JABSOM SAFETY PRECAUTIONS DURING THE COVID-19 PANDEMIC
Updates as of July 1, 2020

UH Interim Guidelines (July 1, 2020) https://www.hawaii.edu/covid19-guidelines/

June 9, 2020 message from Dean Jerris Hedges to the JABSOM ‘Ohana:

Aloha mai kākou,

I hope you are doing well and are thankful for the blessings we have received here in Hawaii. We are fortunate to live in a beautiful part of the world and in a state that promotes public health, community dialogue and actively embraces diversity of all forms.

As we continue the process of bringing more learners and employees back to campus, I wanted to seek your kokua on several important matters.

First, I previously emphasized the importance of you helping keep your co-workers and co-learners healthy by staying home if you are feeling ill. We now know that not all who acquire COVID-19 will have a fever or a cough. Some will have an odd sense of smell or taste, others may have a bad headache, and others may have muscle aches unexpected for recent exertion. If you are feeling ill, please stay home and recover.

Second, if you have been exposed to someone who has had a positive COVID-19 test in the last two weeks, work from home until you have been cleared from work by a care provider.

Third, we strongly encourage that you use a face covering/mask when in common areas in the building, e.g. breakrooms, bathrooms, cafeteria. If you are working alone in your office or in a research lab, a mask is not needed.

Fourth, please continue to keep social distancing to the extent possible, especially while in our buildings. We will be permitting closer distancing under specific learning circumstances but will be taking additional precautions as well.

Fifth, although our house keeping personnel have been excellent in cleaning common surfaces, we ask that you take extra precautions when using common areas - e.g., wash your hands frequently, use hand sanitizer when unable to use soap and water, and bring your own cleaning wipes to clean tables/desktops before and after use.

Regarding the last point, we do not have sufficient personnel or materials to clean all surfaces with which you may come in contact. Thus, it is your kuleana to clean those common areas which you may use.

Mahalo for doing your part to keep yourself and your co-workers healthy.

Excerpts from May 26, 2020 Message from Dean Hedges:
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
If you have any underlying medical condition or a disability that precludes you from wearing a mask, please work with your supervisor to develop a work plan.

- For students, please feel free to reach out directly to the UH Manoa KOKUA Program (kokua@hawaii.edu) to discuss any concerns about wearing a facial covering or face mask.

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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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 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 OSCEs, or other activities where students are expected to be close (less than 3 feet) and exerting themselves (i.e., CPR). You will be notified by the course director, OSA, or administrative staff if a surgical mask is required. The library, computer lab, PBL rooms, and other study areas have been modified to adhere to the physical distancing requirements. Remember that entry into MEB requires your badge.

Wearing your homemade facial covering or mask is required during the examinations.

Q: As the State moves into different “impact 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 latest State guidelines and impact levels can be found on the https://recoverynavigator.hawaii.gov/reopening-status/ site. As of June 10, 2020, the State is in the “Act with Care” impact status (yellow). Gatherings remain restricted to groups of <50 (indoors) and <100 (outdoors) and maintain >6 feet physical distancing and “recommended safe practices” for cloth face coverings. UH released their guidelines on July 1, 2020. These may be periodically updated.
Advancement to the next impact level requires at least 14 days of observation between decision points before moving to the next level. There are numerous detailed public health and health care indicators being factored into decision-making. Additionally, the phased reopening of businesses, as well as the lifting of the interisland travel quarantine (effective June 16, 2020) and resumption of trans-Pacific travel (August 1) will require very close monitoring for more infections and clusters. JABSOM already has approval for small in-person activities, with universal masking (at least cloth face covering), 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 of 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, we will continue to require (and provide) the use of surgical masks, as those are better at reducing transmission.

For tests (end-of-unit, shelf exams), PBL groups, meetings/discussions with individuals (1:1) or small meetings, cloth face coverings should be worn and with as much physical distancing as possible (at least 3 feet).

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 asymptotically 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.

STAYING AT HOME IF YOU ARE ILL / WHEN TO RETURN TO SCHOOL

To keep everyone healthy it is critical that you stay 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
If you think you have symptoms consistent with COVID (above) or may have been exposed, please contact your PCP or the Queen’s (691-2619) or HPH (462-5430) COVID-19 hotlines to get tested. Medical students: you will need to stay out of school until after you get your test results back and until you have been afebrile for at least 24 hours without medication and other infectious symptoms have resolved.

Medical students: If you have another non-COVID illness diagnosed by your PCP, you must be afebrile for at least 24 hours without medications and must have no major residual symptoms. Please note that the clinical sites return-to-work criteria may be more stringent, and students may need to be evaluated by the hospital’s employee health departments prior to return to clinical rotations. Please keep in close contact with OSA and your course directors/clerkship directors.

JABSOM Faculty, staff, and other non-clinical students: The specific return-to-work guidance may be slightly different for you. Please contact your supervisor or human resources if you have additional questions.

### MEDICAL STUDENT SAFETY IN THE CLINICAL SETTINGS (all four years)

- Ensure appropriate PPE during any direct patient care encounters within a healthcare facility.
  - Direct patient care means touching a patient or spending at least 10 minutes within 6 feet of a patient
  - 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.
  - 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.)

- **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.