

# **Absences—Back-up and Pull Coverage**

## **Purpose**

To provide adequate staffing levels in the Emergency Department and remain in compliance with the GME Leave Policy, Regions Hospital Leave Policy and Family Medical Leave Act. At the same time, it is the desire of the program to be as fair as possible to all residents affected by a leave of absence. Very rarely, backup or pull may be used for off service rotations with significant emergency medicine resident presence. These rare instances will be addressed on a case-by-case basis.

## **Responsibilities**

The back-up and pull schedules are posted on ShiftAdmin. It is the EM resident's professional responsibility to know when he/she is scheduled for backup or pull coverage. The Emergency Department must be able to reach the resident either by phone or by text while on back-up or pull. It is the resident's responsibility to ensure that phone number and/or contact information are correct and up to date. If back-up call is requested, the resident is expected to be on-site and ready to work within 1 hour.

### ***Back-up:***

Residents are assigned to back-up call while in the ED and on other rotations. The assignments will remain in compliance with the RRC requirement allowing 1 day off in 7. If a backup shift is assigned during an ED block, the backup shift assignment will count as a full 9 hour shift, whether the resident is called in to work or not.

Back-up starts at 7AM and runs through the next 24 hours, ending at 7AM the next day.

No payback is mandated for the resident calling in sick or taking leave. Arrangements for shifts to be paid back can be made between affected residents, but this is not endorsed or enforced by the program.

If the scheduled back-up resident cannot be contacted and another resident is called in to cover, the assigned back-up resident (NOT the resident who is sick or on leave) will pay back 1 shift to the resident who came in. Details will be addressed on a case by case basis.

### ***Pull:***

When possible, residents at the same training level (or higher) will cover for extended resident absences.

Residents are assigned to pull coverage based on rotation. Pull is generally assigned from off service rotations, but may be scheduled during emergency department or ED time. Pull will be used to cover any scheduled leaves or events. Pull will also be used to cover unscheduled absences beginning with day 4 of the absence. Pull coverage begins at 7AM and runs through the next 24 hours, ending at 7AM the next day

Attempts by the residency to pay back lost off-service time to the "pull" resident may be made depending on resident desire and amount of time lost. Details will be addressed on a case by case basis.

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