

**LAST REVISION – OCTOBER 27, 2009**

## **SUMMARY**

- As a general principle, as long as learners can be provided with a safe learning environment, there should be no restriction on their clinical placements.
- All learners and faculty should use appropriate infection control measures to prevent infection.
- During a clinical placement/rotation, the clinical facility will provide the following, and students will follow the protocol of the facility:
  - Provision of personal protective equipment (PPE), including N95 masks, by the hospital;
  - Management of the health care workers, including students, by the provision of prophylaxis to exposed health care workers either through a prescription for Tamiflu or being provided with the drug;
  - A learner who develops symptoms of influenza should not come to work and, in addition to seeking appropriate medical care, must follow the procedures for notification defined by the program and the health care institution (i.e. inform the preceptor/attending/senior medical resident and inform the program as well as notifying Occupational Health/Employee Health Service, in accordance with the institution's policy).

While in class, students will self-screen, and use the self-report tool on the McMaster web site ([http://www.mcmaster.ca/opr/h1n1\\_flu/](http://www.mcmaster.ca/opr/h1n1_flu/)).

Preamble:

- Who are the guidelines for?
- Why do they say what they say?

General:

- Overview of infection control practices
- Where to find more information

Learners:

- What is expected of learners during a pandemic or local outbreak?
- What learners should do if they are ill

Faculty:

- What is the role of faculty with respect to learners in the clinical setting during a pandemic or local outbreak?

Programs:

- How will programs prepare to support their learners during a pandemic or local outbreak?
- How do the programs throughout the Faculty of Health Sciences relate to one another in sharing information?

Preamble:

These guidelines have been developed to give direction to the learners, faculty, staff, and programs of the Faculty of Health Sciences, McMaster University about how to manage clinical placements during a pandemic or local outbreak of influenza. The schools and educational programs affected by these guidelines include the School of Nursing; the Michael G. DeGroot School of Medicine (Physician Assistant, undergraduate MD and post-graduate programs); the School of Rehabilitation Science; the Midwifery Education Program, and Undergraduate and Graduate Health Sciences programs. These guidelines refer to learners who are participating in activities (academic, clinical, and research) which occur in clinical environments.

Pandemic and outbreak planning requires that policies and practices are flexible enough to match the current and local circumstances. Clinical education in the Faculty of Health Sciences occurs in a wide range of geographic and jurisdictional environments. The clinical settings (hospitals to community placements) and programs vary significantly. As a result of these realities, these guidelines do not specify information such as which learners should be allowed to work in which environments, which diagnostic tests or therapeutic interventions should be utilized under what circumstances, or policies about who should be speaking to whom for each program and clinical site.

Instead, the guidelines refer learners, faculty, staff, and programs to existing policies; and outline a fluid continuum of relationships and responsibilities which may be necessary under pandemic and outbreak conditions. Where such policies or relationships do not currently exist, these guidelines offer a possible roadmap to aid in their development.

Finally, these guidelines offer flexibility to programs, and their clinical staff, and public health partners to improve responsiveness to the local and current circumstances. As a general principle, as long as learners can be provided with a safe learning environment and resources are adequate, there should be no restriction on their clinical placements.

General:

**What are the most appropriate infection control practices for limiting the transmission of an infectious disease?**

1. “Self screen” for symptoms of infection before entering any clinical setting. Stay home if you are ill and use appropriate infection control practices to protect the people with whom you may come in contact (your family, friends, visitors, etc.).
2. Always use universal precautions. Wash your hands or use alcohol-based hand hygiene before and after patient care, and before and after procedures.
3. Follow posted infection control guidelines. When you are uncertain about how to implement the guidelines, ask someone who has the knowledge or check with your local infection control personnel. Faculty should act as role models in encouraging learners to follow guidelines. We are all role models to patients, their families, friends, and caregivers when we follow the posted guidelines.
4. Use appropriate personal protective equipment (gowns, gloves, masks, face shield, respirator, goggles, etc.) when indicated. Receive training in the appropriate use of equipment if you are not certain about its use. When the required equipment is not available, contact the appropriate supervisor or infection control.
5. Use proper coughing and sneezing etiquette (i.e. coughing or sneezing into your arm rather than into your hand).

**Where can I go to get more information about pandemic or outbreak conditions?  
Where do I get more information about specific infectious illnesses?**

Ministry of Health and Long-Term Care (MOHLTC):

- Follow links to information about current infectious disease pandemics or outbreaks (i.e. “H1N1 Flu Virus”).
- Check out information for “Health Care Professionals” for guidelines on prevention of disease transmission.

<http://www.health.gov.on.ca/en/default.aspx>

Public Health Agency of Canada (PHAC):

- Provides support to Canada’s healthcare agencies and infrastructure to aid in health promotion and prevention of disease, including infectious diseases.
- Contains information for health professionals about current infectious diseases of concern and infection control practices.

<http://www.phac-aspc.gc.ca/index-eng.php>

MOHLTC – Public Health Units:

- For information about your local circumstances, refer to the above websites, as well as your local public health unit website. All of the websites for the public health units are available on the MOHLTC website.

[http://www.health.gov.on.ca/english/public/contact/phu/phuloc\\_dt.html](http://www.health.gov.on.ca/english/public/contact/phu/phuloc_dt.html)

Ontario Hospital Association (OHA) - Influenza Surveillance Protocol for Ontario Hospitals:

- Provides information to Ontario hospitals concerning recommendations for immunization, medical exemption to vaccination, high risk patients, and use of prophylaxis during an outbreak.

<http://www.oha.com/Services/HealthSafety/Documents/Protocols/Influenza%20Protocol.pdf>

Hospital internet/intranet for local hospital policies related to outbreak and pandemic.

McMaster University:

- H1N1 flu information and self reporting tool.

[http://www.mcmaster.ca/opr/h1n1\\_flu/](http://www.mcmaster.ca/opr/h1n1_flu/)

Learners:

**What is my role in the clinical setting with respect to the present H1N1 Flu Virus Pandemic or local outbreaks?**

1. Use appropriate infection control measures as outlined in the “General” section above to protect yourself and your patients, and to help in preventing the spread of flu. If you are not certain about how to implement the suggested infection control measures, ask your supervisor, clinical staff on your unit or local infection control personnel.
2. Maintain an appropriate index of suspicion when interacting with individuals who describe or display signs or symptoms of influenza like illness (ILI). If you are unsure of the appropriate infection control measures to follow with a patient, discuss this with your supervisor, clinical staff on the unit, or local infection control personnel.
3. Be prepared to respond to requests by the province and/or university to increase or decrease your clinical activity depending on public health policy decisions related to clinical education and human health resource issues.
4. Comply with the requirements of your program with respect to completion of the health screening record, and annual mask fit testing and training.
5. Be aware of the opportunities to obtain an influenza vaccination. Provide documentation to your program when you receive the vaccination. If you are exempt from immunization because of a medical condition (persons who had a serious adverse reaction to a previous dose or any component of the vaccine, or with known anaphylactic hypersensitivity to eggs which is manifested as hives, swelling of the mouth and throat, difficulty in breathing, hypotension, and shock), obtain documentation from your physician and provide it to your program.

**What if I think I have H1N1 Flu Virus? What if I have signs or symptoms of Influenza-like Illness?**

1. If you are in a clinical setting, use the same screening tool as that used for other health care workers in that setting. In the event that the facility does not provide you with a self-screening tool as part of your orientation, use the screening tool below (adapted from St. Joseph’s Hospital and Hamilton Health Sciences staff self-screening tool). Note that this tool may be updated as circumstances change – ensure you have access to the latest version available through your educational webportal. McMaster University also has a screening tool on its web site, under ‘flu information’.

Do you have the following symptoms?

A. New onset or worsening of existing cough;

**AND**

B. Fever greater than 38° C.

**PLUS**

C. Sudden onset of any of the following:

- Sore throat
- Headache
- Joint pain
- Muscle pain
- Severe fatigue

If you have answered **yes** to **A AND B, PLUS** one of **C** ..... you have **FAILED** the Influenza Like Illness – Self Screening Tool.

If you fail the screening:

- Do not attend school or your clinical placement;
- Notify Employee Health of the facility if you are on a clinical rotation;
- Notify your preceptor if you are on a clinical rotation;
- Notify your program (this can be done through the McMaster web page – ‘Student H1N1 Symptom Reporting Tool’ found under the ‘flu information’ link. This reporting tool will inform your program that you are ill and will be away from school for up to 7 days

**\*Note:** If you are pregnant or if you have an underlying medical condition such as asthma, cardiac disease, diabetes, immunosuppression or renal disease you need to be assessed by your physician as you may need anti-viral treatment.

If you are off work due to influenza-like illness, your return to work is at the direction of Employee Health. Students in a clinical setting should remain off until 24 hours after all symptoms, apart from a mild cough, have resolved. If you are in class, you should stay home until fever has been absent for 24 hours and you are feeling well enough to resume normal activities.

2. Treat your symptoms as you normally would. Contact your healthcare provider in the way that you normally would if you were suffering from flu symptoms. If possible, make reasonable attempts to isolate yourself from others while you continue to have symptoms. Make appropriate use of healthcare resources by using your personal primary care provider, Student Health services, walk-in clinics, or Telehealth Ontario rather than hospital emergency rooms.
3. Make reasonable attempts to avoid infecting others by washing your hands, using proper etiquette when coughing or sneezing, etc.
4. You may be contacted by individuals with information about recommended or required diagnostic tests or therapeutic interventions. Information may come from your personal primary care provider, supervisor, educational program, hospital or clinic staff, local public health unit, etc. While you must consent to participate in matters related to your own healthcare, many recommendations will be based on public health interests or your own ability to continue working in the clinical environment (e.g. nasopharyngeal swabs, use of antiviral medications for prophylactic or symptomatic treatment, immunizations, etc.); therefore, you are strongly encouraged to participate.

### **What if I feel severely ill or compromised by symptoms of ILI?**

1. Contact your personal primary care provider or get seen at an appropriate hospital emergency department. Taking appropriate precautions (e.g. wearing a mask) until you have been assessed. If you are at work when this occurs, advise your supervisor and then go to the emergency department (if available in your clinical setting) of Employee Health Services.
2. Call an ambulance (9-1-1) if you are too ill to be seen by your primary care provider or to get to an appropriate emergency department on your own.

### **What if I am exposed to H1N1 at my clinical placement?**

If you are exposed to H1N1, antiviral prophylaxis (Tamiflu) may be given on the advice of Employee Health. They will distribute the Tamiflu and keep records.

Make reasonable attempts to isolate yourself. Practice social distancing, perform hand washing and coughing etiquette.



Faculty:

**What is my role in supervising learners in the clinical setting with respect to the current H1N1 Flu Virus Pandemic or local outbreaks?**

1. Encourage learners to use appropriate infection control measures as outlined in the “General” section above. Act as a role model by practicing the infection control measures yourself. These measures help to protect you, your learners, and your patients and help prevent the spread of flu.
2. Remain informed about local circumstances by reviewing healthcare bulletins, memos, and e-mails from the MOHLTC, clinical site, or educational program. Consider how learners might be affected by local circumstances (e.g. how is the hospital managing antiviral medications and immunizations). Bring concerns to the attention of leaders of your educational program and clinical site.
3. Know how to get in contact with your learner. Know the policies of your clinical site, in order to advise a student what to do if a learner reports to work with symptoms of H1N1 Flu Virus or influenza like illness. Know what to do if a learner comes into contact with an individual with H1N1 Flu Virus or influenza like illness. The appropriate responses may be determined by (1) the evolution of the pandemic or outbreak and our current response to it; (2) the individual learner; and (3) the clinical situation. If you are uncertain about the appropriate response, contact the local leadership of your educational program.
4. Depending on the circumstances of a pandemic or outbreak, the Ministry of Health and Long Term Care may instruct hospitals and academic institutions to increase or decrease the involvement of learners in the clinical setting. Please be supportive of learners under these circumstances.

### Program Responsibilities for H1N1 Pandemic:

The responsibilities of the program are in accordance with the OHA principles of reciprocity.

#### **Educate/orient learners on:**

1. How to use appropriate infection control measures as outlined in the “General” section above. Act as a role model by practicing the infection control measures yourself. These measures help to protect you, your learners, and your patients and help prevent the spread of flu.
2. The use and importance of personal protective equipment.
3. The benefits of the annual influenza vaccination.
4. Who may be a high-risk individuals, from the OHA:

Health care workers with acute respiratory infections other than influenza should refrain from patient care activities, particularly during the first few days of illness when communicability is highest. If the health care worker must continue to work, i.e. if the absence of the health care worker poses a risk to patient safety, they should not work with high risk patients (see below), and must wear a mask and gloves and practice good hand hygiene during patient contact.

#### *High Risk Patients*

- People of any age who are residents of nursing homes or chronic care facilities
- People  $\geq 65$  years of age
- Adults and children with selected chronic health conditions, including, cardiac or pulmonary disease, diabetes mellitus and other metabolic diseases, cancer, immunodeficiency and immunosuppression, renal disease, anemia or hemoglobinopathy, conditions that predispose to aspiration, and those  $\leq 18$  years on long term treatment with acetylsalicylic acid
- Healthy children aged 6-23 months
- Pregnant women

#### **Immunization**

1. OHA Guidelines require programs to keep records of immunizations, and provide health care facilities with the immunization rates when requested. Each program must set up a system to obtain proof of vaccination from their students (educate students to keep that documentation with them when they go to clinical placement). Immunization against pandemic H1N1 influenza is strongly recommended.
2. Advise students that there may be a restriction of the ability to work if immunization is not completed.

3. Each program must enable students, to the best of its ability, to receive the vaccine. This may be through their clinical setting, if offered, through public health clinics (coordinate class times with clinic times), or a clinic organized by the program or Faculty.
4. If a student is exempt from immunization because of a medical condition (persons who had a serious adverse reaction to a previous dose or any component of the vaccine, or with known anaphylactic hypersensitivity to eggs which is manifested as hives, swelling of the mouth and throat, difficulty in breathing, hypotension, and shock), obtain medical evidence from the student, and include it in your records.
5. Screen for students who are a high priority for immunization for health care workers, and encourage those students to be vaccinated as a priority (pregnancy, cardiac or pulmonary disease, diabetes mellitus and other metabolic diseases, cancer, immunodeficiency and immunosuppression, renal disease, anemia or hemoglobinopathy, conditions that predispose to aspiration)

\*Note on Residency Programs: Record keeping for immunization and mask fit testing are the responsibility of the program (post-graduate education) until the resident enters the hospital. From then, it is the responsibility of the hospital.

### **Risk Assessment of Clinical Placements**

1. Have a tool available to know when to pull students from a clinical placement. This decision is made in collaboration with the clinical facility.
2. If a clinical facility determines that Tamiflu is necessary to work there, and the facility cannot provide it to the students, the programs may need to decide to pull the students out of that placement site.

FHS programs will support our students being a part of the clinical response to a pandemic in accordance with their education and ability.

Remain informed about local circumstances by reviewing healthcare bulletins, memos, and emails from the MOHLTC, clinical site, or educational program. Consider how learners might be affected by local circumstances (e.g. how is the hospital managing antiviral medications and immunizations). Bring concerns to the attention of leaders of your educational program and clinical site.

Know how to get in contact with your learner. Programs must, at any time, be able to inform a facility what students are in any particular location.

Ensure that each faculty member understands the students' responsibilities, and can advise the students of such if required.

Program Pandemic/Emergency Planning:

Educational programs are the primary administrative structures within the Faculty of Health Sciences by which learners can receive consistent information about their roles and responsibilities during a pandemic or outbreak. Faculty and learners participate in clinical educational activities across a broad geographical network within a wide variety of clinical environments. During a pandemic or outbreak, health policy throughout our clinical placement network comes under the jurisdiction of different authorities depending on the location and situation. The variety of clinical environments means that learners will be making contact with individuals with a wide range of clinical presentations. Additionally, as a pandemic or outbreak evolves, recommendations change with respect to the diagnosis and treatment of illness; and the disposition, and expectations placed on individuals involved in healthcare delivery, especially non-essential personnel such as learners. As such, it is not possible to develop a detailed description of how *all* situations should be managed since such management is dependent on the local and current context.

The purpose of this section is to describe a continuum of responsibility within the educational programs from the establishment of generic policies, practices, or recommendations at the Faculty of Health Sciences level to the development of very specific practices in each clinical setting. Below is a list of questions and issues that could be considered by educational programs to ensure that learners are being adequately supported during a possible pandemic or localized outbreak. The responsibilities of individuals within the educational programs will vary by program, right down to the clinical unit level, depending on the administrative structures and policies in place.

The Faculty of Health Sciences has a team that develops and implements the policies and practices to be followed by faculty and learners during a pandemic or outbreak, in consultation with public health and the local hospitals. Decisions made and information collected by this team will be disseminated through the associate and assistant deans, and the Faculty's administrative leadership. Similarly, issues and concerns at the program level will be brought back to this team via the same pathways. This team may consider some of the following issues, but they may also require input from or implementation by the educational programs. For this reason, the educational programs will likely want to begin considering the issues relevant to them and at what level within their program structure the considerations and decisions should be made:

1. What is the plan if learners are removed from one or more clinical environments?
  - a. Are there alternative clinical placement locations?
  - b. Who will be responsible for coordinating the relocation of learners?
2. What is the plan if learners are removed from *all* clinical environments?
  - a. How would this impact your programs?
  - b. What are alternative plans and what are the internal and external barriers to their implementation (i.e. internal barrier – convocation dates; external barrier – date of licensing exams)?
3. What is the policy for learners who miss clinical/academic time due to illness?
  - a. Is the policy consistent with policies in the University, Faculty, accreditation, licensing, and regulatory institutions?
  - b. Do stakeholders know what the policy says and how to reference it?
  - c. How much flexibility exists in the policy?
4. For your program, at each clinical site, consider the roles, responsibilities, policies, and practices of the local public health unit, hospital, ward, or clinic:
  - a. Who is responsible for ensuring learners know how to use personal protective equipment?
  - b. Who is responsible for ensuring that learners use personal protective equipment and appropriate infection control practices?
  - c. Who will make decisions about prophylactic treatment of contacts and how will these decisions be communicated to learners?
  - d. Who will learners notify if they become ill? Are there any hospital or public health requirements to report illness?
  - e. Who could make decisions about allowing learners to remain in the clinical environment and how would these decisions be communicated to the programs and learners?
  - f. Who could make decisions about what types of clinical learning experiences are available to learners? For example:
    - i. Learners at a certain level of training are prevented from working in certain environments by the hospital.
    - ii. A learner at a given site can only work with a certain subgroup of patients if the learner has been vaccinated.
5. How will you manage examinations or other evaluation exercises that have to be cancelled or postponed?
  - a. Is the evaluation exercise necessary?
  - b. Can one form of evaluation be substituted for another?
  - c. Can the evaluation be delivered in another site or format?