

**UNIVERSITY OF TORONTO FACULTY OF MEDICINE  
DEPARTMENT OF SURGERY, DIVISION OF GENERAL SURGERY**

**General Surgery Residency Program Committee  
Emergency Preparedness Policy**

1. This policy is based on the University of Toronto's Hospital University Education Committee document entitled "Principles for Maintenance of Educational Processes During Times of Crisis" and the Faculty of Medicine's "Guidelines for Clinical Sites Re: Learning Clinical Placements in an H1N1 Pandemic". Both documents were developed to guide decision making for students and trainees as well as for the other health professionals and graduate students in the University of Toronto's Faculty of Medicine who are located in the affiliated hospitals and research institutes.
2. If residents are required to be on site during an outbreak, the expectation is that they will be provided with the same level of personal protective equipment (PPE) that employees are receiving, in compliance with the Province of Ontario's Occupational Health and Safety Act (OHSA) and its Regulations.
3. In a situation where a resident is not provided with the same level of PPE as an employee(s), the resident is permitted and encouraged to choose to not continue with the clinical placement, and will be supported by the University of Toronto in this decision. The resident is required to inform the clinical site and the General Surgery Program Director of this decision as soon as possible.
4. Residents should not generally be excluded from participating during emergency and crisis situations as an integral part of training is to deal with emergencies and crises. Residents should be involved as much as possible in order to continue their clinical training or educational programs.
5. Participation in any educational endeavour will be allocated according to the competence of the resident and the assessment of risk of the situation by the clinical faculty or supervising clinician.
6. Residents should, as much as possible, participate in clinical settings similar to the roles they perform during non-emergency situations.
7. Residents involved in research should be allowed to continue their laboratory or hospital-based research as appropriate to the crisis situation.
8. As much as feasible, the teaching faculty will continue to fulfill the goals and objectives of their programs and teach around case opportunities that appear.
9. Wherever possible, educational leaders should ensure that new opportunities and new modalities be incorporated into the curriculum around the disaster.
10. Teachers and educational leaders should develop effective, expeditious, and efficient mechanisms to support learners through the crisis by ensuring adequate two-way communication, e.g. through email, rounds or other means.
11. Support services for learners are available. A learner in need of support should be directed to Section E "Resident Support in the Event of Crisis" in the Guidelines for Program Directors located on the University of Toronto's Postgraduate Medical Education Office website.