



**Department of Medicine
Internal Medicine Residency Program**

DISASTER EMERGENCY PLAN

1. In the event of a disaster, the residents and interns designated as the emergency on-call teams (**Disaster Teams A and B**) should come to work prepared to stay for up to 72 hours on their respective inpatient services. This includes bringing food, water, clothes, and sleeping gear if aware of disaster prior to reporting to work that day.
2. **Disaster Team A** residents will assume the first shift of patient responsibilities on in-patient services during the disaster. **Disaster Team B** residents will arrive at the hospital the same day and time as Disaster Team A. **Disaster Team B's** responsibilities will be to assume patient care duties after **Disaster Team A** has fulfilled the first 12 hours of coverage. If necessary, the two teams will alternate call every 12 hours until relief is available for coverage.
3. If time allows, Disaster Team A and B Residents will be assigned by the Chief Residents. If time does not allow for this, Disaster Team A will comprise on-call residents during the first day of the disaster. Disaster Team B will comprise residents on-call the following day.
4. Non-ward resident duties are as follows:
 - a. During working hours (8:00 AM to 5:00 PM) residents on non-ward services will be contacted by one of the Chief Residents and/or Program Director if they are required to help an inpatient team or join Disaster Team A or B.
 - b. After hours, the three surge residents (two upper-level residents and one intern) will be notified by one of the Chief Residents and/or Program Director if they are required to help an inpatient team or join Disaster Team A or B.
5. Post-call residents preparing can check out to oncoming Disaster teams as early as 8:00 AM. Prior to checking out, however, they must have rounded on their patients, written daily progress notes and orders, and, if possible, discussed the patients with the on-service attending. After checking out to the Disaster Teams, post-call residents, and all other residents currently on duty must report to the Chief Resident on duty of the Program Director (at a designated meeting place) for further instructions.
6. All non-ward residents not initially contacted should continue regular duties until advised otherwise by the Chief Residents or Program Director.
7. If any residents are permitted to evacuate, phone numbers and destination plans must be left with the Chief Residents and/or Program Director.
8. Residents in the process of evacuating must keep their pagers turned on while in radius for any new information.
9. Chief Residents will have a phone list of all residents for check-in and contact purposes if additional assistance is needed.

