



# Residents and Public Health Emergency Preparedness Guidelines

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These guidelines do not supersede legislative requirements, hospital policy, regulatory requirements, and Ministerial requirements in place at the time of implementation.

Residents are a critical resource in addressing public health emergencies, including but not limited to infectious disease outbreaks, natural disasters, accidents and conflict. With dual roles as healthcare providers and as trainees, residents are uniquely situated to participate in emergency preparedness and the mobilization of the response.

These guidelines are intended for:

- PARO members;
- Employer and their representative teaching sites;
- University and residency program leadership; and
- Government and Public Health Agencies.

Residents in Ontario provide service under the auspices of a Collective Agreement between PARO and Ontario Teaching Hospitals (OTH). The Agreement sets parameters around duties, remuneration, leave, work hours, and other conditions of employment.

Though PARO may choose to provide hospitals with increased flexibility around certain provisions of the PARO-OTH Collective Agreement during a public health emergency (for example, around the creation of back up call schedules), the Agreement remains in place, and must be upheld. In the event of a Government mandated order that supersedes the Agreement, individual residents should not be compelled to work to the detriment of patient or personal safety. Residents have been very proud of the significant contributions they have made during public health emergencies such as SARS, H1N1 and COVID-19. These contributions in the delivery of important service can often result in disruption to their regular training schedule and experiences.

Our commitment to the PARO membership and overarching principle of these guidelines is adherence to the PARO-OTH Collective Agreement in the following context:

- Although patient care exigencies and diminished staff resources in a Public Health Emergency may result in residents working additional hours, taking additional call or missing vacation, every effort should be made to respect the conditions of the Collective Agreement to ensure patient safety and resident well-being. Non-compliance with the PARO-OTH Collective Agreement is only permitted under a government mandate.
- Workload should be distributed as equitably as possible amongst all team members, including but not limited to, clinical staff, residents, and other

trainees, and consideration of health and safety of patients and learners is a priority.

- The salaries of resident physicians should not be prejudiced due to pandemic/disaster scenarios or Public Health Emergencies resulting in a reduction of work hours. (For example, a surgical resident will still be compensated according to the PARO-OTH Collective Agreement if the operating rooms are required to close.)
- If residents are, as a result of a Government emergency order, required by the employer to work in excess of the maximum call provided for in the Agreement, residents should be paid in accordance with the PARO-OTH Collective Agreement or as per any alternate arrangements made by Government.
- Programs must remain flexible in scheduling to support residents who are experiencing difficulties during the emergency, including but not limited to, residents with families to care for, and residents dealing with grief, burnout, and anxiety.

Residents play a significant role in the provision of patient care. As such, society has a reciprocal obligation to support those who face a disproportionate burden in protecting the public good, and take steps to minimize this burden as much as possible. [CMA Policy - Caring in a Crisis](#)

## **Communications and Resident Representation**

Residents provide cross-coverage at multiple sites, and are often members of several professional associations. There is great potential for residents to receive conflicting information from numerous stakeholders during a Public Health Emergency. Therefore, reliable lines of communication should be established well in advance.

- Residents should familiarize themselves with Public Health Emergency policies and procedures of the CPSO, hospitals, and university PGME Offices.
- PARO should be on the communications list of the Ministry of Health, PGME Offices, the College of Physicians and Surgeons of Ontario and hospitals regarding Public Health Emergency planning.
- Hospitals, PGME Offices, the CPSO, and government public health organizations should have PARO representatives on their planning committees, where appropriate, regarding Public Health Emergency planning, including local implementation committees regarding deployment of residents.

## **Training, Supervision and Assignment**

As physicians and front-line healthcare providers, residents recognize their professional duty to respond to public health emergencies. Residents who are not traditionally described as front-line may still be significantly impacted. Disasters and epidemics will require efforts in excess of routine activities, and residents as a skilled workforce that can be mobilized to address the added strains on the healthcare system. All contingency plans for public health emergencies should incorporate resident physicians.

Residents, however, are also trainees with a diverse range of skills dependent on specialty and level of training. A final-year emergency medicine resident, for instance, could be called upon to staff a temporary emergency department with minimal supervision, while a first-year resident may be better suited to provide screening assessments or procedures such as casting and suturing. While residents may be redeployed to address an urgent need for human resources during a public health emergency, redeployment is not an appropriate strategy to address chronic staffing issues.

Regardless of specialty or level of training, residents possess core medical knowledge and procedural skills and can be efficiently retrained or provided with complementary or additional training (such as training in Chemical Biological Radiological, Nuclear or Explosives) to provide care outside of their scope if necessary.

- Residents should practice when care needed is urgent, when a more skilled or attending physician is not available, and when not providing care would lead to worse consequences than providing it during a Public Health Emergency.
- Residents should perform essential frontline work where it is most needed during a Public Health Emergency. Residents who are redeployed, in general, should be expected to practice within their scope of competency. In rare cases, where they are expected to perform out of scope work, they may not be qualified to perform, appropriate training and supervision must be provided. Individuals must work at a level of competence such that they can work safely at the intensity that the situation requires.
- Residents should not be required to continue their routinely scheduled academic responsibilities during a Public Health Emergency though residents may continue to participate as possible and appropriate. For example, it may be appropriate for residents to continue supervising medical students, but not feasible to continue presenting Grand Rounds.
- Residents will be given training for and access to appropriate Personal Protection Equipment. Training must include appropriate donning and doffing procedures.
- Supervision and assignment of residents should be the responsibility of the attending physician, department/division chief, and approved by the Program Director or designate.
- The relevant organizations (Faculty, hospitals, CaRMS, Colleges) should

make accommodation for residents who are in training during a Public Health Emergency on issues of training requirements, entrustable professional activities or equivalent, and objectives for certification exams, length of training and promotion, and subspecialty matching activities.

- Promotional decisions should focus on the entirety of a resident's training competencies and performance with a decreased focus on minimum or maximum time spent on certain rotations. Competencies achieved while redeployed will be considered applicable and transferrable for rotations where those competencies are relevant in keeping with the PG Deans support of the PARO Principles of Extension of Training (attached). Programs should take proactive steps to mitigate any impact on training for individual residents that may result in that resident not being able to achieve the training objectives.
- It is important that residents, along with the other healthcare providers, be included in any debriefing, whether the purposes be for mental health and/or clinical debriefing and made aware of supports.

Residents fully recognize the invaluable learning experience that working during a public health emergency provides. As such, this valuable experience gained by resident physicians should also be recognized in terms of their training credentials. Program Directors should take proactive steps to support learner training.

## **Vaccinations, Safety, Illness & Treatment**

Inevitably, providing care in emergency circumstances will require placing oneself at risk of harm that is above and beyond routine work. This is not limited to exposure to infectious agents, toxins and conflict, but can also include excessive fatigue, burnout and emotional harm. Residents must balance their obligation to provide care to patients with those to themselves and their families. Residents should use professional judgment when balancing these obligations.

- In their role as hospital employees, residents have access to hospital Occupational Health Offices and the services provided. Through the PARO-OTH Collective Agreement residents must also have access to *Employee Assistance Plans* where they exist.
- Residents at high risk of morbidity and mortality based on the type of service being provided or underlying medical conditions should have equal access to vaccines along with the population deemed high risk.
- Residents who are ill, infected or high-risk -- including but not limited to those with chronic illness, on immunosuppression treatment, or pregnant -- can refuse work without reprisal or loss of salary based on the advice of their treating physician, subject to and in accordance with the PARO-OTH Collective Agreement. The program should explore solutions including moving them to a service with a low risk of exposure, placing them on a research rotation, or placing them on a paid leave of absence if they cannot be redeployed safely. Where applicable the Program Director should involve occupational health and safety.

- If the resident is quarantined or directed to self-isolate as a result of exposure to the pandemic illness, or on the advice of their physician, residents should continue to be paid.

## **Appendix A**

### Resources and Information on Emergency Preparedness for Healthcare Professionals

Health care providers and other health workers can receive important health notices at the following link: [eHealth Ontario](#)

Available when clarification or interpretation of ministry directives, or follow up on Important Health Notices (IHNs) is required during an emergency or also to notify the ministry of a local health emergency.

The MOH website <https://www.ontario.ca/page/ministry-health>

## **Appendix B**

### PG Deans Supported PARO Principles on Extension of Training:

- Being as judicious as possible in determining whether a resident has been able to sufficiently achieve the competencies in the context of measures needed to ensure the health and safety of residents and the public, including, but not limited to, time spent redeployed, in quarantine, self-isolation, or due to time off to care for children or dependents;
- Being willing to focus promotional decisions on the entirety of a resident's training competencies and performance with a decreased focus on minimum or maximum time spent on certain rotations;
- Recognizing that this cohort of residents are obtaining training in medicine during a pandemic where unique competencies can be achieved that should be recognized and factored into promotion decisions;
- Recognizing that competencies achieved while redeployed will be considered as applicable and transferrable for rotations where those competencies are relevant.