

CORONAVIRUS DISEASE 2019 (COVID-19)

Education and Clinical Rotations: Nursing, Medical, Advanced Practice Professionals (APP), and other Allied Health Students



Audience: Nursing, Medical, APP and other allied health students participating in educational programs and clinical rotations at ministries and ministry healthcare student program leaders

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Background:

Nursing, medical, advanced practice professionals (e.g. nurse practitioners, physician assistants), and other allied health students currently participating in clinical training programs, through affiliated school/university agreements, are allowed/encouraged continuation or resumption of clinical rotations. During this period of the pandemic there are, however, critical indicators and considerations that must be met.

Document Purpose

This guide offers the following:

- The knowledge students gain from clinical training – even during this pandemic – is an invaluable part of their learning experience. This experience should be continued at a point in time that the ministry leadership determines it is appropriate and can be safely managed, and the academic partner agrees with any/all necessary support to ensure student safety.
- Ministry and or RHM leaders, in collaboration with coordinators of clinical rotation and training programs at affiliated Schools of Nursing, Medicine, and other Allied Health will determine the timing and scope of training of students within the ministry.
- All patient-facing staff members and students must don a procedural mask while in the patient care setting. In a state of limited gowns, gloves and other Personal Protective Equipment (PPE) supplies, additional PPE should be prioritized to be used by direct care colleagues.
 - All students must receive an orientation to standard precautions and transmission.
 - Students: nursing, medical, and allied health students on rotation to provide direct care, are NOT to be assigned to confirmed COVID-19 patients/PUIs.

- To conserve PPE, limit student involvement in both acute and long-term care settings in care of other patients in transmission-based precautions (e.g. Contact or Droplet), to observation from a safe distance for which PPE is not required.
- Trinity Health will work with the affiliated academic partner to ensure that all students are provided all necessary PPE.
- For care rounding involving a number of colleagues and students, dedicate a member of the care team to directly observe/care for the patient under transmission-based precautions. This designated member of the rounding team will don the required PPE.
 - To facilitate the student full learning experience: The leader of the rounding team may designate a student to don PPE and provide direct observation/or care in isolation precautions. The leader (and other members of clinical rounding team) can then remain just inside the door to the isolation room without each donning full PPE during this learning experience.
 - If PPE supplies reach critical levels, student services are to be placed on hold until supplies reach adequate levels again. Maintenance of the student clinical services may require support, if possible, of the academic partner to provide the necessary PPE for their student(s).
- Students visiting the ministry for short-term (1-2 day) observational visits should not don PPE, other than a procedural mask, and should not enter the rooms of patients in transmission-based precautions. Educational program leaders should instead consider the use of simulation labs for applied training purposes.

Ministry infection preventionists are encouraged to appropriately narrow the scope of patients requiring transmission-based precautions, based on the clinical syndrome or condition (or detection/suspicion of epidemiologically significant pathogen (such as CRE or C. auris).

In acute care ministries, there is evidence that standard precautions and other horizontal care strategies can be as effective as use of Contact Precautions for pathogens like MRSA or VRE to prevent transmission, especially for those colonized (e.g. in the nares), enabling students to provide direct care to those patients in standard precautions [Bardossy AC, 2017, Bearman G, 2018]. Based on local guidance and community data, local infection prevention can determine whether changes in policy regarding MRSA and VRE can be implemented.

In long-term care settings follow applicable local, state or federal requirements for use of transmission-based precautions which may call for use of these for MDROs like MRSA or VRE.

During pandemic, and based upon critical supply levels of PPE, Trinity Health may request the support of affiliated academic partners in the provision of PPE for their students. Trinity Health will also gratefully accept donations of PPE from schools wishing to offset PPE used by students. Program leadership from the school work must work with local Supply Chain to determine the process to obtain PPE, and to ensure the make and model meet Trinity Health's strict standards for quality and efficacy. Supply Chain will manage verification and distribution of all donated PPE.

NOTE: Donated PPE **MUST** be equivalent to PPE provided for employed or affiliated colleagues by/at the Ministry clinical site.

Reference:

Bardossy AC, et al. *Evaluation of contact precautions for methicillin-resistant staphylococcus aureus and vancomycin-resistant Enterococcus*, Am J Infect Control 2017;45(12):1369-1371.

Bearman G, et al. *Impact of Discontinuing Contact Precautions for Methicillin-Resistant Staphylococcus aureus and Vancomycin-Resistant Enterococcus: An Interrupted Time Series Analysis*. Infect Control Hosp Epidemiol. 2018 Jun;39(6):676-682.