GME COVID-19 Recommendations

GME leadership and Hospital Epidemiology/Infection Prevention from DHMC, UCH, CHCO, VAMC updates based on the current situation with COVID-19 regarding residents and fellows 3/9/2020

Please note that many things are changing quickly. Please pay close attention to individual hospital policies, which will be more specific to your current patient care areas. When you have questions, please contact your program director and you may be directed to infection prevention/control or occupational health at your site. All Residents and Fellows will continue to be involved in evaluation and treatment of patients with suspected respiratory illness, including those suspected of [patient under investigation (PUI)] or confirmed as having COVID-19. Residents will receive refresher training on PPE usage at each clinical site as appropriate. We will keep you updated about required trainings and available sessions.

See this video for guidance: https://m.youtube.com/watch?v=bG6zISnenPg&feature=youtu.be

1. For now, all sites are following CDC guidance for N95 respirators, plus facemask or goggles, and contact (gown, gloves) for these patients.

2. If residents or fellows experience an exposure from a patient with suspected or confirmed COVID-19, the resident should put on a mask and contact infection control immediately at the hospital of the exposure for recommendations. He or she should also notify the program director of the exposure.

3. Residents and fellows with respiratory illnesses and fever should stay home and should call their primary provider (do not go to clinic). In order to be excused from clinical duties, they should communicate with chief resident AND program director.

4. If the University of Colorado School of Medicine/Anschutz decides to restrict faculty travel (either internationally, domestic, or both), residents and fellows follow those same policies. This means previously approved travel might be affected and need to be cancelled.

5. All Programs should make contingency staffing plans now in preparation for the time when we have widespread community transmission. Considerations include the following:
   a. Prepare staff to be able to work from home (coordinators, schedulers, etc) with laptops, internet access and VPN.
   b. Conference contingency planning should begin for consideration of distance learning (zoom, remote access, etc), including case conferences, grand rounds, M&M, etc.
   c. Programs should identify critical staffing needs (ICU vs elective, ward services, surgical services, consult vs wards) and prepare to move residents from lower priority areas to higher ones in the event of large numbers of resident or fellow quarantine. An example
is the UW BMT unit which is staffing in a pattern of 14 days on and 14 days off. Assess the schedules now to make these plans possible.

6. In an effort to preserve PPE, the hospitals are recommending several changes to rounding practices. Please follow polices and recommendations at each hospital site. Examples may include limiting the number of physicians who enter patient rooms or limiting pre rounding on patients who are in isolation.

7. Co-horting of patients to nonteaching services is occurring at some of our sites (Denver Health currently has a non-teaching service for PUI or COVID-19 positive patients). At night or during cross cover, residents/fellows can see these patients. Again, patient care comes first during urgent clinical situations.

8. Circumstances are evolving quickly and will change once sustained community transmission is our reality in Colorado. Email updates will come regularly from GME through Dr. Rumack’s office.

9. Each hospital may have variations in the clinical recommendations and restrictions, but we will try to have the highest level of recommendations consistent across our systems.

More information will be forthcoming. Please direct questions to program directors and Dr. Rumack and we will attempt to answer questions in the next email.

Carol.rumack@cuanschutz.edu