



## COVID-19 Return-to-Campus-Activity Planning Guidelines Interim Plan (Summer and Fall 2020)

### **I. Overall Goals and Safety Principles for Resumption of On Campus Activity**

**Clinical:** Maintain critical clinical operations in order to provide care for COVID patients in our affiliated emergency departments, ICUs and medical wards. Resume other clinical services for the community as quickly as possible, while maintaining patient, physician and staff safety.

**Educational:** Continue educational programs without interruption while maintaining safe practices for students and faculty, and while remaining in compliance with all accreditation standards.

**Research:** Support and promote new research opportunities related to COVID, and continue non-COVID research as the safety of lab personnel can be ensured.

#### **Faculty, Staff, Resident & Student Safety:**

- **Social distancing, use of surgical or cloth masks and frequent handwashing/sanitizing** will be the norms of behavior on campus. Supervisors will encourage and frequently remind their employees to practice these measures.
- **Selected high risk groups**, as defined by University policy and in accordance with State and National guidelines will continue to be allowed to work from home if their duties can be effectively performed in that manner. This will require approval of their supervisors and the Dean, and must be in accord with university guidelines.
- Those with symptoms or recent exposure to COVID-19 should stay home, **use the online reporting system**, and follow university guidelines for testing and return to work.

### **II. Student Education**

#### 1. General Principles

- The Associate Dean for Student Affairs and the Assistant Dean for Undergraduate Medical Education will conduct frequent virtual check-ins with the students to monitor their concerns, beginning immediately and continuing at least the fall semester.
- Students on campus will be expected to wear surgical or cloth masks in public spaces, adhere to social distancing, and practice good hand hygiene.

- Resumption of extracurricular student activities and community service activities in support of COVID 19 recovery efforts will be encouraged when safety can be assured, appropriate supervision is available, and community needs are assessed, consistent with all institutional, local, state, and national guidance.
2. Pre-clerkship students (year 1 and year 2)
- All classes were moved to on-line platforms in March and will continue to be used. Lectures are recorded and posted for students to view on their own, and structured activities that require student participation such as team-based learning sessions, small group discussions, and interactive teaching sessions are done via Zoom.
  - Large gatherings of 200 students may not be permitted when second year classes resume in July. Therefore, large lectures will continue to be recorded and provided on line. Small group classes will resume on campus when it is safe to meet in groups of 10-20 and when all groups can access adequate space to maintain social distancing.
  - Large gatherings of 200 students may not be permitted when the first year classes begin in August. Therefore, plans will be made to conduct orientation ‘lectures’ remotely, and to develop workflows for student registration. Large lectures will continue to be recorded and provided on line. Small group classes will resume on campus when it is safe to meet in groups of 10-20 and when we can provide all groups with space to maintain social distancing.
  - There is an ongoing assessment of how to complete the gross anatomy class in which students work closely together. Options include minimizing student time in performing dissection, and/or providing students with prosected cadavers to study in small groups, similar to post-Hurricane Katrina course activity which had no adverse impact on overall educational goals. We expect that interested students could have opportunities to participate in dissection at other times in the curriculum when it is safe; one idea under consideration for curriculum revision is to reduce the time spent in Gross Anatomy in year 1 and add time studying anatomy in the year 2 systems courses, presenting an opportunity to accelerate that curriculum planning. Platooning students so that there are fewer students in the lab at any given time, and enforcing that students to wear masks at all times is another option, albeit a less safe alternative.
3. Clerkship students (year 3 and year 4)
- Students were removed from clinical rotations on March 20<sup>th</sup> and classes and conferences were moved to on-line platforms for remote learning. Various approaches to clinical education were developed and implemented including the use of virtual cases with faculty case discussions, telemedicine, and other innovative instructional activities such as participation in contact tracing while learning about COVID.
  - We are communicating with hospitals about necessary processes for our students to physically and gradually re-enter hospitals and telemedicine clinics, including hospital procedures regarding needs for student testing and for ensuring student safety. We anticipate that students will return to clinical activity between May 18 and June 1; upon return to clinical

activity, students will not be assigned to designated COVID services nor will they be knowingly assigned to care for a patient with confirmed or suspected COVID.

- Conversations are ongoing about PPE requirements and testing requirements for students and residents in the hospitals.

#### 4. Accreditation

- Throughout this crisis, education leaders have been following the guidelines issued by the LCME (accrediting body for our medical schools). Our program is fully accredited and remains in compliance with LCME standards.

### **III. Resident Training**

#### 1. Existing Residents

- Residents are essential personnel during this pandemic. Emergency procedures were established to allow resident redeployment to ICUs or other services based on need, enabling LSUHSC to help provide high quality care during the COVID surge of late March and early April.
- Programs are planning to scale up clinical training (such as non-emergent procedures) while adhering to all safety requirements for residents and patients.
- Residents serve on the front lines in this pandemic. Adequate PPE and access to rapid testing are essential for resident safety and the school will ensure PPE availability to all residents.
- Residency programs have moved their conferences to remote/electronic platforms.

#### 2. New Residents

- The GME Office is overseeing the onboarding of incoming residents. New workflows have been developed for contract signatures, provisional licensure, PPDs, and hospital credentialing.

#### 3. Accreditation

- Throughout this crisis, education leaders have been following the guidelines issued by the ACGME (accrediting body for our residency programs). All programs are fully accredited and remain in compliance with ACGME standards.
- The ACGME has clearly stated that residents cannot be furloughed, and that all commitments to new (incoming) residents must be honored.

### **IV. Research, Faculty and Staff**

- Laboratory research has been ongoing at a limited level since the Coronavirus outbreak. Some research laboratories have been functioning using social distancing, some by platooning laboratory personnel, and some by closing down the laboratories with personnel working remotely on data analysis and/or manuscript preparation.

- Reopening of additional laboratories will be done with strict attention to the safety of research faculty and staff including the ability to provide a workplace that allows social distancing, requires PPE as appropriate, and promotes decontamination of the work area when laboratory space is shared. Restarting additional laboratories will depend on the current level of laboratory function, and will rest on the judgement of the principal investigator to ensure the safety of the personnel. Regardless of the current level of laboratory activity, all personnel will follow social distancing protocols. For laboratories having numerous investigators in limited space, platooning may be required, based on the judgment of the principal investigator. Those laboratories that have been inactive will begin to commence operations, maintaining social distancing, and potentially requiring gloves and masks, if necessary.
- The Core Laboratories have been operating since the beginning of the Coronavirus outbreak, and will continue to provide services to the research community. The guidelines for these laboratories will be the same as for other research laboratories, requiring social distancing, and recommending the use of masks and gloves when appropriate.
- The animal care facility also has continued to operate during this time with social distancing and PPR requirements for all staff. The animal care facility will have PPEs available outside of the animal rooms for investigators use prior to entering the animal holding rooms.
- The COVID epidemic also provides opportunities for innovative research and new sources of extramural funding. The school is coordinating efforts to support new research through intramural funding, testing platforms, and the creation of a biorepository.

## **V. Clinical Work, Faculty and Staff**

- Continue to provide telemedicine services as much as possible. Rebuild the in-person clinic volume and procedural visits as allowable, while ensuring patient and staff safety.
- Safety for clinic patients and staff can be promoted by workflows for triage, isolation and rapid testing for patients and staff, and by access to adequate PPE. All patients should continue to be screened upon entry to the clinic. Isolation and rapid testing will be available for symptomatic patients. Testing should also be readily available to all clinic employees and patients (and to all members of the LSUHSC community).
- Redesign clinic operations to facilitate social distancing for all clinic employees. Provide masks and accessible hand sanitizer. Promote employee adherence to routine safety policies such as social distancing, wearing masks and practicing strict hand hygiene.
- In the midst of the expanded use of telemedicine and the creation of new clinic processes and safety measures, all staff should provide an efficient and high quality clinic experience and promote patient satisfaction.