

Washington University School of Medicine

COVID-19 Learner Activity Guidance

Summary of Significant Changes from Prior Version (9/28/20)

- 1) *Change in title of document from “Re-Entry” to “Activity” Guidance*
- 2) *Acknowledgement of all WUSM students now being allowed to shadow*
- 3) *Expansion of in-person standardized patient (SP) activities*
- 4) *Definition of education-related versus social activities*
- 5) *Expanded guidance on education-related activities*

Charge

Create overarching guidelines for COVID-19 risk-mitigated continuation of in-person curricular and support activities for learners at the Washington University School of Medicine (WUSM) / Barnes-Jewish Hospital (BJH) / St. Louis Children’s Hospital (SLCH) medical center.

Scope

This document is intended to provide guidance for students in all WUSM programs and residents and fellows in BJH, SLCH, and WUSM programs. These include:

- 1) WUSM medical students
- 2) WUSM students in Physical Therapy (PT), Occupational Therapy (OT), Program in Audiology & Communication Science (PACS), and Division of Biology and Biomedical Sciences (DBBS)
- 3) WUSM masters degree program students
- 4) BJH residents
- 5) SLCH residents
- 6) Fellows in BJH/SLCH/WUSM programs

Assumptions and Definitions

The following assumptions are made in creation of this document:

- 1) Medical center = all buildings and facilities (including links between buildings) associated with WUSM, BJH and SLCH, including affiliated outpatient clinics and other BJC facilities where WUSM-affiliated learners train.
- 2) Community transmission of COVID-19 has decreased but is still occurring.
- 3) COVID-19 vaccines have been made available to all WUSM and BJC employees.
- 4) The WUSM Office of Education, BJH, SLCH, and affiliated clinics have determined the clinical environment can support learners based on the following parameters:
 - a. Sufficient personal protective equipment (PPE) is available.
 - b. Clinical activities are sufficient to attain learning objectives.
 - c. Space in clinical work areas (clinic work rooms, rounding rooms, etc.) is sufficient for physical distancing for all team members (see additional information below)
- 5) St. Louis City and St. Louis County Departments of Health guidance will be followed.
- 6) Guidance will change as the situation changes and new guidelines are released from bodies such as the Centers for Disease Control and Prevention (CDC), Missouri Department of Health and Senior Services, and the St. Louis City and County Departments of Health. Other bodies such as American Association of Medical Colleges (AAMC), the Liaison Committee on Medical Education (LCME) and The Joint Commission may provide additional guidance. WUSM, BJH, and SLCH policies and procedures will govern learner activities.

Direct Patient Care Activities

Educational activities that require presence in the same room as a patient including clinical rounds, outpatient office visits, and performance of procedures, are considered direct patient care. Teachers and learners should adhere to physical distancing practices while possible, and should ensure appropriate PPE is worn per hospital and Faculty Practice Plan (FPP) policies.

Care of COVID-19 Patients

For this document's purposes, COVID-19 patients are defined as those who are known or suspected to have active COVID-19 infection. Patients without any symptoms of COVID-19 and without known recent exposure to COVID-19-infected individuals are not considered known or suspected COVID-19 patients, even if they have a routine admission COVID-19 test that is still pending. Pre-clerkship medical students should not provide direct in-person care for COVID-19 patients, though it is possible they may be a care provider for a patient who subsequently tests positive for COVID-19. Clerkship and senior medical students may provide direct care for COVID-19 patients under direct supervision of an attending to ensure appropriate infection prevention procedures are followed.

Personal Protective Equipment

In addition to respiratory protection (below), gowns, gloves and eye protection via goggles or a face shield (not eyeglasses) must be worn while providing direct care for COVID-19 patients. Eye protection must also be worn when providing direct care to any patient. PPE will be provided by the hospital or clinic where patients are seen. If a clinical site cannot provide PPE, the educational program may provide appropriate PPE on an individual basis.

Physical Distancing in Clinical Environments

In many clinical environments there is limited space in nursing stations, work rooms, etc. for team discussions and charting. Efforts should be made to avoid being in these confined spaces unless necessary. Strategies to accomplish physical distancing in clinical environments include using laptops in less congested areas rather than using shared computers in common spaces and conducting pre-round team discussions virtually. Team sizes should be kept to a minimum with no additional observers or trainees not directly involved in accredited educational activities, with the exception of students who are pre-approved to shadow by a faculty preceptor. Teams should conduct rounds while maintaining physical distancing as much as feasible. Masks must be worn at all times when in any shared or public spaces. Food should not be consumed in shared workrooms as this requires unmasking in shared spaces.

Standardized Patient (SP) and Other Hands-on Activities

Teaching activities involving SPs can be performed routinely with appropriate precautions. For clinical skills training that requires direct physical interaction with an SP or with other students, the principles of direct patient care should be followed. The SP should undergo the same screening procedures prior to entering campus, and surgical/isolation masks should be worn at all times by both the SP and the learner. The SP sessions should be as short as possible while maintaining educational objectives in order to minimize time spent within 6 feet. Portions of the SP session not requiring direct physical contact should be performed at least 6 feet apart. For hands-on skills training sessions using inanimate trainers, sessions should be as short as possible while maintaining educational objectives in order to minimize time spent within 6 feet of other participants.

Non-Direct Patient Care Education-Related Activities

Education-related activities that do not involve direct patient care may include large group didactics, small group teaching sessions, other educational meetings, recruitment events involving accepted or admitted but not prospective learners, and wellness or community-building activities. These activities should generally be conducted remotely while significant COVID-19 community transmission persists. As community transmission rates have decreased, more activities may be conducted in person. If meeting in person is determined to be necessary to meet the objectives of the education-related activity, the teacher or activity organizer bears the responsibility to follow all guidance listed below. Note that large group didactics are generally considered less necessary to be conducted in person.

Education-related activity guidance

- 1) Approval. In-person education-related activities should be approved by the requestor's educational dean or program director in the case of OT, PT and PACS.
- 2) Masking. Well-fitting facemasks must be worn during all activities per WUSM or BJC masking requirements, as applicable.
- 3) Outdoors. Activities should preferentially be held outdoors rather than indoors when possible, particularly those activities conducted for purposes of recruitment or wellness. Events held outdoors must also adhere to 6-foot spacing requirements, which will dictate capacity.
- 4) Principles for room usage
 - a. Configuring spaces for physical distancing. An appropriately sized room must be chosen to allow for at least 6 feet of distance between all occupants continuously. This can be accomplished by spacing of chairs, tables, computers, and if necessary, removal of furniture, taping off chairs, or otherwise marking areas to encourage room users to maintain appropriate distance.
 - b. Maximum occupancy. All rooms should have a listed maximum occupancy after configuring for physical distancing. This information should be posted on signage outside the room and should be taken into account when reserving rooms.
 - c. The capacity limit for an education-related activity is dictated by the capacity of the room to continuously house all occupants at least 6 feet from each other.
 - d. List of available rooms with maximum capacity. Educational teams should become familiar with all available rooms in their teaching area and their capacity for hosting different types of events. Lists and maps of facilities with maximum occupancy as configured for physical distancing should be created and made available for teaching teams. A list of shared WUSM education and student support spaces can be found here (<https://wustl.app.box.com/s/s40a5cksxgm39o6xs5j609mato4n9y27>).
- 5) Hands-on training sessions. For some activities where closer proximity work is required, such as skills training, learners should be assigned to the same pod or small group for the entirety of the activity to minimize mixing.
- 6) Visitors. Some recruitment and wellness activities may allow up to one visitor per learner if necessary to meet the objectives of the activity. Visitors will count toward maximum capacity within spaces and must adhere to all screening, masking, distancing, hand hygiene and other procedures in place for the event. The learner is responsible for ensuring their visitor is knowledgeable and compliant with the procedures.
- 7) Cleaning and disinfecting protocols. WUSM spaces will be cleaned per the following protocol: <https://wustl.app.box.com/s/286i47hu66l6cx06h73ukkdyi5y4mvi2>. Hospital spaces will be cleaned per respective hospital protocols.

- 8) Signage. Signs with maximum occupancy and reminders for physical distancing, wearing face masks, avoiding food and drinks, avoiding unnecessary congregating, and hand hygiene should be posted at the entry and/or within every room used for educational purposes.
- 9) Food. Food should not be offered or consumed during any educational activities. Meals may be provided for consumption after the completion of the activity. Food should only be consumed in spaces where physical distancing >6 feet from others can be maintained at all times, and preferably outdoors or alone when possible. Congregated meals should be strictly avoided. Brief sips of drinks may be allowed with the expectation that masks are immediately brought back up after each sip.

Role of COVID-19 immune status

All guidance in this document applies to all individuals and groups, regardless of immunity to COVID-19 achieved by vaccination or natural infection. Fully immunized and recently infected individuals are at lower risk of contracting COVID-19, but there is still residual risk when community transmission is at moderate to high levels. It is also not yet known how much protection immunization provides against asymptomatic infection and subsequent transmission. Recent guidance from the CDC allows for fully vaccinated individuals at least 14 days after receiving the 2nd dose of a two dose vaccine series, or after receiving a single dose of a one-dose vaccine, to interact with other fully vaccinated individuals in small, private gatherings without masking and distancing. At this time, the updated CDC guidance does not apply to medical center-associated activities.

Social Activities

All activities not considered education-related must also be approved and are restricted to capacity limits specified by the local health department where the activity would occur. As of March 14th, 2021, social gathering limits are 20 indoors and 30 outdoors in St. Louis County, and 10 indoors and outdoors in St. Louis City. WUSM-associated social activities should not include consumption of food and must adhere to all masking and distancing guidance as detailed for education-related activities.

Common features governing all activities

Training

All WUSM learners must complete a training module regarding general re-entry and attest to following the safety procedures. Before first entering clinical spaces, learners must participate in COVID-19 specific and PPE training modules, and document successful completion of such.

Screening

All learners will undergo symptom and temperature screening, using the same process as employees, before entering the medical center or affiliated clinics. The process asks for the presence of symptoms associated with COVID-19 and whether there has been direct contact with a case. The screening should be performed at home and entered via the Occupational Health website (<https://screening.wustl.edu/Screen>) where a green checkmark is generated for a successful screen and is shown to checkers at entry-point screening stations. If the process generates a yellow mark then additional evaluation is required. If the screening process generates a red "X", then the learner must stay home, or immediately go home if already on campus, and contact their healthcare provider, Occupational Health, or Student Health as appropriate, and their teaching supervisor. Learners who later in the day develop any of the screening symptoms suspicious for COVID-19 must leave the campus immediately and notify Occupational Health or Student Health, as appropriate.

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Mask/Respirator Use

Appropriate PPE will be available for all learners. This requires the supply is not critically low as determined by hospital and FPP resource managers. Face masks must be worn at all times while indoors except in office-based or non-clinical settings while working alone in an enclosed room or while at a desk or cubicle more than 6 feet away others.

- 1) Cloth face masks. Multi-layer, well-fitting cloth face masks may be worn in the medical center while not interacting with patients or having significant interactions with the public.
- 2) Surgical/isolation masks (and/or KN95 masks at BJH and SLCH). These must be worn by all persons in clinical care settings, unless higher level respiratory protection is needed, and are recommended for in-person education-related activities. Learners should be provided surgical/isolation masks by the hospital or clinic workplace as needed for the duration of their required time in clinical spaces. Use and conservation practices are guided by current guidance from BJC
(https://covid19.bjc.org/Portals/0/PDF%20Documents/Medical%20Guidelines%20for%20Staff/PPE_Toolkit_TOC.pdf?ver=h4dYgt7480_ySVAQtEbwsQ%3d%3d) and FPP
(https://fpp.wustl.edu/wp-content/uploads/2020/05/Safety-measures_v2-20.0518.pdf).
- 3) N95 respirators. These are required for direct care of patients on airborne precautions, including COVID-19 patients who are critically ill or undergoing aerosol-generating procedures. In general, learners should avoid direct care of patients who are on airborne precautions. If individual learners are on rotations where patients on airborne precautions are routinely seen, fit testing and N95 issuance can be arranged on an as-needed basis by Environmental Health & Safety. N95 use and conservation practices are guided by current hospital
(https://covid19.bjc.org/Portals/0/PDF%20Documents/Medical%20Guidelines%20for%20Staff/PPE_Toolkit_TOC.pdf?ver=h4dYgt7480_ySVAQtEbwsQ%3d%3d) and FPP guidance
(https://fpp.wustl.edu/wp-content/uploads/2020/05/Safety-measures_v2-20.0518.pdf).

Avoiding Congregating

Learners should avoid congregating within 6 feet of each other, and keep masks on, in communal spaces during down times, breaks, lunch, or other times not specifically scheduled for educational activities. This includes student and housestaff lounges, study spaces, computer labs, library, gym and other facilities that may be open. This also includes hallways, classrooms, meeting rooms, and stairwells. Learners should wear masks and maintain physical distance at least 6 feet from others.

Hand Hygiene

Handwashing with soap and water should be performed frequently throughout the day and every time after touching high-touch surfaces, using restrooms, before eating, removing face masks, touching the face, or if hands are visibly soiled. Hand sanitizer can be used if handwashing is not immediately available.

Communications

Communication to all stakeholders will be necessary to create a safe learning environment. Clerkship, course, and program directors should communicate these guidelines directly with teams that are accepting new learners prior to their arrival. Learners should communicate safety or other learning environment concerns to their clerkship or program director.

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