Updated(2) Guidance for University of Toledo Health Science students in Clinical Rotations/Experiences/Internships during the COVID-19 Pandemic (11-16-20)

Brief Summary of Changes

The University is providing updated guidance for students who are on clinical rotations during the current COVID-19 pandemic. These updates build on prior notices and aim to guide students, and their supervising faculty. The following is a brief summary of the changes in this revision

1. We will now allow our health science students to be assigned to care for patients with known or suspected COVID-19 with the following caveats:

- There must be adequate supervision by faculty
- Appropriate PPE which includes fit-tested N95 mask or CAPR/PAPR use must be available to the student and be worn as directed
- The student must follow all appropriate infection control protocols in the clinical facility in which they are learning
- In-person care of COVID-19 patients should be limited to activities that are necessary for clinical learning *and* patient care

2. In addition to facemasks, students must wear eye protection (goggles or face shield) when delivering direct patient care along with any other required PPE.

3. Wording changes as updated on the CDC websites referenced in this document.

Introduction

We have been dealing with the impact of the COVID-19 global pandemic for about nine months now and we continue to be aware that the risks to the health and safety of our students, faculty, staff, and patients are very real. We have also learned much more about the spread of this disease and measures we can take to decrease risks of acquiring it. COVID-19 is a potentially serious disease that can be fatal and can lead to many long-term health issues. More information continues to become available about possible long-lasting effects of this virus. As health care professionals and students, we know that our professions entail some level of risk in caring for patients with possibly communicable illnesses.

Vital to managing these risks are: 1) keeping up-to-date on the most current knowledge about the diseases we deal with and recommendations from the CDC, Health Department, and other official bodies such as the Governor's Office; and 2) following the recommended and required guidelines. This Guidance focuses on 3 major areas of needed compliance to maintain the health and safety of our students as well as faculty, staff, patients, and visitors:

infection control procedures, determining and managing exposures, and social distancing in clinical settings. Each of these areas will be discussed in turn after a brief discussion of general considerations.

General Considerations

1. Although residents and fellows are employees of the health facilities in which they work, it is clearly stated in our clinical contracts and affiliation agreements that our students are NOT employees. Thus, while many of the same policies and regulations will apply to our students as to health care professionals in the clinical sites in which they are learning, in some instances, considerations for student safety will need to take precedence.

2. In the event that our local health care facilities become overtaxed due to high numbers of COVID-19 patients and staff shortages, a separate determination will be made (in conjunction with the health department, clinical agencies, and, in line with accreditation and national practice association recommendations) regarding re-classifying students as "essential" personnel. If this occurs, amendments in the following policies may be made at that time.

3. While we recognize that direct patient care clinical experiences are necessary, given restrictions of some settings or populations, a mix of "traditional" direct clinical experiences and virtual experiential educational experiences, including telehealth/telemedicine modalities, may (in line with accreditation standards) be used as indicated to maximize student clinical learning as well as to minimize the risk of student exposures. Our health science students will have opportunities for clinical learning via a variety of modalities in addition to live, direct patient care.

4. Although in the past we have excluded health science students from caring for people with known COVID or Persons Under Investigation—PUIs, we are now changing our guidance and will allow our health science students to be assigned to care for PUIs and patients with COVID-19 **with the caveat that there must be adequate supervision by faculty, appropriate PPE which includes fit-tested N95 mask or CAPR/PAPR use must be available to the student and be worn as directed, and the student must follow all appropriate infection control protocols in the clinical facility in which they are learning. Importantly, in-person care of COVID-19 patients should be limited to activities that are necessary for clinical learning *and* patient care**.

   This change in policy is due to several considerations: 1) we now know more about the transmission of this disease and ways that risk of transmission can be mitigated; 2) in some areas where large numbers of patients are classified as "PUIs", (e.g.,

pediatrics), precluding students from caring for these patients may place undue limitations on their clinical experiences; and 3) our health care students upon graduation will be entering a health care system in which COVID-19 remains prominent and thus will benefit from learning protective measures as students that will continue to protect them after graduation.

5. Alternative virtual clinical experiences or in-person "make up" clinical experiences will be offered to any student who must quarantine.

6. Students who have health issues that place them at risk or other circumstances that place them or a high-risk family member at risk can access the Student Disability Center to apply for an accommodation. Individual determinations will be made with each program and individual student to determine what accommodation can be made to meet the student's needs, program availability, as well as requirements for successful program completion. Accommodations may entail alternative virtual assignments, make-up experiences (if possible), alternate timing/semesters or, in some cases, a leave of absence and reintegration into the program at a later date, depending on considerations such as space and semesters when courses are offered.

7. It is an absolute requirement that appropriate facial masks will be worn while in any University building, hospital or other clinical sites. It is NOT acceptable to remove one's mask while in a conference room, a nurse's station, in transit between patient rooms, or any other location in the clinical setting (other than while eating in specified areas with appropriate social distancing). Masks also must be worn while outside if walking in groups without social distancing. All students have signed the required Behavioral Contract and any breaches in the required behaviors will be handled as a breach of the University's code of conduct and, as such, will be reported to the Dean of Student's Office for possible disciplinary action.

8. In addition to masks, eye protection such as goggles or facial shields are also required to be worn while delivering direct patient care in clinical settings.

9. Any breach of wearing mask, eye shields, or other required PPE, failing to follow social distancing guidelines, and/or failure to engage in proper handwashing procedures that the results in a determination that an "exposure" has occurred that warrants quarantine of any of our health science students will be subject to a "critical incident review" within the student's College. It also may result in disciplinary action via the University's Conduct system.

10. It is expected that the supervising faculty member or clinical instructor holds students responsible for following the guidelines regarding infection control procedures, risk

mitigation procedures, social distancing behaviors, and determination and management of exposures.

Areas of Needed Compliance to Maintain Health and Safety:

A. Infection Control and Handwashing

1. All students and faculty are required to review/complete the Infection Control Training/Review before going to clinical areas.
2. The required training consists of the designated videotaped demonstrations of handwashing and donning and doffing Personal Protective Equipment (PPE).
3. The training also entails a “live” (or videotaped) return demonstration of proper handwashing technique and, when indicated donning and doffing of PPE.
4. All faculty and clinical instructors are expected to make sure that all student trainees under their supervision have demonstrated competency in these areas before clinical assignments are made in direct care clinical areas.

B. Guidelines for Determining and Managing Student Exposures:

Community Exposures:

Note: This guidance pertains to students in in-person classes, conferences, or lab sessions.

An exposure will be determined to have occurred if an individual has had close contact with (within 6 feet for a total of 15 minutes or more) with a:

- Person with COVID-19 who has symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation; can be laboratory-confirmed or a clinically compatible illness)
- Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation).

Note: This is irrespective of whether the person with COVID-19 or the contact was wearing a mask or whether the contact was wearing respiratory personal protective equipment (PPE).

See more information at:
https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html

Healthcare Exposures:

NOTE: This pertains to students in direct clinical settings.

According to current CDC guidelines (see attachments), an "exposure" has occurred if: students have had **prolonged*, close contact **** with a patient, visitor, or HCP with suspected or confirmed COVID-19 and are not wearing the following PPE:

1. HCP/student not wearing a respirator or facemask
2. HCP/student not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask
3. HCP/student not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure

***Prolonged:** Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged. The CDC interim guidance was updated on November 6, 2020. Updates were made to clarify that the time period of 15 minutes or more, which is used to define "prolonged" close contact, refers to the cumulative amount of time a person is exposed on one or more individuals with SARS-CoV-2 infection during a 24-hour period. This could refer to a single 15-minute exposure to one infected individual or several briefer exposures to one or more infected individuals adding up to at least 15 minutes during a 24-hour period.

However, **any duration** should be considered prolonged if the exposure occurred during performance of an aerosol generating procedure (see Appendix A) and the student was not wearing full recommended PPE.

****Close contact:** Data are limited for the definition of close contact. For this (CDC) guidance it is defined as: a) being within 6 feet of a person with confirmed COVID-19 or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.

<u>If an Exposure occurs;</u>
Students who meet the criteria for an "exposure" in any of the scenarios above are expected to:

a. Isolate (at home or in a designated quarantine site) and be excluded from the clinical setting, as well as in-person labs and in person classes, for 14 days after the last exposure and maintain social distance (at least 6 feet) from others at all times.

b. Monitor themselves for fever twice a day and for symptoms consistent with COVID-19. If symptoms occur, the student should contact their health care provider to arrange for medical evaluation and testing.

c. Avoid contact with people at high risk for severe illness from COVID-19

Determinations of when students can return to the clinical area (and labs and classes as apply) will be made as follows:

d. If the student did not develop symptoms, they can return after 14 days.

e. If the student does develop symptoms, the CDC recommends the following **symptom-based strategy** for determining when the student can return to clinicals and classes.

   HCP/students with mild to moderate illness who are not severely immunocompromised:

   i. At least 10 days have passed *since symptoms first appeared* **and**
   ii. At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
   iii. Symptoms (e.g., cough, shortness of breath) have improved

NOTE: The CDC no longer recommends a **test-based strategy "because, in the majority of cases, it results in excluding from work HCP who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious"**.

If the student experiences severe or critical illness due to COVID-19, refer to the CDC guideline for recommendations.

See more information at:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

C. Social Distancing in Clinical Settings

1. Currently in effect in Ohio is a Governor's order that groups of individuals be limited to 10 or less. This pertains in clinical settings as well as elsewhere. This means that groups of individuals on rounds, in conferences, or in other areas cannot exceed 10.

2. The social distancing requirement of at least 6 feet between each individual must be maintained at all times (other than when not possible during direct patient care activities at which time required PPE will be expected of all students and HCPs). This includes conference rooms, nurses' stations, etc. The social distancing room capacity of conference rooms and classrooms (which should be posted outside the door) where clinical conferences may be held must be adhered to. It may be necessary to have clinically-related conferences in alternative settings or virtually in a web conference if necessary to maintain adequate safety of all attendees.

3. Social distancing must still be practiced when gathering outside such as at picnic tables or other locations during lunch or break times; especially if masks are removed for eating.

4. In view of the fact that students and faculty must maintain a larger distance apart than previous ”usual” conversational distances and, with the need to maintain patient confidentiality, it is important that students and faculty monitor their voice levels when discussing clinical information in areas in which they might be overheard.

APPENDIX A: CDC Guidance on Aerosol Generating Procedures

https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-faq.html

Clinical Questions about COVID-19: Questions and Answers

Updated November 12, 2020

Which procedures are considered aerosol generating procedures in healthcare settings?

Some procedures performed on patients are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These aerosol generating procedures (AGPs) potentially put healthcare personnel and others at an increased risk for pathogen exposure and infection.

Development of a comprehensive list of AGPs for healthcare settings has not been possible, due to limitations in available data on which procedures may generate potentially infectious aerosols and the challenges in determining if reported transmissions during AGPs are due to aerosols or other exposures.

There is neither expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of AGPs for healthcare settings.

Commonly performed medical procedures that are often considered AGPs, or that create uncontrolled respiratory secretions, include:

- open suctioning of airways
- sputum induction
- cardiopulmonary resuscitation
- endotracheal intubation and extubation
- non-invasive ventilation (e.g., BiPAP, CPAP)
- bronchoscopy
- manual ventilation

Based on limited available data, it is uncertain whether aerosols generated from some procedures may be infectious, such as:

- nebulizer administration*
- high flow O2 delivery

*Aerosols generated by nebulizers are derived from medication in the nebulizer. It is uncertain whether potential associations between performing this common procedure and increased risk of infection might be due to aerosols generated by the procedure or due to increased contact between those administering the nebulized medication and infected patients.

References related to aerosol generating procedures:

Tran K, Cimon K, Severn M, Pessoa-Silva CL, Conly J (2012) Aerosol Generating Procedures and Risk of Transmission of Acute Respiratory Infections to Healthcare Workers: A Systematic Review. PLoS ONE 7(4); https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3338532/#!po=72.2222external iconexternal iconexternal icon).