

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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What's New: Revised to clarify expectations for ministries to establish parameters for student observations in the setting of limited PPE.

Nursing, medical, advanced practice professionals (e.g. nurse practitioners, physician assistants), and other allied health students currently participating in clinical training programs should be allowed to continue and finish their programs without interruption. Many of these programs have been interrupted over the prior several weeks but Nursing, Medical, and other Schools/Universities leaders are reaching out to ministries regarding resuming clinical rotations. This Guide offers the following:

- 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 decide the timing and scope of training of students at the ministry.
- The clinical knowledge students gain from this collaboration – even during this pandemic – is an invaluable part of their learning experience and should be continued at a point in time that the ministry leadership determines is appropriate.
- 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 PPE supplies, additional PPE should be prioritized to be used by the direct care colleagues.
 - Do not assign nursing, medical, and allied health students on rotation to provide direct care to confirmed COVID-19 patients/PUIs.
 - To conserve PPE, limit students in both acute and long-term care settings involvement 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 needed.
 - 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 can don PPE.
 - The leader of the rounding can designate a student to don PPE and provide direct observation or care of the patient to gain experience of care of those on isolation precautions. The leader and other members of clinical rounding team can then remain just inside the door to the isolation room without having each don full PPE during this learning experience.
- 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].

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.

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.