assigned to a disaster recovery team and cannot participate in their scheduled rotation, the program coordinator will modify the block schedule. The program director/coordinator will inform an OGME staff member what the resident/fellow is doing in the recovery effort using the notes section of the block schedule. The NI IRIS module will be modified based on what the resident activity and assignment is during the disaster recovery efforts. The OGME staff member will be in contact with the Designated Institutional Official (DIO) regarding resident activity.

**Manpower/Resource Allocation During Disaster Response and Recovery**

The Hospital Incident Command System (HICS) organizational chart, found in the UF Health Jacksonville’ Comprehensive Emergency Management Plan (Policy number DP-01-001) is used as the organizational structure for disaster response and recovery. Each program/department will conduct internal manpower management through designation of physician staff and housestaff to response teams, consistent with the hospital and medical staff policy and procedure for disaster response, and/or by the internal department policy.

As determined to be necessary by the Operations Chief, Medical Staff and/or Medical Care Director in HICS, physician staff reassignment or redistribution to other areas of need will be made, superseding departmental team plans for manpower management. Information on the location, status and accessibility/availability of housestaff during disaster response and recovery is derived by DIO and/or designee communication with program directors and/or program chief residents, implementing the Emergency Recall Roster. The DIO or designee will then communicate with the Medical Care Director and Medical Staff Director in the hospital incident command center to provide updated information through the disaster recovery and response.

**Legal and Medical-legal Aspects of Disaster Response Activity**

There are multiple mechanisms that may afford liability protection to UFCOMJ housestaff who are or will be working in the affected areas of disaster response in the State of Florida from incurring personal liabilities.

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In the capacity of assignment by Florida National Guard and/or Department of Homeland Security, housestaff become temporary employees of Health and Human Services (HHS) and therefore are subject to and protected by the Federal Tort Claims Act.

It is preferred, whenever and wherever possible, that notwithstanding other capacities in which housestaff may serve, they also act within their UF function when they participate in disaster recovery efforts. While acting within their UF function, housestaff will maintain their personal immunity to civil actions.

**Institutional Assessment and Decision-making on Program and Institution Status and Resident Transfer**

The DIO with approval from the Graduate Medical Education Committee (GMEC) will communicate with the ACGME regarding the impact of the disaster. The institution may request emergency categorization from the ACGME if the major participating site experiences clinical challenges that may substantially disrupt GME operations for its programs. During emergency categorization, programs must continue to prioritize work hour requirements, adequate supervision and resources, and fellows functioning in their primary specialty.

The DIO, in conjunction with the Dean, College of Medicine - Jacksonville, will monitor progress of both healthcare delivery and functional status of GME programs for their educational mission during and following a disaster. They (or their designees) will work with the ACGME to determine the appropriate timing and action of the options for disaster impacted institution and/or programs—1) maintain functionality and integrity of program(s), 2) temporary resident transfer until program(s) reinstated, or 3) permanent resident transfer, as necessitated by program or institution closure. Information and decision communications will be maintained with Program Directors and housestaff, as appropriate to circumstances of the individual disaster event.

**ACGME Policy and Procedure to Address Extraordinary Circumstances (Reference [ACGME Policies and Procedures, Subject 25.00](#))**

The ACGME may invoke the Extraordinary Circumstances policy in response to circumstances that significantly alter the ability of a Sponsoring Institution and its programs to support graduate medical education. Examples of extraordinary circumstances include an abrupt hospital closure, a natural disaster, or a catastrophic loss of funding. The invocation of the Extraordinary Circumstances policy formalizes the ACGME's oversight and support of Sponsoring Institutions' and programs' efforts to ensure the continuation of residents'/fellows' educational experiences in compliance with the applicable ACGME Requirements. The ACGME shall consider invocation of the Extraordinary Circumstances policy at the request of a Sponsoring Institution's designated institutional official, in response to verified public information, or on the basis of other information received by the ACGME.

**25.10 ACGME Declaration of Extraordinary Circumstances**

If the ACGME President and Chief Executive Officer, in consultation with the ACGME Board Chair, determines that a Sponsoring Institution's ability to support graduate medical education has been significantly altered, the ACGME President and Chief Executive Officer shall invoke the Extraordinary Circumstances policy. Upon invocation of the Extraordinary Circumstances policy, a notice shall be posted on the ACGME website with information relating to the ACGME's response to the extraordinary circumstances. In this notice, the ACGME shall provide relevant ACGME contact information.

On its website, ACGME will provide phone numbers and email addresses for emergency and other communication with ACGME from disaster affected institutions and programs. *Communication guidelines from the ACGME to provide information or convey requests for information* are as follows: DIO should call or

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email the Institutional Review Committee Executive Director; Program Directors should call or email the appropriate Review Committee Executive Director; residents/housestaff should call or email the appropriate Review Committee Executive Director or the Office of Resident Services. On its website, ACGME will provide instructions for changing resident email information on the ACGME Web Accreditation Data System.

#### 25.20 Sponsoring Institutions

When the Extraordinary Circumstances policy is invoked, the designated institutional official (DIO), or designee(s), on behalf of the affected Sponsoring Institution, shall:

- a. contact the ACGME President and Chief Executive Officer, or designee, to provide preliminary information regarding any major changes to the Sponsoring Institution and its programs resulting from the extraordinary circumstances within 10 days of the invocation of the policy;
- b. provide a plan describing the continuation of residents'/fellows' educational experiences and any major changes to the Sponsoring Institution and its programs, consistent with the applicable ACGME Requirements, to the ACGME President and Chief Executive Officer within 30 days of the invocation of the policy, unless another due date is approved by the ACGME;
- c. arrange timely reassignment of residents and fellows, including their temporary or permanent transfers to other ACGME-accredited programs as needed to ensure they can continue their education;
- d. ensure that residents and fellows are prospectively informed of the estimated duration of any temporary transfer to another ACGME-accredited program; and,
- e. ensure that residents/fellows continually receive timely information regarding reassignments, transfer arrangements, and/or major changes to the Sponsoring Institution or its programs.

#### 25.30 Resident/Fellow Transfers and Program Changes

Sponsoring Institutions and programs must minimize disruption to resident/fellow education due to extraordinary circumstances and must consider the preferences of residents/fellows when arranging temporary or permanent transfers to other ACGME-accredited and ACGME-recognized programs.

Programs must appoint transferring residents to approved positions and may request temporary or permanent increases in resident/fellow complement from their respective ACGME Review and Recognition Committees through the Accreditation Data System (ADS). Under extraordinary circumstances, the ACGME Review and Recognition Committees shall expedite their review of requests for temporary or permanent complement increases.

An ACGME Review or Recognition Committee shall expedite review of a program's request to add or delete participating sites or to change its educational format if the request is associated with a declaration of extraordinary circumstances.

At its discretion, the ACGME may determine a schedule for expedited review of applications for new programs that intend to accept transferring residents/fellows under extraordinary circumstances. If applications will be reviewed on an expedited basis, notice of the expedited review, including information about submission due date(s), shall be provided on the ACGME website.

#### 25.40 Site Visits

Upon invocation of the Extraordinary Circumstances policy, the ACGME may determine that one or more accreditation or recognition site visits is required. Prior to the visit(s), the designated institutional official(s) shall receive notification of the advance information that will be required. This information, as well as information received by the ACGME during these accreditation or recognition site visits, may be used in the

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accreditation or recognition process (Policies 18.20-18.24; 21.30-21.34). Accreditation or recognition site visits under extraordinary circumstances may also be used to exchange information that supports the continuation of residents'/fellows' educational experiences in compliance with applicable ACGME Requirements.