

Pandemic Student Placement Considerations

For St. Joseph's Health Care London to support student placements during the COVID-19 pandemic, there are additional considerations that have been implemented in our student placement experiences.

Student Affairs has created the following memos to outline these considerations. Students, preceptors, and clinical instructors should review memos that are relevant to their placement experiences.

If you have questions related to these considerations, please contact your leader, or Student Affairs team (Lara Howe and Randa Venesoen).

- 1) Personal Protective Equipment
- 2) Virtual Care (defined as using information and communication technologies to deliver health care services when a patient and health care provider/student are in different physical locations)
- 3) Remote Care (defined as working outside of a St. Joseph's site)
- 4) Symptomatic students/instructors and simultaneous work

Please note these principles and considerations are subject to change at any time as directed by the organization, government, or public health agencies. These changes may impact your placement. Student Affairs or your school will communicate with you if these changes are impacting your placement, and we will make every effort to ensure these changes do not interrupt your placement experience.

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Memo

Subject:	Personal Protective Equipment and Student Placements
Date:	August 2021
To:	Students, Preceptors and Clinical Instructors Supporting Placement
From:	Professional Practice, Student Affairs

A. For all student groups except Respiratory Therapy (see 'B' for RT student groups):

St. Joseph's Health Care London is committed to providing student placement opportunities during the COVID-19 pandemic when possible. In providing placement opportunities, we must ensure both staff and students have access to appropriate personal protective equipment (PPE) for their safety in the clinical setting. Preceptors and clinical instructors must abide by the following principles throughout the student placement experience pertaining to conservation and use of PPE:

- 1) All students and instructors must wear a face mask and eye protection when in the clinical setting. Each student and instructor will have access to the allocated 2 masks per 8 hour shift and up to 4 masks per 12 hour shift. If you do not require all allocated masks during a shift, please refrain from taking them. If at the end of your shift you have unused masks, please keep them for use the following day. If your mask becomes soiled or wet, please contact area leadership for an additional mask. *Review Appendix A for information about Donning and Doffing face masks.*
Each student and instructor will also wear eye protection (either a face shield, or a level 2 mask with attached shield) at all times while on site. *Review Appendix B for information about eye protection, and cleaning and care of eye protection equipment.*
- 2) Students/instructors may engage in conversation regarding patient care with patients who are COVID-19 positive/probable thus requiring use of additional PPE. Students shall only engage in patient care that would require an isolation gown or N95 respirator when the learning opportunity is required for placement. *Review Appendix C for information on the point of care risk assessment for PPE use and Appendix D for list of Aerosol Generating Medical Procedures requiring N95 respirators.*

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B. For Respiratory Therapy student groups:

St. Joseph's Health Care London is committed to providing student placement opportunities during the COVID-19 pandemic when possible. In providing placement opportunities, we must ensure both staff and students have access to appropriate personal protective equipment (PPE) for their safety in the clinical setting. With this in consideration, we want to ensure students have the opportunity to engage in meaningful learning activities that are not unnecessarily inhibited by conservation of PPE. For this reason, we have outlined unique principles for our Respiratory Therapy student group to support their learning. Respiratory therapy students, preceptors and instructors must abide by the following principles throughout the student placement experience pertaining to conservation and use of PPE:

- 1) All students and instructors will wear a face mask and eye protection when in the clinical setting. Each student and instructor will have access to the allocated 2 masks per 8 hour shift and up to 4 masks per 12 hour shift. If you do not require all allocated masks during a shift, please refrain from taking them. If at the end of your shift you have unused masks, please keep them for use the following day. If your mask becomes soiled or wet, please contact area leadership for an additional mask. *Review Appendix A for information about Donning and Doffing face masks.*
Each student and instructor will also wear eye protection (either a face shield, or a level 2 mask with attached shield) at all times while on site. *Review Appendix B for information about eye protection, and cleaning and care of eye protection equipment.*
- 2) Students will have access to isolation gowns and gloves as appropriate for their patient care. All students are expected to apply conservation principles to use of PPE. *Review Appendix C for information on the point of care risk assessment for PPE use.*
- 3) Students are to apply additional conservation principles to use of N95 respirators. Students, preceptors, and clinical instructors should consider if a procedure requiring an N95 is necessary for the student's learning. *Review Appendix D for list of Aerosol Generating Medical Procedures requiring N95 respirators.*

Appendix A Donning and Doffing Face Mask

Appendix B FAQ on Eye Protection/Cleaning and Use of Face Protection

Appendix C Point of Care Risk Assessment for PPE Use

Appendix D List of Aerosol Generating Medical Procedures

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How to wear a face mask

1) Perform hand hygiene with alcohol-based hand rub



2) Place mask over your face and hook loops around your ears



3) Hold bridge of nose while pulling the mask under your chin



4) Press the metal strip over your nose with two fingers to ensure a snug fit



How to remove a face mask

1) Perform hand hygiene with alcohol-based hand rub



2) Lean forward toward the receptacle



3) Remove the mask by the ear loops



4) Place the mask into the receptacle



5) Perform hand hygiene with alcohol-based hand rub

Protective Eyewear Q&A

Why do students and instructors need to wear eye protection?

Eye protection reduces the risk of exposure to COVID-19 through the eye membranes, which can occur, especially when a patient is not symptomatic according to the Centers for Disease Control and Prevention (CDC). There is increasing evidence of transmission of COVID-19 from asymptomatic persons up to 48 hours prior to becoming symptomatic, and the CDC recommends in its guidance document on exposure of health personnel to include the period of exposure from “onset of symptoms” to “48 hours before symptom onset.”

Why do non-clinical staff need wear eye protection?

Approximately 70 per cent of the newly diagnosed COVID-19 cases in Ontario are one of the variants of concern (VOC). Due to this increased amount of variant exposure in our community and within our workplace, eye protection must be worn by all staff and affiliates when meeting with another person for greater than 10 minutes if you are less than two metres away from them.

Who will be given protective eyewear?

- Staff and students working in a patient care environment
 - To augment safety of our staff, and to avoid the need for extended work exclusions, staff and physicians who have contact with a patient will be required to wear eye protection when there is no physical plexiglass barrier in place.
- Non-clinical staff and students
 - To protect against possible exposure from other staff who may be unknowingly infected with a VOC
 - If with others for longer than 10 minutes with less than two metres of distance

Eye protection can be either a mask with visor, safety glasses, a face shield or goggles.

For clinical areas: A risk assessment by the clinician will always inform the need for level of protection, e.g. a full-face shield will be required when there is increased risk of body/blood splashes to the face.

Are my regular eye glasses enough?

No, glasses are not sufficient for eye protection. For people who wear glasses, you will be provided eye protection that will work with glasses (if you are within two metres of another person for ten minutes or more).

Where can I get more information on physical distancing?

On our COVID-19 intranet site under staff management. https://intra.sjhc.london.on.ca/sites/default/files/pdfs/inf_coronavirus_physical_distancing_guidelines.pdf

What types of eye-protection are available to me?

Many forms of eye protection are available. You can find the list of safety glasses and goggles here:

https://intra.sjhc.london.on.ca/sites/default/files/pdfs/inf_coronavirus_personal_safety_eyewear_list.pdf and [Directions for extended use](#) are posted to the COVID-19 intranet.

Can I bring in PPE from home?

It is a requirement that you provide and wear your own PPE on your arrival to work (i.e. between parking locations and front entrances of any St. Joseph's Hospital site). Once you enter a St. Joseph's Health Care London site, you must replace any personal PPE with hospital PPE. You may not use any personal PPE within the hospital.

Is London Health Sciences Centre (LHSC) supporting extended use of eye protection similar to St. Joseph's?

Extended use of eye protection PPE is supported both at St. Joseph's and LHSC for clinical staff. St. Joseph's is adding non-clinical staff that fit the criteria (more than ten minutes, less than two metres) due to the high prevalence of VOCs and our highly vulnerable patient populations.

Do I need to wear eye protection to my office?

You do not need to take a mask with a visor at the entrance of our facilities if you are walking to your office where you will put on your eye protection (if you are within two metres of others for more than 10 minutes). This will help ensure we are careful with our supplies.

Do I need to wear eye protection if going for a walking break outdoors with someone and we are both masked?

Students are welcome to wear their eye protection during a circumstance like this. It would not be necessary, however, if you are both moving and facing forwards outdoors, while maintaining physical distancing of six feet or more.

Do I need to wear eye protection if I am eating outdoors on a break with another person and distanced two metres?

Yes, you do if you are only distanced two metres and you are breaking together for more than 10 minutes, eye protection must be worn. Ideally people should sit farther apart (e.g. three metres). Masks must be reapplied as soon as eating is complete.

If I am vaccinated, do I have to wear eye protection?

Yes. PPE requirements remain the same, regardless of vaccination status.

Why do we need to wear eye protection if I am breaking with someone and we are both masked? While the main mode of transmission is respiratory droplets entering the respiratory tract, transmission can occur by touching the eyes, or droplets contacting the mucous membranes of the eyes. Therefore, eye protection is needed.

My eye protection always fogs up. What can I do?

Soap and water usually helps prevent fog: https://intra.sjhc.london.on.ca/sites/default/files/pdfs/inf_coronavirus_cleaning_of_eye_protection.pdf

For non-eye glass wearers, HMMS can supply eye protection with an anti-fog coating. You can find the list here:

https://intra.sjhc.london.on.ca/sites/default/files/pdfs/inf_coronavirus_personal_safety_eyewear_list.pdf
https://intra.sjhc.london.on.ca/sites/default/files/pdfs/inf_coronavirus_personal_safety_eyewear_list.pdf

In addition, face shields may be the best option for some.

August 2021

Use and Care of Eye Protection

A. Use:

1. As an additional measure for COVID-19, a mask with facial protection (face shield or safety glasses or goggles) must be worn when providing direct care or within one metre of an unmasked patient/resident for more than 15 minutes.
2. Use as per [Droplet Precautions](#) and [Droplet + Contact Precautions](#).
3. Use as per routine practice after a [point of care risk assessment](#)

B. Care

1. Label your own face shield/ safety glasses or goggles with your name using a permanent marker
 - a. Face shield - on the foam or on the side of the band
 - b. Safety glasses - top shield or arm of the safety glasses
 - c. Goggles - top shield of the glass



2. A face shield can be used for several days with proper cleaning and storage. Change when visibly soiled or any wear is noted that may impair its proper use.
3. Always perform hand hygiene before and after removal of goggles, safety glasses or face shield.
4. At the end of your shift, perform the following:
 - a. Clean hands before removing face shield/goggles or safety glasses. Keep the mask on.
 - b. Inspect shield, goggles or glasses for soiling.
 - c. Carefully wipe the *inside*, followed by the *outside* of the face shield/goggles or safety glasses using disinfectant wipe (Prevention wipe) or alcohol wipe. Dispose of wipe. With safety glasses and goggles, carefully wipe all remaining areas.
 - d. Perform hand hygiene.

- e. Let the shield, goggles or glasses air dry.
 - f. Keep in a designated storage area.
-
5. At the beginning of your shift, inspect the device to ensure it is in good shape, ie. no visible signs of wear that may impede its proper use (e.g. plastic is clear, no breaks in the plastic, strap is in good shape and holds tension).
 6. During your shift, if at any time the shield becomes soiled or damaged, use discretion whether the shield can be cleaned with a wipe or should be discarded and replaced with a new shield.






Point of Care Risk Assessment: PPE Selection Guide

Healthcare workers must perform a Point of Care Risk Assessment (PCRA) before each patient/resident/client (patient) interaction. Below is a guide for the typical Personal Protective Equipment (PPE) required to protect you from exposure to infectious agents, chemicals and hazardous drugs. A complete point-of-care risk assessment considers the clinical status/symptoms of the patient, type of care or procedure to be performed, immune status of the health care provider and potential response of the patient to the procedure.

Remember, PPE is the last line of defense to prevent exposure to biological or chemical hazards. Other first line defense strategies may include:

- Finding different ways to complete a task.
- Using barriers to protect from splashes/sprays.
- Limiting patient care activities immediately after performing Aerosol Generating Medical Procedures (AGMPs), etc.

Hand hygiene is the most important and effective infection prevention and control measure to prevent the spread of microorganisms causing healthcare associated infections (HAIs) and must be performed before and after using PPE.

Hazard	PPE	Indication
Will my hands come into contact with blood/bodily fluids?	Vinyl Gloves 	Appropriate for most tasks that require gloves.
	Nitrile Gloves 	For drawing blood, starting IV's and situations with large amounts of blood/bodily fluids (i.e. Urgent Care), or for bodily fluids from patients on cytotoxic precautions.
	Specialty Gloves 	For sterile procedures, medical device reprocessing and pharmaceutical preparations.

**Will my hands
come into contact
with chemicals,
medications or
cleaning solutions?**

Vinyl Gloves








Appropriate for most pharmaceuticals and common cleaning chemicals (i.e. equipment wipes, Oxivir, Prevention).

**Nitrile
Gloves**



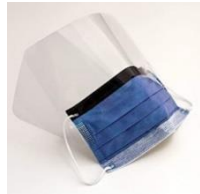




Required for sporicidal cleaners, certain chemicals in the clinical labs and cytotoxic and hazardous drugs precautions.

Point of Care Risk Assessment: PPE Selection Guide

Hazard	PPE	Indication
Will my clothes come into contact with blood/bodily fluid?	Level 2 Gown 	Most commonly used gowns that are laundered and returned to hospital. Disposable Level 2 gowns are also used. These can be yellow or blue.
	Level 3 or 4 	For specific use in the Operating Room (OR), Central Processing and Urgent Care Centre and for minor procedures and trauma care.
Will my clothes come into contact with other materials such as cytotoxic materials or wastes?	Specialty 	Chemotherapy gowns are tested against the top chemotherapy drugs.
Will my mouth, nose or eyes be exposed to a sneeze, cough, splash/spray of bodily fluids or chemicals?	Level 1 Procedure or Surgical Mask 	Provides barrier protection for procedures with low amounts of blood, body fluid spray or aerosols. Standard for surgical and procedural uses. Resistant to sprays up to 80 mm Hg (low arterial pressure). Particle filtration efficiency (PFE) ≥95% 0.1 MICRON.
	Facial protection 	Note: A Level 1 face mask with a full-face shield provides appropriate protection for Droplet/Contact Precautions and will keep your mask dry and intact. Note: Eye protection must be worn in combination with any mask. *Personal eye glasses do not count as eye protection.

Point of Care Risk Assessment: PPE Selection Guide

Hazard	PPE	Indication
Will my mouth, nose or eyes be exposed to a sneeze, cough, splash/spray of bodily fluids or chemicals?	<p>Level 2 Procedure or Surgical Mask</p> 	Provides barrier protection from exposure to moderate levels of fluids, sprays or aerosols. Commonly used for patients in Droplet Precautions. Resistant to sprays up to 120 mm Hg (average arterial pressure). Particle filtration efficiency (PFE) ≥98% 0.1 MICRON.
	<p>Facial protection</p>  <p>or</p>	
	<p>Level 3 Procedure or Surgical Mask with visor</p> 	Provides maximum barrier protection from exposure to highly pressurized and heavy levels of fluids, splashes/sprays or aerosols that can be generated during trauma or surgical procedures in the OR. Resistant to sprays up to 160 mm Hg (high arterial pressure). Particle filtration efficiency (PFE) ≥99.9% 0.1 MICRON.
Will my mouth, nose or eyes be exposed to airborne hazards (i.e. Airborne Precautions, Aerosol generating medical procedure [AGMP]) or specific chemical hazard requiring an N95?	<p>Respirator</p> <p>Facial protection</p>  	<p>For airborne particulate hazards and protection from aerosolized droplets generated from high risk AGMP's.</p> <p>Note: You must only wear the respirator model that you are fit tested to. Perform a seal (fit) check before every use.</p> <p>Note: Eye protection must be worn in combination with any respirator. <i>*Personal eye glasses do not count as eye protection.</i></p> <p>Note: A face shield helps keep a respirator clean and provides an additional barrier protection and is required for AGMP's.</p>

(Adapted from original document developed by Infection Prevention and Control, St. Joseph's Health Care Hamilton, April 24, 2020)

**Toronto – GTA – Hamilton – London Regional
Hospital Infection Control**

**Consensus List of Aerosol-Generating
Medical Procedures (AGMP) that Require
Airborne(N95) + Droplet + Contact
Precautions for Symptomatic
Suspected/Confirmed COVID-19 cases_**

Aerosol-Generating Medical Procedures**

- Intubation
- Extubation
- Code Blue (NB – CPR itself is no longer considered AGMP; however, procedures associated with CPR, such as emergent intubation and manual ventilation are AGMP)
- Non-invasive ventilation (e.g., CPAP, BiPAP)
- Manual ventilation
- High frequency oscillation ventilation/jet ventilation
- High-flow oxygen (i.e., AIRVO, Optiflow)
- Open suctioning (e.g. “deep” insertion for naso-pharyngeal or tracheal suctioning, not inclusive of oral suction)
- Bronchoscopy
- Induced sputum (e.g. inhalation of nebulized saline solution to liquify and produce airway secretions, not natural coughing to bring up sputum)
- Large volume nebulizers for humidity
- Chest tube insertion for trauma (where air leak likely)
- Autopsy
- Nasopharyngoscopy
- Oral, pharyngeal, transphenoidal and airway surgeries (including thoracic surgery and tracheostomy insertion).

- Breath stacking

**** only perform if medically indicated**

Not Considered Aerosol-Generating Medical Procedures

- Collection of nasopharyngeal or throat swab
- Ventilator circuit disconnect
- Chest tube removal or insertion (unless in setting or emergent insertion for ruptured lung/pneumothorax)
- Coughing
- Oral suctioning
- Oral hygiene
- Gastroscopy or Colonoscopy
- Laparoscopy (GI/pelvic)
- ERCP
- Cardiac stress tests
- Caesarian section or vaginal delivery of baby done with epidural
- Any procedure done with regional anesthesia
- Electroconvulsive Therapy (ECT)
- Transesophageal Echocardiogram (TEE)
- Nasogastric/nasojejunal tube/ gastrostomy/ gastrojejunostomy /jejunosotomy tube insertion
- Bronchial artery embolization
- Chest physiotherapy (outside of breath stacking)
- Oxygen delivered as more than 6L by nasal prongs, venturi/venti masks, HiOx masks, non-rebreather masks

*Unknown risk: High frequency oscillation ventilation and needle thoracostomy

List of Organizations that approve this consensus:

Children's Hospital of Eastern Ontario
Correctional Service Canada
Georgetown University
Halton Healthcare
Hamilton Health Sciences
Health Care Practitioners
Humber River Regional Hospital
Joseph Brant Hospital
Lakeridge Health
London Health Sciences Centre
Mackenzie Health
Markham Stouffville Hospital
McMaster Children's Hospital
North York General Hospital
Queen's University
Queensway Carleton Hospital
Royal Victoria Regional Health Centre
Sault Area Hospital
Scarborough Health Network
Sinai Health System
St. Joseph's Healthcare Hamilton
St. Joseph's Healthcare London
Sunnybrook Health Sciences Centre

The Hospital for Sick Children
The Ontario Agency for Health Protection and Promotion
Toronto East General Hospital
Trillium Health Partners
UHN
Unity Health Toronto
University of Toronto
William Osler Health System

Memo

Subject:	Virtual Care and Student Placements
Date:	August 2021
To:	Students, Preceptors and Clinical Instructors Supporting Placement Involving Virtual Care
From:	Professional Practice, Student Affairs

St. Joseph's Health Care London is committed to providing student placement opportunities during the COVID-19 pandemic when possible. Many employees have incorporated virtual care into their workflow to promote physical distancing and conservation of Personal Protective Equipment (PPE). We ask preceptors and clinical instructors to abide by the following principles throughout the student placement experience pertaining to virtual care:

- 1) College Guidelines on Telepractice - All students and instructors will follow any respective College guidelines on Telepractice, if applicable. We encourage students belonging to disciplines with a respective College to have reviewed this resource in advance of the placement.
- 2) Approved Platforms – The only platforms approved for use by St. Joseph's when providing patient care are: Webex and OTN.
- 3) Privacy and Confidentiality – Please ensure the environment in which you are providing virtual care meets patient needs for privacy and confidentiality.
- 4) Safety Considerations – Please plan for how you will prevent and/or overcome safety risks, including, but not limited to: setting up the environment to reduce the risk of falls for any physical activity; having a plan if a patient is injured or requires medical assistance while performing a virtual visit, etc.
- 5) Professionalism – please ensure you always use your video (where available) to engage in virtual care; please continue to adhere to our Professional Attire policy during virtual care
- 6) Expectations – Please have patience as virtual care is a very new practice for some of our preceptors and there may be bumps along the way.

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Memo

Subject:	Remote Care and Student Placements
Date:	August 2021
To:	Students, Preceptors and Clinical Instructors Supporting Placement Involving Remote Work
From:	Professional Practice, Student Affairs

St. Joseph's Health Care London is committed to providing student placement opportunities during the COVID-19 pandemic when possible. Many employees have incorporated remote care into their workflow to promote physical distancing and conservation of Personal Protective Equipment (PPE). We ask preceptors and clinical instructors to abide by the following principles throughout the student placement experience pertaining to remote care:

- 1) Ergonomics of a Home setup – please refer to the St. Joseph's intranet (<https://intra.sjhc.london.on.ca/support-teams/occupational-health-and-safety/safety-services/msd-prevention-program/office>) for information about setting up an ergonomically safe work station in your home.
- 2) Privacy and Confidentiality – Please ensure all patient information in your possession remains safe, secure, and is delivered to your preceptors upon the completion of your placement.
- 3) Access to Corporate Email and Intranet – All students will continue to be provided with “network access” that enables access to our corporate Microsoft Outlook email system, as well as the intranet for completion of pre-placement requirements and access to corporate policies.
- 4) Access to Corporate Applications – Students working 100% remotely will not have access to InfoMed or G: Drives. The student and preceptor will need to seek advanced permission from their leader to use Horizon remote access. Note: Outlook (and the full Office 365 suite) is available off site with your corporate email and password, if you have set up Multi-Factor Authentication.

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Memo

Subject:	Symptomatic/Exposed Student/Instructor
Date:	August 2021
To:	Students, Preceptors and Clinical Instructors Supporting Placement Involving Virtual Care
From:	Professional Practice, Student Affairs

If you are working at any other health care or non-health care related workplace and there is an outbreak of COVID-19, if you are exposed in the community, or you are symptomatic, you are required to notify St. Joseph's by:

- a) **If you are a student**, notify your clinical instructor or preceptor that you have been working in facility experiencing an outbreak, have been exposed in the community, or are symptomatic
- b) **If you are a preceptor**, notify your clinical coordinator if you or your student have been working in a facility experiencing an outbreak, have been exposed in the community, or are symptomatic
- c) **If you are a clinical instructor**, notify Lara Howe if you or your student have been working in a facility experiencing an outbreak, have been exposed in the community, or are symptomatic

You will then contact with Occupational Health and Safety (OHSS) to determine next steps by calling 519-646-6100 ext. 66398. OHSS will review your situation and advise next steps. Do not return to placement until you have approval from OHSS. You may also need to follow additional notification steps for your academic site.

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Memo

Subject:	Simultaneous Work
Date:	June 2021
To:	Students, Preceptors and Clinical Instructors Supporting Placement
From:	Professional Practice, Student Affairs

St. Joseph's acknowledges that students and clinical instructors may be working simultaneously in another health care or non-health care related workplace during their placement. During the COVID-19 pandemic, there are additional requirements to consider when working at another facility or workplace during placement. All students and clinical instructors are required to comply with all emergency orders from the provincial and federal government during placement.

Mount Hope:

At this time, there is a relevant restriction on individuals working in multiply facilities when working in a long-term care centre. This restriction stipulates that you cannot be employed at two long term care centres unless you are fully vaccinated. This means that if you are having a student placement at Mount Hope, and also are **employed** at Mount Hope, you cannot be employed at another LTC facility unless you are fully vaccinated. If you are having a student placement at Mount Hope, and are not also employed at Mount Hope, this does not apply to you.

All Sites:

All students and instructors are encouraged to cohort to one site as much as possible for non long-term care settings. Further, all students and clinical instructors are required to comply with all processes and directives set forth by their school.

Please note, that emergency orders, directives, or OHSS processes are subject to change at any time at the direction or the government or public health agencies. These changes may impact your placement. You will be notified by St. Joseph's or your school if there are changes impacting your placement, and we will make every effort to ensure your placement is not interrupted by these changes.

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