FAQ: COVID Questions/Concerns

PPE:

1. How do trainees get access to surgical mask PPE? There are concerns about hospital staff not distributing appropriate PPE to trainees.
   a. A new process is being rolled out in which SLUH trainees will get surgical masks via their chief residents. Chief residents will get masked at SLUH central supply each day. SLURA president Dr. Ryan Cleary is leading this effort.
   b. Programs should identify a chief or resident designee to be responsible for obtaining surgical masks for the group.
   c. Surgical masks are still available to all providers on nursing units.

2. How do trainees get access to N95 masks?
   a. N95 masks are used for high risk aerosolized procedures: nebulization, intubation, high flow oxygen, tracheostomy care, CPAP/BiPAP, intubated patients without ventilator filtering. N95 masks are distributed on the nursing units for care of these patients.
   b. Routine care of COVID patients does not require N95 mask use.
   c. N95 masks must be reused if not damaged/soiled for up to 3 days/shifts.
   d. UV sterilization drop off locations are available in SLUH and CGCH

3. Should a trainee provide care to a COVID patient without proper PPE?
   a. No. ACGME requires appropriate safety in the learning environment for all trainees. Trainees should gown, glove, mask, and face shield for entry into COVID and PUI rooms.

4. Where should I keep my PPE if I am not using it throughout my shift?
   a. Trainees should keep reusable PPE with them at all times, in the event of need for patient care.
   b. Use brown bags for reusing masks and plastic bags to reuse goggles/face shields.

5. How long should I keep my PPE and how should I clean it?
   a. N95 masks must be reused if not damaged/soiled for up to 3 days/shifts.
   b. UV sterilization drop off locations are available in SLUH and CGCH
   c. For a surgical mask (extended use over 3 days), the idea would be to wipe off debris (if any) and if too soiled, then dispose of it

6. What is the process for throwing masks and N-95 masks away?
   a. Throw them away in the appropriate PPE disposal containers (trash cans) if in a patient room.

7. What should a trainee do if s/he feels proper PPE has not been provided?
   a. Contact the chief resident or hospital nursing manager
b. Contact the program director or departmental chair  
c. Place a hospital event report regarding the situation

8. I am on a service that is considered low-risk so my exposure to COVID is much less than some colleagues. I feel like I am not fully aware of I need to know. Where is the one location I can look to get proper usage and cleaning instructions for surgical masks vs N95?  
   a. There have been multiple emails on PPE, including a daily update email  
   b. Shared SSM-SLU website dedicated to this Sharepoint site:  
      https://login.ssmhealth.com/covid-19/SitePages/Home.aspx  
      Click “forms authentication” in the dropdown box
      Enter email address. Password is: Covid19

9. Where can I take my PPE for UV cleaning? Is there a map of locations?  
   a. At SLUH, follow the signs from MRI suite on the 1st floor, down the ramp across from the Deloge elevators.  
   b. At CGCH, the drop off site is in the basement near Sterile Processing. See Youtube video regrading the UV sterilization process: https://www.youtube.com/watch?v=cGsnYSfde-E&feature=youtu.be

10. Why can’t I wear my own N95 that I have brought from home?  
    a. Many non-healthcare or even counterfeit items labelled as PPE are on the market and as such, are not certified for use in healthcare settings. These products may not have the correct fit nor meet requirements for particulate protection. Some items may have similar appearance to that of currently used respirators but may not have appropriate seal for protection. This may put clinicians, employees and patients at risk. For these reasons, SSM Health has a centralized process for vetting product sources

**Health & Wellness:**

11. When should trainees be tested/re-tested for COVID?  
    a. All testing for health care providers is being managed by Employee Health.  
    b. Decisions on testing are based on exposure and symptoms.  
    c. Employee Health is applying standardized testing processes and will determine if a provider needs to be tested/re-tested.

12. Morale is low among residents, what resources are available to them if they need someone to talk to?  
    a. Behavioral Health Conversation Line  
       i. (https://www.slu.edu/medicine/medical-education/graduate-medical-education/behavorialhealthconversation.pdf)  
       ii. 314-977-2505 or ccft@slu.edu
    b. GME Resources
Vacation, Sick Leave, FMLA:

13. How can vacation time be taken at this point?
   a. Programs are allowed and encouraged to grant vacation time now to avoid service disruptions early in the new academic year.
   b. 1 week of vacation time can be held over into the next academic year, if needed
   c. Vacation decisions are made at the program level based on service needs.
   d. All trainees must be granted 3 weeks of vacation each academic year. Vacation cannot be given up to graduate early.
   e. Due to travel restrictions, vacation is likely to be a “staycation”.

14. What are the current travel restrictions?
   a. Stay at home orders are still in place for the state of Missouri
   b. Any travel outside of 60 miles from Saint Louis must be reported to Employee Health for any work-related restrictions.
   c. At this time, asymptomatic travelers are being released to work with mask and self monitoring.

15. When should sick time be used?
   a. If a trainee is required to be away from work due to employee health quarantine, this is counted as sick time. Employee health will determine when a trainee must be away and can return.
   b. Per GME policy, if a trainee is sick for more than 3 days (for non-work related COVID issues), the trainee and treating provider will need to complete and submit FMLA paperwork for away time.
   c. If a trainee is able to work from home, this is “work” not “sick” time. The program will determine what work and duties should be performed at home.

16. Fellowship interviews coming up for certain specialties. What if institutions still insist on in-person interviews, but SSM travel restrictions are still in place?
   a. As state-wide stay at home orders are modified and University travel policies change, guidance will be provided on employee health processes for those trainees that must travel for interviews, relocation activities, and job searches.

17. What if a trainee is concerned about providing care to a COVID+ /PUI patient due to personal health matters?
a. Trainees can submit requests for accommodations in the working environment. Trainees and the treating provider will complete ADA paperwork and submit this to the SLU ADA office for processing.

Communication:

18. Some trainees feel there is too much information being provided about COVID or there is conflicting information. Some trainees feel they do not have the information they need.
   a. Information changes rapidly based on local resources, needs, and scientific evidence. Newest information is being communicated daily.
   b. Trainees receive all daily emails from Dr. Wilmott and the SOM via the GME Office.
   c. Encourage review of the recent data posted on the SLU/SSM Sharepoint site:
      https://login.ssmhealth.com/covid-19/SitePages/Home.aspx
      Click “forms authentication” in the dropdown box
      Enter email address. Password is: Covid-19
   d. Program Directors are strongly encouraged to establish a regular communication process or have meeting regularly with trainees to communicate program/department-specific policies/processes, in addition to institutional/hospital processes.

19. How can trainees have their concerns heard?
   a. Trainees can contact SLURA officers directly (names posted on GME website)
   b. SLURA is hosting a resident forum next week for discussion.
   c. Lisa Israel from the Office of Professional Oversight is available and is hosting twice weekly (Tues/Fri) resident forum discussions.

ACGME Policies:

20. What does Stage 3 pandemic status from ACGME mean for the education and training of my program?
   a. Stage 3 allows (but does not require) programs to suspend usual educational and administrative activities and focus on patient care needs.
   b. Programs must continue to provide adequate supervision, safety in the learning environment, adhere to duty hour requirements, and limit any core residency activities performed by fellows to no more than 20% of the total work time.
   c. This designation is for the institution and does not imply that all programs are needing to make major clinical/educational changes.
   d. The status is for 30 days through April 30th and may be renewed.
   e. Each program will determine what and how educational activities will be delivered and how clinical work will take place.

21. Will fellows be performing core residency program duties during the pandemic?
a. The Program Director, in consultation with the Departmental Chair and hospital leadership will determine if patient care needs require the assistance of fellows who are board eligible/certified in the core discipline.
b. Trainees will be supervised by an attending in all patient care duties.
c. Occasionally, trainees have been credentialed and privileged to function as an attending physician.
d. Program Directors may make assignments of trainee time based on critical service coverage needs.

22. It’s not always clear when a trainee should see a patient or perform a case/procedure or when the attending or hospitalist should provide the care.
   a. The Program Director or the attending physician for the team will determine if a trainee should be removed from the direct care/case.
   b. Trainees should contact the chief resident, attending, or Program Director for specific instructions.

Budget Cuts/Layoffs:

23. Washington University School of Medicine just announced 1300 layoffs and SLU School of Medicine shared that we will need to cut positions in the upcoming weeks. How will this directly and indirectly impact residents?
   a. ACGME has made it clear that housestaff are not to be laid off. We will continue to provide the necessary supervision to residents by our attendings.

24. Some institutions have frozen yearly increases in resident salaries. Has there been any discussion of this at SSM?
   a. Housestaff stipends for July 2020 were established in fall, 2019 by the School of Medicine are published on the GME Office website https://www.slu.edu/medicine/medical-education/graduate-medical-education/gme-benefits.php. Stipends have not been frozen or reduced for July 2020 based on the COVID pandemic.

Cleaning/Misc.

25. Hospital work rooms may need to be cleaned more often due to COVID.
   a. Discussions are taking place on getting additional cleaning supplies to work rooms.
   b. If work rooms need cleaning, please first remove all food/food containers, loose papers and personal materials so that housekeeping has access to the counters, computers, and other surfaces. Please then call hospital housekeeping to request cleaning.
   c. If cleaning is not being performed, call the housekeeping supervisor or place an event report in the hospital reporting system.

26. Where can I access articles and research on COVID-19, especially evidence related to airborne transfer of virus?
27. Outpatient clinics and telemedicine are difficult to manage. External factors such as low internet bandwidth, quiet locations, below average technologies, and children make it difficult to capture notes. Is there a chance that programs can support residents by purchasing voice to text software so that notes and billing can occur easier?
   a. The university has a limited number of licenses for Dragon Speech to Text Software. The cost is $1000 per resident (once approved by Program Director) and would be charged back to their Department upon enrollment. Please contact:
      i. Dr. Matt Zimmie, Assistant Vice President & Chief Medical Information Officer: matt.zimmie@health.slu.edu

28. Are there any resources available for balancing parenting and medicine during the unprecedented “stay at home order” due to COVID-19?
   a. We continue to develop a shared SSM/SLU Sharepoint site to include various resources:
      • https://login.ssmhealth.com/covid-19/SitePages/Home.aspx
      • Click “forms authentication” in the dropdown box
      • Enter email address. Password is: Covid-19

   b. Facebook Groups for female doctors have been established and utilized by many of our own local women physicians. Some require endorsements from individuals joining
      i. Physician Moms Group- Facebook- is a 70,000 member worldwide site, and has a lot of resources. More particularly, there is a PMG COVID subgroup and a STL PMG subgroup. The STL has been active in discussing parenting/childcare concerns and helping to find resources for residents/staff that have gaps in coverage for childcare (among many other topics). Residents can ask to be part of PMG and COVID PMD directly on Facebook, the STL needs a sponsor, many of the women faculty are on that also.

29. Incoming residents may have difficulty finding housing. Could we create a way to connect incoming residents/fellows with outgoing residents/fellows for housing?
   a. A resource page will be created to assist trainees with the housing transition.

30. What “freebies” are available to housestaff from the community?

b. See the “Employee Perks” folder under “General Information” on the SSM Health Sharepoint site.