COVID-19 Morning Briefing
Health Science Education Executive Council
PLAN/PREPARE FOR A WORST CASE
- **SPACE** (ICU & Acute beds, etc.)
- **STAFF** (Providers, Nurses, etc.)
- **STUFF** (Vents, PPE, Sedatives, etc.)
- **SECURITY**
- **SPECIAL** (TRAUMA, ONC, etc)

OPERATIONALIZE A “NEW-NORMAL”
- Balance background of patients with COVID-19 (& potential for surges) with new normal operations
  - **Telehealth**
  - **Key resource constraints**
    - PPE
    - Beds & ventilators
    - Sedating medications
  - **COVID-related pathways/precautions**
    - Universal masking
    - Testing
    - Effective caring & cohorting of COVID+ patients

Think. Plan, and Act as One-System
Students are in the **Special Category**

- On March 16, 2020, all students were removed from in-person clinical care.

- Students are non-essential healthcare workers, yet are our future healthcare workers.

- In a few months some will join our workforce.

- Residents are employees and considered essential healthcare workers.
Student Type and Trajectory of Training

• **Practice Ready at graduation**
  - OT
  - PT
  - ST
  - PharmD
  - PharmD
  - DDS
  - DNP

• **Further training after graduation**
  - Medical Students
How will we know when it is time for the students to engage in in-person clinical encounters?

- **Safety first** – for patients, students and care providers.
- **PPE** supply in excess of that needed for essential providers.
- If conditions change, participation in direct patient care activities will be suspended.
Adequate PPE

• Adequate surgical face masks for students to utilize one daily.

• Students will not utilize N-95 masks – and not participate in activities requiring their use.

• Students complete training and attest to follow policies/procedures for PPE use/re-use and conservation.
Patient Volume and Preceptor Availability

• Adequate patient visits, census, and caseloads for number of students assigned to ensure meaningful learning opportunities.

• Readiness of individual faculty, residents/fellows, services, and/or divisions to reincorporate students into clinical workflow.

• Teams and preceptors must have adequate bandwidth to provide appropriate supervision and instruction.
Preparing for the long haul ...

• Students engagement in clinical care will flex up and down based on
  – Pandemic conditions
    • Safer at home
    • Level of hospital readiness needed
  – Critical resources
    • PPE, staffing, etc.
## COVID-19 SURGE | RECOVERY | PROSPER

<table>
<thead>
<tr>
<th>SECTION</th>
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<tbody>
<tr>
<td><strong>General Public Guidance</strong></td>
<td>All businesses open, mass gatherings permitted, no travel restrictions. Leave home infrequently, work remotely when possible, businesses open with a mask and physical distancing. Wear face masks.</td>
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<td>Stay at home, only essential business remains open.</td>
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<td><strong>Visitor</strong></td>
<td>Routine access and visitation. Routine infection precautions. <strong>Above in place once 80%-90% of state population has received vaccine and/or tested positive for COVID-19 thereby establishing a herd immunity.</strong></td>
<td>Reduced entrances. Enhanced infection precautions. Health screen of all patients and visitors. Face masks for staff, providers, patients and visitors. Temperature check and health screen of all patients and visitors.</td>
<td>Restricted entrances. One visitor per patient with limited exceptions. Enhanced infection precautions. Face masks for all staff, providers, patients and visitors. Temperature check and health screen of all patients and visitors.</td>
<td>Single entrance. No visitors with few exceptions. Enhanced infection precautions. Mandatory face masks for all staff, providers, patients and visitors. Temperature check and health screen of all patients and visitors.</td>
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<td><strong>Surgery/Procedures</strong></td>
<td>Outpatient and inpatient surgery/procedures proceed when personal status is known or pre-procedure COVID testing is performed. Postpone COVID-positive and COVID-suspected patients if risk of delay is low.</td>
<td>Surgery/procedures proceed only if reliable COVID testing is available and worldwide critical resources are clearly sufficient. Patient acuity drivers are prioritized when resources are limited. Postpone COVID-positive patients if risk of delay is low.</td>
<td>Perform emergent and urgent surgery/procedures with rapid COVID testing where available and same time-sensitive surgery/procedures where a delay will result in increased risk of significant patient harm or death. Prioritize emergent surgery/procedures for low-risk patients when rapid COVID testing is available and worldwide critical resources are clearly sufficient. Patient acuity drives prioritization of surgery.</td>
<td>Perform emergent and urgent surgery/procedures with rapid COVID testing where available, and same time-sensitive surgery/procedures where a delay will result in increased risk of significant patient harm or death. Prioritize emergent surgery/procedures for low-risk patients when rapid COVID testing is available and worldwide critical resource capacity.</td>
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<td>Students</td>
<td>Students participate in all clinical rotations. Postpone interactions with COVID-positive and COVID-suspected patients, unless student submits evidence of immunity.</td>
<td>Students participate in most outpatient and inpatient rotations. Students must wear surgical mask. Students must certify they have taken PPE training. Students should not be involved in any COVID-positive or COVID-suspected patient care and should not utilize N95 masks or higher level of PPE. Online and virtual involvement remains.</td>
<td>Students participate in low acuity outpatient and some inpatient rotations. Students must wear surgical mask. Students must certify they have taken PPE training. Students should not be involved in any COVID-positive or COVID-suspected patient care and should not utilize N95 masks or higher level of PPE. Online and virtual involvement remains. Students who are closest to graduation and have remaining requirements have priority for placement. (No involvement in ED, urgent care)</td>
<td>Students do not participate in in-person clinical care. Students engaged in online learning. Students may be included in virtual care and non-patient facing activities per program rules and agreement from providers.</td>
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Students do not participate with direct in-person clinical care.

Students engaged in online learning.

Students may be included in virtual care and non-patient facing activities per program rules and agreement from providers.
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DRAFT – April 20, 2020
Students participate in all clinical rotations. Postpone interactions with COVID-positive and COVID-suspected patients, unless student submits evidence of immunity.
Each Program will assess suitability for student placements

Priority placements:

- **Class of 2020** with remaining graduation requirements
  - Physician assistant students

- **Class of 2021**
  - Medical students
  - PA students
  - DNP students