RESIDENT/FELLOW DUTY HOURS POLICY

PURPOSE
This policy is designed to establish general standards for duty hours for all residents and fellows at Children’s Hospital Boston. Some programs have additional or different requirements; please refer to your program’s duty hours policy for information specific to your training program.

HOURS PER WEEK
Duty hours must be limited to 80 hours per week, when averaged over a four-week period, inclusive of all in-house activities, including in-house call, unless the training program has received a special exemption from the ACGME allowing the program a 10% increase in the number of allowable hours.

CONSECUTIVE HOURS
Continuous on-site duty for PGY1 residents must not exceed 16 hours in duration.

Continuous on-site duty for PGY2 residents and above must not exceed 24 consecutive hours. Residents and fellows at the PGY2 level and above may remain on duty for up to four additional hours; activities during this four-hour period are limited to participation in didactic activities, transfer of patient care, and maintaining continuity of medical and surgical care. No resident or fellow may remain on duty after 28 hours.

In unusual circumstances, residents and fellows may, on their own initiative, remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances the resident or fellow must hand over the care of all other patients to the team responsible for their continuing care and document the reason for remaining to care for the patient in question; this documentation should be completed as part of duty hours logging in New Innovations.

IN-HOUSE CALL
No resident or fellow may be scheduled for in-hospital call more frequently than every third night, when averaged over a four-week period. Residents and fellows can be assigned to a maximum of four call nights in any seven-day period; call this frequent can only be done one week per month. Residents and fellows must not take night call for two consecutive nights.

NIGHT FLOAT
Residents and fellows must not be scheduled for more than six consecutive nights of night float. Additional restrictions on night float may be further specified by the Review Committee.
CALL FROM HOME
While call from home does not count towards the total number of hours worked, programs are required to have policies and procedures in place to relieve residents who may be too fatigued to work should the call from home be onerous. Any time spent in the hospital by residents and fellows on home-call must be included in the total hours worked; however, returning to the hospital while on at-home call does not initiate a new “off-duty” period.

REST BETWEEN DUTY PERIODS
All residents or fellows should have 10 hours and must have 8 hours time between all duty periods to allow adequate time for rest. Residents and fellows must have at least 14 hours free of duty after a 24 hour shift.

DAY S OFF PER WEEK
Every resident and fellow must have at least one full day (consecutive 24-hour period) per week free of all clinical responsibilities, including didactic sessions and call from home, when averaged over the rotation period or the month.

AVERAGING
Averaging must occur by rotation. This is done over one of the following: a four-week period; a one-month period (28-31 days); or the period of the rotation if it is shorter than four weeks. When rotations are shorter than four weeks in length, averaging must be made over these shorter assignments.

If a resident takes vacation or other leave, the ACGME requires that vacation or leave days be omitted from the numerator and the denominator for calculating duty hours, call frequency or days off (i.e., if a resident is on vacation for one week, the hours for that rotation should be averaged over the remaining three weeks).

MOONLIGHTING
Moonlighting must not interfere with the ability of the resident or fellow to achieve the goals and objectives of the training program or with patient safety. The ACGME requires that hours spend moonlighting count towards the total hours worked for the week. For all ACGME-accredited training programs Children’s Hospital Boston also expects that moonlighting will not violate any of the other duty hours requirements; violations due to moonlighting will be viewed in the same light as violations during required training. For non-accredited training programs the program must have a written policy regarding when moonlighting is allowed; this policy must be approved by the GME Committee. Each training program may impose further restrictions or disallow moonlighting at the discretion of the program director.

EXPECTATIONS OF FACULTY AND PROGRAM ADMINISTRATION
All programs are expected to comply with the duty hours standards, and all faculty are expected to ensure that the standards are not violated. All programs are expected to have program-specific duty hours policies.

EXPECTATIONS OF RESIDENTS AND FELLOWS
All residents and fellows are expected to comply with the duty hours standards. Violations should be reported to the program director or the department head. Residents and fellows may also contact
the Office of Clinician Support, the co-chairs of the GME Committee or the GME Office with questions or concerns. Violations may also be reported to the confidential compliance hotline at 888-801-2805.

**TASKS COMPLETED AT HOME**
Any tasks related to performance of duties, even if performed at home, count toward the 80-hour limit. Duty hours do not include reading and time spent away from the training program.

**REMAINING IN THE HOSPITAL AFTER A SHIFT IS COMPLETED**
Residents and fellows are expected to leave the hospital after their scheduled shift is over and all required tasks are completed in order to ensure sufficient rest and personal time. Residents and fellows may not remain in the hospital overnight between scheduled shifts.

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**Policy Attributes**

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<td><strong>Author</strong></td>
<td>Tery Noseworthy</td>
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<td><strong>Date of Origin</strong></td>
<td>6/2004</td>
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<td><strong>Reviewed/Revised by</strong></td>
<td>GME Committee</td>
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<tr>
<td><strong>Last Modified</strong></td>
<td>1/8/2014</td>
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<tr>
<td><strong>Approved</strong></td>
<td>January 13th, 2014</td>
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<tr>
<td><strong>DIO Approval</strong></td>
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