May 26, 2020 message from Dean Jerris Hedges to the JABSOM 'Ohana:

Aloha mai kākou,

Mahalo for your continued patience and commitment to keeping JABSOM operational during an extremely long period of "safer at home" response to the coronavirus. As we are over a month now with minimal new daily cases of COVID-19 in our state, we can anticipate that state and city leadership will continue to open businesses in Hawai‘i.

Although we have demonstrated that Hawai‘i can slow transmission of the coronavirus through a variety of means, we must remain aware that the virus will be in our community for years and perhaps forever. It will be challenging for Hawai‘i to begin developing herd immunity when no vaccine has yet been proven effective and broadly disseminated. Natural herd immunity development must be monitored closely to be certain that the most vulnerable in Hawai‘i are protected to the extent possible through reasonable public health measures.

We are fortunate that the health systems in Hawai‘i have had this opportunity to develop and refine systems to monitor and minimize coronavirus spread within healthcare facilities and to our caregivers and learners. We are fortunate that therapeutic approaches are evolving that permit more effective treatment of those few patients who develop severe COVID-19. We are fortunate that the city/county and state have invested in more rigorous testing and case contact tracing capacities. Thus, although some risk remains from this virus, we are better prepared to deal with the condition we collectively face.

With the return of more students to our campus this spring and summer, we will need more of our workforce on campus to assure sufficient support of our learners and related operations. The school sees this as a fluid situation where we will continue to encourage measures on campus to reduce interpersonal viral spread. We will continue to have employees speak with their supervisors to determine the best personal work situation for each employee that will permit continuation of effective operations. We can anticipate that more employees will adopt hybrid operations with some work from home and increasing work from the office activities.

What do we expect from those who work or study in JABSOM facilities?

• **Continuation** of our "no exception" practice that those who are ill (new muscle aches/fatigue, intestinal upset, cough or respiratory distress, sore throat, and/or sensation of fever) remain at home until symptoms resolve and they are cleared by a healthcare provider (may be done via telehealth visit) to return to work
• Continued social distancing - where possible, maintain 6 feet separation when participating in conversations
• Frequent hand washing - where possible, wash hands or use hand sanitizer after touching common surfaces
• **Avoidance** of disposable gloves when not worn for training or standard occupational use - e.g., when doing lab experiments, food handling, performing cleaning/disinfecting activities, emptying trash
• Use of face covering when indoors and not isolated in one's office (unless an exemption applies)
• Use of appropriate Personal Protective Equipment (PPE) when participating in learning exercises requiring sharing of training manikins (or equipment) or close proximity
Exemptions to facial covering expectations

- Walking outside more than 6 feet from others
- Working alone in one’s office
- Working more than 6 feet from others in a well-ventilated laboratory
- Underlying respiratory condition worsened by a facial covering - such employees should work with their supervisor to develop a work plan
- History of an anxiety disorder while in a mask or facial covering - such employees should work with their supervisor to develop a work plan

We appreciate your kokua during these challenging times. Remember it is our kuleana to look out for our co-workers and extended families, as well as for ourselves.

Jerris R. Hedges, MD, MS, MMM
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### GENERAL QUESTIONS AND ANSWERS THAT IMPACT ALL JABSOM STUDENTS, FACULTY AND STAFF AND APPROVED VISITORS TO THE MEDICAL EDUCATION BUILDING (MEB)

**Q:** Are we able to study at JABSOM or come to school for simulations or tests?

**A:** Yes. Please make sure you show your JABSOM ID to the security guard when you come into the building. As of May 1, 2020, you no longer need to notify OSA or OME that you will be coming into the MEB. Use of your own personal face covering is required when you are in the building, walking around in public spaces and if you are in an enclosed space with someone else, even if 6 or more feet apart. Surgical facemasks will be provided during the required simulation sessions, standardized patients or Objective Structured Clinical Examinations (OSCE) and for shelf-exams. The library, computer lab, problem-based learning (PBL) rooms and other study areas have been modified to adhere to the physical distancing requirements. Remember that entry into MEB requires your badge.

MD4 exams will be in person on June 12 and 15. Some Transition to Clerkship Activities will be in person between June 5-19, 2020. The last day of Senior Seminars Week #1, on June 26, 2020, will be in person.

**Q:** As the State moves into different “status” levels of recovery, when will we be allowed to resume in-person training, classes, events, orientation activities, etc.? And what will the physical spacing requirements be?

**A:** The current State guidelines released on May 18, 2020 determined that, as of May 18, the State is in the “Act with Care” status (yellow). This calls for groups of <10 and maintain >6 feet physical distancing and “recommended safe practices” for face coverings. Note that there are more detailed recommendations being developed or already rolled out for different sectors of society. Dean Hedges is on the task force that is advising UH Manoa and the larger system on safe reopening strategies. On May 19, 2020, CDC issued guiding principles for universities with
the caveat that “These considerations are meant to supplement – not replace – any state, local, territorial, or tribal health and safety laws, rules and regulations with which Institutes for Higher Education must comply.”

Most of us anticipate that by the end of June, the State will move to the next phase (gatherings up to 50 with physical distancing). JABSOM already has approval for small in-person activities, with universal masking, with less than 6 feet physical distancing in certain circumstances, as we need to have that flexibility to teach clinical skills, conduct OSCEs or other skills assessments. Additionally, in the clinical space, 6 feet physical distancing is not possible when conducting direct patient care or in some teaching rounds. The use of universal masking or source-control, even with cloth face coverings, has been shown to greatly reduce transmission risk as well as country-wide mortality. Given the high rate of asymptomatic transmission (18-43% in different studies), universal masking becomes even more important, especially once some of the local, interisland and outside of Hawai’i travel restrictions are reduced.

For clinical skills or simulation sessions where close proximity (< 3 feet) is unavoidable and required for the educational experience and desired outcomes, as well as for in-person testing, we will continue to require (and provide) the use of surgical masks, as those are better at reducing transmission.

All classes, coursework and examinations will be modified to adhere to physical distancing and group size restrictions. Some elements of the curriculum will be virtual.

Orientation activities, Ohana Day and the White Coat Ceremony are being modified to keep all participants safe. Some activities will be done virtually and others will adhere to physical distancing and group size restrictions at the time of the event.
JABSOM SAFETY PRECAUTIONS DURING THE COVID-19 PANDEMIC
Updates as of May 26, 2020

Just as important, if not more so, is the importance of staying home if you are sick, as any of the following symptoms could be indicative of infection with a respiratory or gastrointestinal virus.

- Cough
- Shortness of breath
- Sore throat
- Diarrhea
- Loss of smell or taste (these symptoms are now thought to be part of the common constellation of symptoms for the SARS-CoV-2 virus)
- Fever (>100.4 deg F) or feeling feverish
- Chills
- Body aches

Prior to coming in for a test or for a scheduled session (i.e., OSCE, clinical skills, boot camp, transition to clerkship, etc.), students will be asked if they have any of the above symptoms. Effective May 21, 2020, JABSOM stopped temperature screening as the evidence does not fully support this very resource-intensive practice. Staying at home if you are sick (above), universal masking, as much physical distancing as possible and proper cleaning of surfaces are far more effective measures to reduce the risk of transmission to our JABSOM community.

Continued good hand hygiene, strict attention to proper cleaning of high-touch surfaces and other environmental measures will continue to be followed at JABSOM, UH and all health care facilities. Always wearing a cloth face covering, even when you are with one other person and when you are in a shared space like the PBL rooms, computer lab or library, will further reduce the chances of asymptomatically transmitting SARS-CoV-2 to surfaces.

For more information on the evidence behind these recommendations, the University of Washington has compiled a nice summary of the evidence and literature, as do the contributors to the Frontline COVID-19 guide.

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<tr>
<th>MEDICAL STUDENT SAFETY IN THE CLINICAL SETTINGS (all four years)</th>
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<tbody>
<tr>
<td>• Ensure appropriate PPE during any direct patient care encounters within a healthcare facility.</td>
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<tr>
<td>o Direct patient care means touching a patient or spending at least 10 minutes within 6 feet of a patient</td>
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<tr>
<td>o Inpatient: Hospital policies and protocols apply and may supersede this JABSOM guidance. Policies vary by facility regarding surgical masks (i.e., extended use or not), face shields (depends on setting), type of gown [depends on the setting/procedure/infection control precautions], and gloves. At a minimum, use a surgical mask when providing direct patient care in a hospital.</td>
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<tr>
<td>o Outpatient: Facility/office/institutional protocols apply and may supersede this JABSOM guidance. Policies vary by facility regarding surgical masks (i.e., extended use or not), use of face shields (depends on the setting) and gloves. At a minimum, use a surgical mask in an outpatient setting. Some settings may require protective eye goggles when caring for patients (Goggles must have a complete seal around your face. Indirect vent is allowable per DOH.)</td>
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JABSOM SAFETY PRECAUTIONS DURING THE COVID-19 PANDEMIC
Updates as of May 26, 2020

- Cloth Face covering must be used in healthcare facilities when outside patient care areas (e.g., when in break rooms or call rooms (if you do not have a surgical mask)), when in all public spaces within a healthcare facility and when entering or exiting a facility. Be sure that you are familiar with and adherent to the facility/clinic policy regarding masking in non-patient care areas. As the conditions guiding re-opening or reinstating workplace or public restrictions evolve, there may be changes in PPE policy.
  - *Cloth face covering* includes hand sewn cloth masks, t-shirt face covering (no sew method), scarves or bandanas.
  - Several of the HCW who became ill (i.e., “mild cough” even without fever) did not maintain proper masking or physical distancing in breakrooms and that is how the clusters developed in Hawai‘i. This highlights the importance of (a) wearing the cloth mask always and (b) physical distancing as much as possible, even in non-patient care areas.

- Proper handwashing and hand hygiene are critical, including when before donning your own cloth face covering or PPE and immediately after removal of PPE or your cloth face covering.
- Purchase and utilize safety eye goggles that have a complete seal on your face. Indirectly vented goggles are acceptable per the Hawai‘i State Department of Health. Eye goggle requirements will vary across the different settings. Check with your preceptor prior to the start of the clinical experience.
- View the CDC donning/doffing PPE videos before the start of each rotation
  - [https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf](https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf)
- We strongly recommend each student review the COVID-19 primer before returning to the clinical environment (especially inpatient settings).

Student assignments in clinical settings

- No in-person encounters for any persons under investigation or COVID-positive
- No clinical assignments to PUI- or COVID-positive areas/wards/units
- **Students may be assigned patients presenting with respiratory symptoms after the patient has been appropriately evaluated by the supervising attending and deemed to be low risk for COVID (i.e., known CHF, COPD, asthmatic patient, allergic rhinitis patient with no known COVID risk factors or exposure to COVID-positive patients). Being able to learn about and manage patients with respiratory symptoms is fundamental to almost every specialty and is a core requirement for all medical schools.
  - We strongly encourage incorporating students into telemedicine encounters and discussions with the preceptor. This is an important skill that will be needed going forward.