

Guidelines for Incorporating Resident Physicians into Pandemic and Disaster Response Plans

Background

While there have been epidemics of varying degree across the country in recent memory, no one who currently works in the health care system has experienced a pandemic. A pandemic would place a significant strain on the health care system by potentially affecting 30% or more of the population and potentially lasting months or even a year or more. Disasters, while more frequent than pandemics, are equally unpredictable. They too, have the potential to place a significant strain on the health care system for an indefinite period. It is critical, therefore, that proper pandemic and disaster plans be put in place to deal with these eventualities.

As front-line workers in Canada's health care system, resident physicians will play an important role in delivering health care during a pandemic or a disaster. CAIR has developed the following principles to serve as guidelines for the incorporation of residents into pandemic and disaster response plans.

Principles for Incorporating Resident Physicians into Pandemic Response Plans

1. There should be guidelines of how and where residents may be used during a pandemic or disaster, and who determines where residents may be tasked. Residents should have input at all stages of development of such guidelines.
2. There should be a plan in place addressing residents' educational needs during such times including:
 - a. whether academic credit will be assigned to residents who work during a pandemic or disaster;
 - b. whether the academic year will be extended or length of residency increased;
 - c. whether credentialing exams will need to be postponed.
3. During a pandemic or disaster, residents will still require adequate supervision relative to their experience level. Additionally, residents should not be asked to undertake tasks they are not qualified to perform. Patient safety must remain paramount.
4. Residents should have the ability to refuse service if they or their families are at high risk for complications arising from infection, including but not limited to, if:
 - a. they have a serious chronic illness;
 - b. they are taking immunosuppressants;
 - c. they are pregnant.
5. If residents continue to provide health care during a pandemic, they and their families should be given the same access to preventative measures and treatments as any other physician or their family as necessary for their protection. Additionally, there should be provisions in place in case a resident or a member of their family becomes ill.
6. Residents should be given the same access as other frontline health workers to protective equipment in compliance with workplace safety standards.
7. Like other healthcare workers, residents will likely work more hours than is normal. This needs to be addressed with respect to worker and patient safety and with respect to appropriate compensation.