

Washington University School of Medicine

COVID-19 Learner Re-Entry Guidance

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

- 1) *Guidance to use eye protection for all patient interactions*

Charge

Create overarching guidelines for COVID-19 risk-mitigated resumption 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 St. Louis John Cochran VA and affiliated outpatient clinics.
- 2) Community transmission of COVID-19 is occurring.
- 3) The WUSM Office of Education, BJH, SLCH, John Cochran VA 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)
- 4) St. Louis City Department of Health guidance will be followed.
- 5) 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 Department 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.

Non-Direct Patient Care (NDPC) Activities

Activities that do not involve direct patient care, including large group didactics, small group teaching sessions, and virtual provision of clinical care, should preferentially be conducted remotely while significant COVID-19 community transmission persists. If meeting in person is necessary, teachers should choose an appropriately sized room that is configured to continuously provide at least 6 feet of space between occupants and ensure appropriate face masks are used.

Rooms

- 1) In-person educational activities should be approved by the requestor's program director or educational dean.
- 2) Principles for room usage
 - a. Configuring spaces for physical distancing. Efforts must be made to create spacing of chairs, tables, computers, etc such that occupants remain at least 6 feet apart in all directions from other individuals. This can be accomplished by 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.
- 3) 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>).
- 4) 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.
- 5) Signage. Signs with maximum occupancy and reminders for physical distancing, wearing face masks, avoiding unnecessary congregating, and hand hygiene should be posted at the entry and/or within every room used for educational purposes.
- 6) Food. When meals are offered for educational activities, boxed food should be provided rather than buffet-style catering. 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 avoided.

Face masks

All occupants in a room should wear a cloth mask or surgical/isolation mask whenever multiple people are present.

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 under investigation (PUIs) for whom the risk of COVID-19 is deemed to be low due to lack of symptoms or exposure but whose routine admission COVID-19 test is pending are not considered COVID-19 patients. Pre-clerkship medical students should not provide direct in-person care for COVID-19 patients, though it is acknowledged that they may be a care provider for a patient not known to be infected who subsequently tests positive for COVID-19. Clerkship and senior medical students may elect to rotate on a service taking care of COVID-19 patients and may opt-in to provide direct care for such 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 should also be worn when providing direct care **to all patients**. 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 on an individual basis.

Physical Distancing in Clinical Environments

In many clinical environments there is very little space in nursing stations, work rooms, etc. for team discussions and charting. Efforts should be made to avoid being in these spaces when not necessary. Strategies to accomplish this 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 2nd year medical 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 periods of time unmasked with others.

Standardized Patient (SP) and Other Hands-on Activities

Teaching activities involving SPs should be done via remote learning when possible. 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.

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 training modules, 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.

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.

- 1) Cloth face masks. Face masks must be worn by all persons entering the medical center and kept on in indoor spaces unless alone, in which case no face covering is required. Cloth face masks are adequate for non-clinical areas. Persons at higher risk for severe COVID-19 disease may elect to wear surgical/isolation face masks.
- 2) Surgical/isolation masks. These should be worn by all persons in clinical care settings, unless higher level respiratory protection is needed. Learners should be provided surgical/isolation masks as needed for the duration of their required time in clinical spaces. In the inpatient setting, the hospital will supply, while in outpatient clinics the FPP will supply. 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=h4dYqt7480_ySVAQtEbwsQ%3d%3d](https://covid19.bjc.org/Portals/0/PDF%20Documents/Medical%20Guidelines%20for%20Staff/PPE%20Toolkit%20TOC.pdf?ver=h4dYqt7480_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. There is currently not capacity for fit testing and issuance of N95s for all learners. 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=h4dYqt7480_ySVAQtEbwsQ%3d%3d](https://covid19.bjc.org/Portals/0/PDF%20Documents/Medical%20Guidelines%20for%20Staff/PPE%20Toolkit%20TOC.pdf?ver=h4dYqt7480_ySVAQtEbwsQ%3d%3d)) and FPP guidance (https://fpp.wustl.edu/wp-content/uploads/2020/05/Safety-measures_v2-20.0518.pdf).

Avoiding Gatherings

Most instances of transmission in the medical center occur when people are taking breaks or eating lunch together. 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. Learners should try to find a space to eat alone. When that is not possible, learners should stagger eating to avoid being mutually unmasked with others, and to maintain more than 6 feet apart 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.