The health and safety of our medical students, residents, faculty, and staff is of the utmost importance and will be fostered with the following procedures:

**MSOM Physical Return to Campus Schedule:**
- **MS4 students** - restart clerkships on **June 22, 2020**
- **MS3 students** - begin Transitions to Clinical Rotations course on **June 29, 2020**
  - begin clinical clerkships on **July 20, 2020**
- **MS2 students** - resume on **July 20, 2020** with hybrid model of online and on campus courses. Enter campus on 8/10/20.
- **MS1 students** - begin **August 6, 2020** with hybrid model of online and on campus courses

*(All students must bring their own laptop/tablet devices and surgical masks daily to campus.)*

The protocol below is based on guidance and close consultation with University, Miller School and UHealth leadership and is subject to change as the pandemic evolves.

**Screening/Testing:**
- All students must complete a re-entry survey which will be emailed to students. **Please complete this survey within one week prior to your physical return date to school.**

<table>
<thead>
<tr>
<th>Student</th>
<th>Survey Completion Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS4 Student returning on 6/22/20</td>
<td>Week of 6/15/20</td>
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<tr>
<td>MS4 Student returning on 7/6/20</td>
<td>Week of 6/29/20</td>
</tr>
<tr>
<td>MS3 Student returning on 7/20/20</td>
<td>Week of 7/13/20</td>
</tr>
<tr>
<td>MS2 Student returning on 8/10/20</td>
<td>Week of 8/3/20</td>
</tr>
<tr>
<td>MS1 Student returning on 8/6/20</td>
<td>Week of 7/30/20</td>
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</tbody>
</table>

- After returning to school, if you develop any concerning symptoms or have had a potential exposure, please:
  - Call UHealth Employee Health at **305-689-5891 (PLEASE PUT THIS NUMBER IN YOUR CELLPHONE)** anytime between 7am -5pm. If this occurs outside of these time, you may contact Dr. Hilit Mechaber (305-801-3881) -Miami campus, or Dr. Amy Zito (RMC) 305-494-9542.
  - Once you call the Employee Health line, you will be screened and directed accordingly.
  - If a test is recommended, the team will direct you on how and where to schedule testing and how to follow up.
  - If quarantine is recommended, please be sure you notify your clinical team, your Course Director or Clerkship Director/ Coordinator, AND Student Services (Dr. Hilit Mechaber/ Dr. Amy Zito) so that we may assist you with any schedule modifications that may be necessary.

- Students who have tested positive will be excluded from on campus activity until cleared by Employee Health.
- Students at high risk (and/or those living with high risk individuals) should discuss their concerns with their personal physicians or health care providers and notify their dean for student services (Dr. Hilit Mechaber /Miami campus or Dr. Amy Zito/RMC). Students who are unable to enter the clinical environment may require a short-term leave of absence and should discuss this with the dean for student services who will provide guidance.

**Hygiene Protocols:**
- Avoid close interaction or surface contact during commutes, building entry/exit, elevator rides, moving on stairways (do not touch railings), use of common areas, and bathroom breaks (ideally only one person in
bathroom at a time and do not take personal belongings like cell phones into the bathroom).
- Use elbow/knees for buttons and keep lights on if possible in rooms.
- Avoid white coat use and try to bring a minimal amount of personal belongings.
- For all clinical settings, wear clothing that can be easily laundered upon arriving home to limit potential spread in your household such as scrubs. Any solid colored matching scrub top and pant are acceptable. No neckties.
- MS3 and MS4 students who require locker space will have lockers designated for them on the 5th floor of RMSB. Please contact Tanyika Stephenson for further details regarding lockers.
- MS3 and MS4 students may use the Rosentiel Medical Sciences Building GEM rooms or the Calder library to work remotely from clinical areas while completing notes and other tasks.
- Do not share personal devices such as laptops, cell phones, pens or pencils
- Use masks at all times unless eating. Use disposable plates, cups, and flatware.
- Wash hands regularly.
- Sneeze/cough into elbow and dispose of any tissue after one use.
- Do not apply lip balm/makeup outside of home.
- Hand sanitizing stations are in place at public or high traffic entrances to all buildings.
- With many cities reopening restaurants and other public places, we are urging all students to exercise extreme caution if they decide to engage in these practices. Wear a mask, practice physical distancing, wash your hands frequently, and avoid touching your face. Please encourage your immediate family and friends to do the same. We must work collectively and not let our guard down as people begin to emerge from strict quarantine.

**Personal Protective Equipment (PPE):**
- MS3 and MS4 Students will be provided with one N95 mask per week, one reusable face shield, and one pair of goggles. MS3 and MS4 students will also be provided one surgical mask per student per day. EM Clerkship PPE: Students on the EM clerkship will receive 1 N95, 1 gown and 1 hair net per shift in addition to the PPE listed above.
- MS3 and MS4 students: Please note that N95 masks should be reserved for high risk patients/procedures and should not be discarded unless worn/damaged/soiled. Goggles and face shields are reusable. Surgical masks are for daily use and can be discarded at the end of the day.
- Some clinical environments (such as UHT and UHealth clinics) will directly provide additional N95 masks for students as needed. The ninth floor of UHT also offers students access to a N95 decontamination process if needed. Regarding proper storage and protocols for reuse, the CDC provides detailed recommendations for N95 reuse/storage: [https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html](https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html)
- Surgical masks are required to be worn at all times and are available at most building entrances including RMSB for MS1 and MS2 students.
- Cindy Santana (Miami Campus) and Joseph Sollecito (Regional Medical Campus) will have oversight of the storage and distribution of PPE to MS3 and MS4 students. Students should make every effort to pick up their PPE prior to their start date so that they do not have to take time out of their clerkships. MS3 and MS4 MD students on Miami Campus (RMSB) need to sign up to pick up their PPE with Cindy Santana Mon-Fri from 12-1PM. MS3 and MS4 MD MPH RMC students should pick up PPE at the Boca Raton Admin Office: Mon-Fri (9:30AM – 4PM)
- **Students must store these items safely and securely as we will not be able to easily replace them, and loss of items may result in being unable to complete clinical rotations and a potential need for remediation time later in the year.**
- Please notify Joseph Sollecito (RMC) or Cindy Santana (Miami Campus) if items are damaged or lost and they will assess if there are reserve items in stock.
- Cloth masks are only for the community setting and not acceptable in the hospital or clinic. Cloth masks should not be worn over or under surgical or N95 masks. Surgical masks should not be worn over N95 masks.
- Face shields should be used along with masks.
**PPE use/Patient Care:**

- All students must view the COVID19 Clinical Environment videos produced by Dr. Shukla and Dr. Ferreira: 
  https://youtu.be/_x3yYZeWF1w
  https://www.youtube.com/watch?v=5ymEJwrV4YE
- All students must view the UM specific PPE Donning and Doffing video: https://youtu.be/9UR8nO6Vj0U
- For more information: 

Additional education on PPE donning and doffing will be provided for all MS3 and MS4 students via a live training/question and answer session through Zoom. We have scheduled approximately 50 students per session. Feel free to switch with other students if the assigned times don’t work for you.

**MS3 Students:**

- July 1 10 AM – 11 AM (two 30-minute sessions)
- July 14 10AM – 11 AM (two 30-minute sessions)

Zoom links and assigned session for MS3 students is available on the TTCR Blackboard Course Page.

- Plans for mask fitting of all MS3 and MS4 students has been communicated to students through Dr. Hilit Mechaber’s office.
- Students are not permitted to engage in the direct care of patients who have been confirmed positive for COVID19 or patients under investigation. All other patient care areas that have been designated as appropriate for medical students by hospital partners are open to students with the use of appropriate PPE. (See last page for recommended PPE use in clinical settings.)

**Physical Distancing:**

**Clinical Setting:**

- Physical distancing must be optimized in the clinical setting when possible but direct patient care including rounding with medical students, residents, and other trainees may require proximity between members of the team that is closer than six feet. This is acceptable when appropriate use of masks and other PPE is in place.
- The GEM rooms in the Rosenstiel Medical Sciences Building have been designated as areas for MS3 and MS4 students for note writing. (All students must bring their own laptop/tablet devices daily to campus.)
- Meetings with faculty and staff should occur via telephone or videoconference when possible unless an item needs to be physically exchanged.
- All faculty/residents consistently involved in medical education will be sent a COVID19 faculty development video: https://gordoncenter.miami.edu/covid-19-faculty-development-video/
- From Harvard Business Review Culture Change: https://hbr.org/2020/05/5-tips-for-safely-reopening-your-office

  “Students, faculty and staff must understand that they are not simply responsible for following safe practices themselves. They are also responsible for ensuring everyone around them does as well. When anyone sees anyone violate safe practices, please remind them of proper protocol with a polite, “Please.” For example, “Please wear a mask.” Those receiving such a message must remember that there is only one permissible response: an immediate “Thank you” followed by compliance.”
- Follow instructions as outlined on signs and floor decals in all settings and do not move seating that has been arranged to optimize physical distancing.
## Recommended use of PERSONAL PROTECTIVE EQUIPMENT (PPE)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Recommended PPE for Staff</th>
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<tbody>
<tr>
<td>Non-clinical interaction: greeters, patient access registration, valet</td>
<td>Hand hygiene before and after room access</td>
</tr>
<tr>
<td></td>
<td>Wear mask</td>
</tr>
<tr>
<td>Office visit: vitals, Phlebotomy general H&amp;P including ophthalmology exam</td>
<td>Hand hygiene before and after room access</td>
</tr>
<tr>
<td></td>
<td>Wear gloves</td>
</tr>
<tr>
<td></td>
<td>Wear mask</td>
</tr>
<tr>
<td></td>
<td>Wear face shield</td>
</tr>
<tr>
<td>Collecting nasopharyngeal swab</td>
<td>Hand hygiene before and after room access</td>
</tr>
<tr>
<td></td>
<td>Wear gown and gloves</td>
</tr>
<tr>
<td></td>
<td>Wear N95 respirator</td>
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<tr>
<td></td>
<td>Wear face shield</td>
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<tr>
<td>Aerosol generating exam of oral/nasal cavity: ENT, Pulmonary, Ophthalmology procedures</td>
<td>Hand hygiene before and after room access</td>
</tr>
<tr>
<td></td>
<td>Wear gown and gloves</td>
</tr>
<tr>
<td></td>
<td>Wear N95 respirator</td>
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<tr>
<td></td>
<td>Wear face shield</td>
</tr>
<tr>
<td>Confirmed COVID or High Suspicion</td>
<td>Hand hygiene before and after room access</td>
</tr>
<tr>
<td></td>
<td>Wear gown and gloves</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>Wear face shield</td>
</tr>
</tbody>
</table>
FAQ's - Personal Protective Equipment (PPE)

GLOVES

1. Is double gloving necessary when caring for suspected or confirmed COVID-19 patients in healthcare setting?
   - CDC Guidance does not recommend double gloves when providing care to suspected or confirmed 2019-COVID patients.

2. Are extended length gloves necessary when caring for suspected or confirmed COVID-19 patients in healthcare setting?
   - According to CDC Guidance, extended length gloves are not necessary when providing care to suspected or confirmed COVID-19 patients. Extended length gloves can be used, but CDC is not specifically recommending them at this time.

3. When should gloves be used?
   - When contact with blood, or Other Potentially Infectious Materials (OPIM), mucous membranes, nonintact skin, potentially contaminated intact skin can occur, conducting vascular access procedures and when handling biomedical waste and trash containers.
   - According Contact, Protective, and Stem Cell Precautions.

4. Can gloves be re-used?
   - As medical gloves are single use items, glove decontamination and reprocessing are not recommended and should be avoided.

5. When should gloves be changed?
   - As soon as they are damaged
   - When contact with blood, another body fluid, non-intact skin and mucous membrane has occurred and has ended.
   - When there is indication for hand hygiene (e.g. When hands become visibly dirty or contaminated).
   - When contact with a single patient and his/her surroundings, or a contaminated body site on a patient has ended.

6. Should gloves be discarded in a biohazard waste container?
   - Gloves should go in the biohazard waste container if they are visibly contaminated.

7. Do I still need to perform hand hygiene if I wear gloves?
   - Yes, hand hygiene should be performed before and after removing gloves.
FACE SHIELDS

1. Can face shields be re-used?
   • Yes, face shields can be re-used.

2. When should face shields be used?
   • Face shields should be used according to Standard Precautions and whenever caring for a patient with suspected or confirmed COVID-19.

3. When should the face shield be cleaned?
   • Face shields should be removed and reprocessed if it becomes visibly soiled, difficult to see through, and in between patients.
     o If a disposable face shield is reprocessed, it should be dedicated to one HCP and reprocessed whenever it is visibly soiled, removed, or in between patients (e.g., when leaving the isolation area) prior to putting it back on.

4. When should face shields be discarded?
   • Face shields should be discarded if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).

5. What are the steps to properly clean and disinfect face shields?
   • Adhere to recommended manufacturer instructions for cleaning and disinfection. When instructions are unavailable, follow the steps below:
     • While wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
     • Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
     • Wipe the outside of face shield or goggles with clean water or alcohol to remove residue.
     • Fully dry (air dry or use clean absorbent towels).
     • Remove gloves and perform hand hygiene.

1. If there are no face shields available what alternative eye protection can be used?
   • If no face shields are available, safety glasses/goggles that have extensions to cover the side of the eyes can be used.
N95 RESPIRATORS

1. Can I wear a respirator if I have facial hair?
   - Depends. Facial hair that lies along the sealing area of a respirator, such as beards, sideburns, or some mustaches, will interfere with respirators that rely on a tight facepiece seal to achieve maximum protection. Please refer to the chart below from the CDC to verify what hairstyles are acceptable.

2. How do I know what size respirator I use?
   - Fit testing is needed to determine if a particular size and model of respirator provides you with an acceptable fit. Fit testing is model specific. Before you wear a respirator in an occupational setting, you must be fit tested in each respirator model you will wear.

3. Where can I get fit tested?
   - Employees can get fit tested in the Employee Health Offices at UTower (UHealth employees and faculty/housestaff) or Jackson Memorial (Jackson employees and faculty/housestaff).

4. Can I reuse my respirator?
   - Yes, respirators can be reused for pathogens in which contact transmission is not a concern (e.g., TB). Respirators used for COVID-19 patients can be reused after they have gone through the decontamination process. Please review the manufacturer’s instructions regarding the maximum number of times a respirator can be reused. If no manufacturer instructions are available, CDC recommends limiting the number of reuses to 5 uses per device.
     - Respirators should not be reused if they:
- Become contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients
- Become wet, damaged, or torn
- Become hard to breathe through
- Were used during aerosol generating procedures

* Be sure to use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

* Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary, for comfort or to maintain fit).

* Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator, and perform hand hygiene.

5. **Where should I store my respirator if I am reusing it?**
   - From the CDC: Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.

6. **Can I infect myself from the droplets that accumulate on the outside of the respirator?**
   - Respirators protect by capturing particles with the filter of the N95 respirator. Some aerosols can pose a contact hazard for infection. The accumulation of particles on the external surface of the respirator may be an exposure hazard from contact with the filter, including becoming a fomite for infectious agents. Users should be cautious and follow appropriate procedures to avoid self-inoculation from contact with these surfaces. Hand hygiene and infection control practices should be followed before and after touching the outside of the respirator when it is used in the presence of infectious agents.

7. **Is it ok to wear a surgical mask over an N95?**
   - Use of a cleanable face shield is strongly preferred to a surgical mask to reduce N95 respirator contamination. Concerns have been raised that supplies of surgical masks may also be in limited supply during a public health emergency and that the use of a surgical mask could affect the function of the N95 respirator.

8. **Do respirators come in different styles?**
   - Yes. Filtering facepiece respirators are available in a wide range of colors, shapes, and styles. Some styles will fit individuals better than others and certain styles may be more comfortable and have better fitting characteristics. As long as the N95 is NIOSH-approved, has been fit tested, and is being used in accordance with the requirements of an OSHA-compliant respirator program, including appropriately donned by the user, then the wearer should receive the expected protection factor regardless of color, shape, or style.
9. How do I properly don and doff an N95 respirator?
   • Refer to the manufacturer’s instructions for use.

FACE MASKS

1. When should I use a facemask?
   • HCP should wear a facemask when providing regular care to COVID-19 rule-out patients.
     o Rule-out patients require HCP to follow droplet and contact precautions and use a face shield.
     o Regular care is defined anything else other than intubation or bronchoscopy.
   • When patients require droplet precautions to be followed.

2. What is the extended use of facemasks?
   • Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.

3. What is facemask re-use?
   • Re-use is the practice of using the same facemask by one HCP for multiple encounters with different patients but removing it after each encounter.

4. When should I discard my facemask?
   • Facemasks should be discarded if soiled or damaged and at the end of each shift.

5. Can I touch my facemask?
   • Avoid touching facemask as this will contaminate HCP’s hands. Hand hygiene must be performed every time after the facemask is touched.

6. Where can I store my facemask if I am re-using it?
   • Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.

7. Can I re-use all types of facemasks?
   • No. Facemasks that fasten to provider via ties may not be able to be undone and therefore re-used without breaking or compromising its structure. Consider these masks only for extended use.

8. Can facemasks be used after expiration dates?
   • CDC recommends using facemask beyond their designated-shelf life during patient care as a strategy for dealing with shortages of supplies.
1. **Can isolation gowns be re-used?**
   - Disposable gowns can lose their integrity when re-used. The ties and fasteners may become looser or break off.
   - The risk to healthcare providers (HCP) from re-use of cloth gowns without laundering in between is unclear according to CDC.

2. **Can the use of isolation gowns be extended?**
   - Isolation gowns (cloth or disposable) could be considered for extended use when supplies are low. The same gown could be used by one healthcare provider (HCP) for more than one patient given that these patients are cohorted due to the same infection (e.g., COVID-19).
   - Only consider extended use when there is no co-infectious diagnoses such as *Clostridioides difficile* or *Candida auris* which are transmitted by contact.

4. **When should I use an isolation gown?**
   - HCP should wear an isolation gown for all patients on contact precautions and patients confirmed or under rule out for COVID-19.
   - HCP should follow standard precautions for high-contact patient care activities such as:
     - Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care.

5. **Can gowns be used passed their expiration date?**
   Majority of isolation gowns do not have a manufacturer-designated shelf life, but consideration can be made for those that do and