

Student Placements during COVID

Frequently Asked Questions (as of August, 2021)

The Learner Placement Unit has developed a guideline to follow in relation to current student placement experiences in the SHA. These answers/guidelines are to provide guidance to educational institution students, faculty, instructors and staff while supporting student placements in the SHA. The Student Placements FAQ's are intended to supplement the SHA's Learner's Annex.

If you have any additional questions, please contact the shastudentplacements@saskhealthauthority.ca

Recommendations for Monitoring Based on COVID-19 Exposure Risk

The [risk algorithm for HCWs with potential workplace exposures](#) is provided to assist in determining the assessment of risk, monitoring recommendations and work restrictions that are indicated for SHA healthcare workers with potential workplace exposures to COVID-19. The tables included outline the different exposure scenarios with associated risks whether the HCW is FULLY IMMUNIZED, vs PARTIALLY IMMUNIZED/UNIMMUNIZED.

HCWs in any of the risk exposure categories who develop signs or symptoms compatible with COVID-19 must arrange for immediate testing. SHA PH, OHS/EH, or designate will then contact the HCW to provide an assessment and/or direction for to returning to work based on the results of the test. The OHS Hotline (833-233-4403) is an additional resource for general COVID-19 workplace related inquiries and can provide contact information to local PH, OHS/EH departments.

OHS_Healthcareworkers_COVID19@saskhealthauthority.ca

High Exposure Level:

HCWs in the high-risk category will undergo self-isolation and restrictions from work in any healthcare setting until 14 days after their last exposure. If they develop any **fever*** OR symptoms consistent with COVID-19 they should arrange for immediate testing. SHA PH, OHS/EH, or designate will then contact the HCW to provide an assessment and/or direction for to returning to work based on the results of the test.

Low-risk Exposure Level:

HCWs in the low-risk category should perform self-monitoring and tracking (for potential contact tracing purposes) until 14 days after the last potential exposure. Some HCW's work in an environment where it is assumed they are always a non-close contact when at work (work with covid patients) and should always perform continuous self-monitoring and tracking. Asymptomatic HCWs in this category are not restricted from work. They should check their temperature twice daily and remain alert for symptoms consistent with COVID-19. They should complete their fitness for work mandatory screening to ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they develop a

fever* or symptoms consistent with COVID-19 they should self-isolate (separate themselves from others) and arrange for immediate testing. If the HCW is at work they should notify their supervisor/instructor for next steps **before** leaving to isolate. SHA PH, OHS/EH, or designate will then contact the HCW to provide an assessment and/or direction for to returning to work based on the results of the test.

No-risk Exposure Level:

Proper adherence to currently recommended infection control practices, including all recommended PPE should protect HCW having prolonged direct contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, HCW should still perform self-monitoring with and fitness for work mandatory screening as described under the low-risk exposure category.

****NOTE:** The risk level for exposures can be elevated if:

- Other infection control practices were not met (i.e.: hand hygiene, 4 moments)
- It is determined that there was a risk of elevated exposure
- Breach in PPE (N95 becomes unsealed, eye protection dislodged or inconsistent use of mask)
- Not wearing gloves and gown if there was extensive body contact with the client's body fluids.

Students with COVID exposure

A close contact/high risk exposure is defined as a Health Care Worker (HCW) who:

- HCW who is not fully immunized and who provided direct physical care to a case, or a laboratory worker handling COVID-19 specimens, without consistent and appropriate use of recommended PPE and infection prevention and control practices.
- Anyone who is not fully immunized and lives with a case has direct physical contact with a case or is exposed to their infectious body fluids, including the case's caregiver, intimate partner, child receiving care from the case, etc.
- Anyone who is not fully immunized and has shared an indoor space (e.g. same room) with a case for a prolonged period of time, including closed spaces and crowded places, (e.g. social gatherings, workplaces, etc.), without adhering to appropriate individual-level and setting specific risk mitigation measures.
- Anyone who is not fully immunized and has had a close-range conversation with a case or has been in settings where a case engaged in singing, shouting, or heavy breathing (e.g. exercise), without adhering to appropriate individual-level and setting-specific risk mitigation measures.

The definition of a Non-Close Contact/Low risk exposure as an HCW is someone who is:

- Fully immunized individuals in the above-mentioned high-risk exposure (close contact) situations would be considered to have a low risk exposure and be managed accordingly.
- HCW (**regardless of vaccination status**) who provided direct physical care to a case, or a laboratory worker handling COVID-19 specimens, with consistent and appropriate use of recommended PPE and infection prevention and control practices.
- Anyone (regardless of vaccination status) who has shared an indoor space (e.g. same room) with a case, including closed spaces and crowded places (e.g. social gatherings, workplaces, etc.), with adherence to appropriate individual-level and setting-specific risk mitigation measures.
- Anyone (regardless of vaccination status) who has had a close-range conversation with a case or has been in a setting where a case engaged in singing, shouting, or heavy breathing (e.g. exercise), with adherence to appropriate individual-level and setting-specific risk mitigation measures.

1. The definition of a *fully immunized individual*, if at the time of exposure is:

- It has been 14 days or more after the 2nd dose (2 dose COVID-19 immunization series); **OR**
- 14 days or more after the 1st dose of a one dose COVID-19 immunization series

2. The definition of a *partially immunized individual*, if at the time of exposure is:

- It has been 14 days or more after the 1st dose (2 dose COVID-19 immunization series); **OR**
- Up to 14 days after receiving the 2nd dose (2 dose COVID-19 immunization series)

3. The definition of an *unimmunized individual*, if at the time of exposure is:

- It has been less than 14 days since receiving the 1st dose (any COVID-19 immunization); **OR**
- The HCW has not received any COVID-19 immunization

Units Hosting Placements within SHA facilities – including Placements in Long Term Care

1. Can a unit who has COVID + patients accept student placements?

Yes, provided there are **non-COVID** patients to care for.

2. What is the process of a placement if it needs to be interrupted because the unit only has COVID + patients?

Step 1: The manager must end the placement, discuss with the Instructor if it is a group placement, and send the student home if it is a preceptored placement

Step 2: Manager to inform their Director

Step 3: Manager to email shastudentplacements@saskhealthauthority.ca

Step 4: Student and/or Instructor will inform their Clinical Placement Advisor

3. Will placements within long-term care (LTC) facilities continue to occur?

Yes, cohorting regulations ceased in summer 2021. Students and instructors can be in acute care and LTC concurrently. However, we ask learners and instructors to be mindful when going between locations. We want to mitigate risk of exposure to our patients as much as possible.

- 4. If a student is moving from an acute care placement to a long-term care based placement, do they need to self-isolate before starting the placement?**

No.

Screening and Masking

- 1. Are learners required to mask while in an SHA facility?**

Effective April 15 2020, staff, physicians, learners, trainees, vendors and contractors will be screened daily (excluding temperature taking) as they enter any SHA facility or program area to ensure they do not have any influenza like illness. As an added level of protection all staff, learners and physicians who work in patient/client/resident care areas or travel through those areas will be required to wear a mask at all times.

- 2. Can students bring in their own non-medical mask (i.e. cloth) to wear in the non-clinical areas?**

No. The use of personal non-medical masks (e.g. cloth) has not been approved at this time.

- 3. If a clinical placement takes place in a private clinic, are masks available?**

We recommend students contact their schools with their questions or concerns regarding personal protective equipment (PPE) availability in a non-SHA setting such as a private clinic.

How to Handle Break Times

- 1. What is the protocol for students changing into their scrubs/uniforms?**

Students must come in their street clothes and change once in an SHA facility.

- 2. What can students take onto the unit?**

Students are to have as few belongings as possible in the clinical area (i.e. a water bottle and pen), and any additional belongings must be approved by the site Manager or Nurse Supervisor. What is acceptable for students to have on SHA property is subject to change and varies depending on location, so program instructors are encouraged to ask Managers or Nurse Supervisors regularly about what students can bring with them to the clinical area. In addition, when taking breaks, students must follow social distancing/masking rules as indicated.

- 3. Can a student access an SHA cafeteria?**

Yes. Students must comply with physical distancing rules while in SHA cafeterias and break rooms.

- 4. Can a student bring their own lunch?**

Yes. The containers/bag must be wiped down upon entry into the facility.

- 5. Can a student bring a water bottle?**

Yes. As long as it can be resealed. It must be wiped down upon entry into the facility.

6. Can food and beverages be delivered or brought into SHA facilities?

Food and beverages **can be delivered to or brought into SHA facilities** when the food, beverages, and other items are individually packaged in a container which can be wiped down with disinfectant wipes upon entry into the facility.

When food and beverages come into an SHA facility, the following guidelines apply:

- Do not share food with others. This includes pizza, chips, cakes, and potlucks.
- Make sure to wipe down take-out containers with a disinfectant wipe before bringing to a unit.
- Perform hand hygiene before and after handling the items.

7. Can students sit outside during lunch or breaks?

Yes.

8. Can the schools use a room on a unit for lunch, post conference etc.?

This varies based on the unit/ location. The answer to this question will have to come from the Manager of the specific area.

9. Will a student from another province have to self-isolate for 14 days prior to the placement starting in the SHA?

No. Like staff, students coming from another province will have to self-monitor. If showing symptoms, the student will have to self-isolate immediately and contact HealthLine 811 to inquire about testing.

10. Do out of country students have to self-isolate for 14 days prior to the placement starting?

Yes. Any students coming into Saskatchewan from out of country to complete a placement at SHA will require a self-isolation period of 14 complete days.