

Physician Services During Disasters and Public Health Emergencies

Introduction

In the event of a disaster or public health emergency, the public relies on physicians to provide medical services. Federal, provincial and local responses to disasters and public health emergencies require extensive involvement of physicians. Physicians who provide care in these situations often put themselves at risk in order to assist others. This policy articulates the College's expectations of physicians and reinforces the profession's commitment to the public during these times of need.

Principles

The key values of professionalism articulated in the College's *Practice Guide* – compassion, service, altruism and trustworthiness – form the basis of the expectations set out in this policy.

Physicians embody the values of the profession and uphold the profession's reputation by:

1. Providing care for those in need.
2. Collaborating with and supporting colleagues, other health professionals, law enforcement, emergency response personnel and others when disasters or public health emergencies occur.
3. Maintaining current knowledge of relevant information available prior to and during disasters or public health emergencies.
4. Balancing competing professional and personal obligations in accordance with the values, principles and duties of medical professionalism.
5. Participating in the regulation of the medical profession by complying with the expectations set out in this policy.

Scope

This policy applies to all physicians during disasters and/or public health emergencies, regardless of practice setting or specialty.

Terminology

A **disaster** is a sudden, calamitous event that seriously disrupts the functioning of a community or society and results in human, material, economic or environmental losses that exceed a

30 community's or society's ability to cope.¹ A disaster may require medical response for the
31 treatment of injured persons, and can lead to the occurrence of a public health emergency.

32 A **public health emergency** is an occurrence or imminent threat of an illness or health condition
33 caused by biological and/or chemical terrorism, endemic/pandemic disease, or a novel and
34 highly fatal infectious agent or biological toxin that poses a substantial risk to human life.²

35 **Policy**

36 This policy articulates the College's expectations of physicians during disasters and public health
37 emergencies. This includes expectations regarding physician responsibilities to stay informed,
38 to provide physician services, and to practise outside one's scope when necessary during
39 disasters and public health emergencies. These expectations exist for the duration of the
40 disaster and/or public health emergency.

41 **Staying Informed**

42 Physicians are advised to be proactive and inform themselves of the information available
43 which will assist them in being prepared for a disaster or public health emergency. Once a
44 disaster or public health emergency arises, however, physicians must make reasonable efforts
45 to access relevant information and to stay informed for the duration.

46 Relevant information can include federal legislation³, provincial legislation⁴, emergency
47 management plans developed by federal⁵, provincial⁶ and municipal governments⁷, and advice
48 provided by the CMPA⁸. A physician's practice setting may afford access to additional sources
49 of information. This may include, but are not limited to, hospital protocols, directives from

¹ Adapted from the International Federation of Red Cross & Red Crescent Societies <http://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/what-is-a-disaster/>

² Adapted from the World Health Organization <http://www.who.int/hac/about/definitions/en/>

³ *Emergencies Act*, R.S.C., 1985, c. 22 (4th Supp.)

Emergency Management Act, S.C. 2007, c. 15

Quarantine Act, S.C. 2005, c. 20

⁴ *Health Promotion and Protection Act*, R.S.O. 1990, Chapter H.7

Emergency Management and Civil Protection Act, R.S.O. 1990, Chapter E.9

Good Samaritan Act, S.O. 2001, Chapter 2

⁵ Public Safety Canada: Emergency Management <https://www.publicsafety.gc.ca/cnt/mrgnc-mngmnt/index-en.aspx>

⁶ Ministry of Community Safety & Correctional Services: Emergency Response Plans

https://www.emergencymanagementontario.ca/english/emcommunity/response_resources/plans/plans.html

⁷ Ministry of Municipal Affairs: List of Ontario Municipalities <http://www.mah.gov.on.ca/page1591.aspx>

⁸ CMPA: Public Health Emergencies and Catastrophic Events <https://www.cmpa-acpm.ca/en/membership/protection-for-members/principles-of-assistance/public-health-emergencies-and-catastrophic-events-the-cmpa-will-help>

50 community settings where medical services are provided, or organizational plans and/or
51 policies.

52 **Providing Physician Services**

53 In fulfilling their individual commitment to patients, professional commitment to colleagues
54 and collective commitment to the public, physicians must provide physician services during
55 disasters and public health emergencies.

56 Physicians providing medical care directly to people in need must do so in accordance with
57 relevant legislation and emergency management plans. Physicians must document these
58 patient encounters to the best of their ability given the circumstances. Resources may become
59 scarce during disasters or public health emergencies, so documentation of the facts and
60 circumstances of the patient encounter as well as the rationale for the medical decisions made
61 is recommended.

62 There may be reasons related to the physicians' own health, that of family members or others
63 close to them⁹ which may place limits on the physicians' ability to provide direct medical care
64 to people in need during a disaster or public health emergency. In those instances, physicians
65 who have a personal health and/or ability limitation must lend support during disasters and
66 public health emergencies. This support can include performing administrative or other support
67 roles, as well as increasing capacity in one's practice to offset the increased strain placed on
68 physician resources during disasters and public health emergencies.

69 When deciding what role to undertake in a disaster or public health emergency, physicians
70 must balance their competing obligations to the public, their patients, themselves and their
71 families in accordance with the values, principles and duties of medical professionalism.

72 **Practising Outside of Scope of Practice**

73 In non-emergency situations, there are clear expectations for physicians around scope of
74 practice. A physician must practice only in the areas of medicine in which the physician is
75 educated and experienced.¹⁰ If a physician wishes to change their scope of practice the
76 physician must do so in accordance with College policy¹¹.

77 During disasters and public health emergencies, it may be necessary for physicians to
78 temporarily practise outside of their scope. In order to ensure competence while temporarily
79 practising outside of one's scope of practice during disasters and public health emergencies,

⁹ As defined in the College's [Physician Treatment of Self, Family Members and Others Close to Them](#) policy

¹⁰ Subsection 2 (5) of Ontario Regulation 865/93 under the *Medicine Act, 1991*.

¹¹ *Changing Scope of Practice* policy (NOTE: currently under review – to be updated once review complete)

80 physicians are expected to exercise their professional judgement, and collaborate with their
81 colleagues in health care, in determining what appropriate medical care they can provide to
82 persons in need of care, in accordance with relevant legislation and emergency management
83 plans.

84 Physicians must only practice outside of their scope of practice during disasters and/or public
85 health emergencies if:

- 86 • the medical care needed is urgent;
- 87 • a more skilled physician is not available; and,
- 88 • not providing medical care may result in greater risk or harm to the patient or public
89 than providing it.

90 Once the disaster or public health emergency is over, physicians must not practise outside of
91 their scope, unless they elect to change their scope of practice, in accordance with College
92 policy¹².

¹² *Changing Scope of Practice* policy (NOTE: currently under review – to be updated once review complete)