COVID-19 FAQ's for MS3 and MS4 Students  
(As of 12/17/2020)

Please note that recommendations from the CDC change frequently, so please discuss these topics with your clinical team including your attending physician, your site director, your clerkship or course director, or your deans. The guidance provided in this document is accurate as of the date of distribution, but keep in mind that in addition to changes in public health recommendations, the policies of individual hospitals and clinics are subject to change.

The School of Medicine and our healthcare partners are committed to your safety in the clinical learning environment. Please keep in mind that, just like other infections, there is no way to completely avoid COVID-19 exposure or infection, and by choosing to be in the medical field (and choosing to study medicine) we assume a risk. There are, however, steps to mitigate risks (both in the clinical setting an in daily life) that should be followed.

Do I have to participate in in-person patient care?

It is your choice whether to participate in in-person patient care. We want to emphasize that if you decide to opt-out of in-person rotations as currently scheduled, your decision will be respected. We recognize that each student has unique circumstances, including some with underlying medical conditions and some caring for vulnerable loved ones.

For third-year students who pause their clinical rotations, please reach out to your Society Dean and/or the leadership of the Drew/UCLA Medical Education Program or PRIME-LA to discuss your individual circumstances and your options. There are several options available to you at this time:

1. Drop your clerkship(s) of 4 or 6 weeks duration and enroll in:
   a. The Curriculum Development Elective MD150.01
   b. A research elective
   For more details: https://medschool.ucla.edu/current-research-electives

2. Take “Time Off from the Curriculum” for up to six weeks of your clerkship schedule, which can be made up at the beginning of fourth year.
   https://medschool.ucla.edu/workfiles/site-Current/TimeOffRequest.pdf

3. For those who anticipate needing to step out of the clinical setting for a longer period, a leave of absence for a semester or longer may be considered.
   https://medschool.ucla.edu/workfiles/site-Current/PersonalLOA.pdf
For fourth-year students, you also have the option of opting out of clinical rotations. Please be sure to reach out to your Society Dean and/or the leadership of the Drew/UCLA Medical Education Program and PRIME-LA to discuss your individual circumstances and your options, while considering the timeline for meeting graduation requirements.

Should students be tested for COVID-19?

Recommendations for testing vary depending on exposure history as well as student status. Students are subject to the campus’ routine surveillance testing of selected groups of students per campus policies.

All students are asked to self-monitor for symptoms prior to presenting to work each day (see below), and to complete the symptom tracking requirements of the clinical site to which they are assigned.

Additional guidance from the Los Angeles County Department of Public Health for Monitoring Healthcare Personnel may be found here:

http://publichealth.lacounty.gov/media/coronavirus/guidances.htm

Is antibody testing recommended for students?

There are no recommendations or clear indications for antibody testing for students or other healthcare personnel at this time (although it may be useful in individuals who present late after symptom onset when PCR testing may be falsely negative).

What is different now compared to when students had clinical rotations paused during the last surge of COVID-19 infections last March?

Hospitals and clinics are in a very different position when compared to March. PPE supplies are adequate and stable. Detailed protocols have been worked out at each site for provider and visitor symptom and temperature screening, universal masking, levels of PPE for different encounters and procedures, patient screening, patient testing, and patient cohorting. Additionally, testing has become much more sophisticated and readily available.

For example, in most hospitals all patients receive nasopharyngeal testing for COVID-19 at the time of admission regardless of their reason for admission. Wait times for test results are dramatically shorter than in March, leading to decreased times in isolation for patients who test negative, less PPE use, and the ability for students to assume care of these patients earlier in their hospital stay. Patients who test positive are often cohorted to specific units, decreasing healthcare provider risk of acquiring infection while working on non-COVID units.
Also compared to the situation at the start of the pandemic, we now have the availability of widespread testing for all health care providers, including students. Although testing of asymptomatic individuals is not recommended outside of student surveillance testing and following exposures, it is available to anyone wishing to test. However, caution should be exercised by those receiving a negative test, as a negative test is just one point in time and should not provide license to not adhere to public health recommendations.

Is there a possibility we will return to remote learning if COVID cases trend upward?

This does remain a possibility. The situation with COVID-19 is dynamic and somewhat unpredictable. At this time, with the current number of cases locally, protocols and procedures are in place (see above) to make ongoing participation in clinical activities for third- and fourth-year medical students reasonable. With some organizations predicting ongoing transmission of COVID-19 well into 2021, waiting until there is absolutely no risk of infection is not feasible or realistic. To keep you on track to be the next generation of competent physicians, in-person experiences are necessary and required to allow for the acquisition and development of critical patient care skills.

However, if a major surge begins to overwhelm the precautions that are currently working effectively at our sites, we have the ability to transition back to remote learning.

What should I wear to work?

Scrubs are recommended unless your site has specifically asked you to wear professional attire. Comfortable shoes can be worn with your scrubs. White coats are not required. Many healthcare providers have substituted scrub jackets, vests or sweatshirts (often UCLA labeled) that can be laundered more frequently.

Jewelry and watches should be left at home to minimize objects that may become contaminated. If your hair is long, you may consider pulling it back. Wearing your name badge in a location that is visible above the waist is required at all times during clinical activities.

Do you have additional tips for minimizing the risk of infection when returning to the in-person setting?

1. Wear a face covering on your way to and from work.
2. Face shields are also required for many hospitals and students have all be issued a face shield for use in clinical settings. Alternative to face shields include safety glasses or safety goggles (not regular eyeglasses).
3. Avoid crowded elevators, taking stairs or waiting for the next elevator is recommended.
4. Practice frequent hand hygiene (as below), particularly after touching fomites such as elevator buttons.
5. Wash your hands frequently throughout the day, using soap and water, washing for at least 20 seconds or use hand sanitizer.
6. Wipe down computers and workspaces prior to using them.
7. Keep your mask on during rounds and while talking on the phone.
8. You do not need to wear gloves for most tasks, but practice appropriate hand hygiene, make note of isolation procedures in the hospital or clinic setting, and pay attention to touching your face.
9. Only carry essential items throughout the day (ID, keys, credit card), and consider using a mobile payment system, such as Apple Pay or Google Pay, rather than cash.
10. Objects such as cell phones and pens should be wiped down after placing them on a surface.

Do you have additional tips for minimizing the risk of infection upon returning home?

1. After you leave the hospital or clinics, upon returning home it is recommended that you remove any clothing worn for patient care immediately.
2. Wash your hands thoroughly after handling dirty clothes.
3. It is recommended that you leave your shoes outside your main living area when returning from clinical duties.
4. Wipe down your cell phone, glasses, keys, pens, etc. again at the end of the day.
5. Shower and put on clean clothes before you interact with roommates, loved ones or pets.
6. Continue to practice prevention measures when outside the clinical setting, including, hand hygiene, masking when outside your home, social distancing from all except those with whom you live, and avoiding elective gatherings with people outside your household. Access LADPH recommendations [HERE](#).

What are the PPE recommendations for medical students on clinical rotations?

One surgical mask per day will be provided at your clinical sites. All students should adhere to proper surgical mask wearing at all times except when eating and drinking. Social distancing is recommended whenever possible in the clinical setting. Many hospitals also require the use of a face shield or eye protection with goggles or safety glasses in patient care areas as well as work rooms. Check requirements prior to starting your clinical service and see below for details on how to obtain a face shield. Gloves are not required for non-patient-care activities in the clinic or hospital, but it is recommended that you practice careful hand hygiene and avoid touching your face. Objects such as cell phones and pens should be wiped down after placing them on a surface.

With regard to additional PPE, the resident/attending team should guide students in proper PPE use for patient care and procedures, and direct students on how to obtain the required PPE. There is adequate PPE for medical students at all sites at this time. If PPE availability becomes a concern, please contact your attending physician ASAP, as well as a dean, who in turn will reach out to the clerkship or elective chair.
Although students will not be expected to care for COVID-19 positive patients, this video shows appropriate donning and doffing procedures for PPE, will give you an understanding of the protocols your residents and attendings will be following, and may be relevant to your use of PPE when caring for patients on isolation for conditions other than COVID-19. [https://vimeo.com/413341996/cd9c5e7df2](https://vimeo.com/413341996/cd9c5e7df2)

**Where can I obtain a face shield and when should it be used?**

Face shields (U-shields) may be picked up Monday-Friday during normal business hours (8 AM - 4:30 PM) at the following locations:

- Ronald Reagan: B-301
- Santa Monica Hospital: B-415

Each student will need their ID badge to pick up their face shield.

Although surgical masks will be worn continuously at all sites, there are sites where face shields will be used only intermittently for specific patient care activities. Please bring your face shield with you in a clean bag to your clinical sites, so that it is available for you to use when asked to do so by a supervising physician. You should label your face shield with your name.

**What should I do if I'm assigned to a clinical setting and have concerns about the availability of PPE? Who should be notified?**

Notify the attending physician who is supervising you in the clinic or on the wards.

It will be important to also notify one of your deans, who will in turn liaise with your clerkship site director or clerkship chair (MS-3) or your course chair for electives (MS-4).

**Will I provide care to COVID-19 positive patients?**

At this time you will not be asked to provide care to patients who are known to be COVID-19 positive. You will not be asked to provide care to patients who are *symptomatic* and under investigation (PUI) for COVID-19. For example, a patient presenting to the Emergency Department with a fever and cough, with a COVID-19 test pending would not be assigned to the medical student on the team. Based on communication with our clinical sites, you will not be asked to see such a patient. If you are, you may respond “*per school policy, medical students cannot see patients with symptoms suggestive of COVID-19 if their test result is not available.*”
Will I still get patients on my call day if I am waiting on “COVID-19 rule outs”?

Clinical teams will demonstrate flexibility when assigning students new patients. The time required to get results of COVID-19 testing may vary by site, with some tests returning in 3 hours or less. Teams may ask students to wait to perform their physical exam until testing returns. Sometimes, the initial history may be taken by a phone or video visit. Occasionally, students will be asked to wait until the second day of a patient’s hospitalization to assume their care.

What should I do to monitor myself for signs and symptoms of COVID-19?

1. You must monitor yourself for symptoms daily.
2. All students with clinical responsibilities should complete UCLA’s daily symptom tracker: [https://uclahs.az1.qualtrics.com/jfe/form/SV_blJs2HsqggM5v6t](https://uclahs.az1.qualtrics.com/jfe/form/SV_blJs2HsqggM5v6t)
3. In addition, you may be required to complete specific symptom tracker tools required by affiliate sites.

What should I do if I become ill and/or am concerned that I may have COVID-19?

If you are ill you should not come to work, and you should contact your course chair or clerkship chair, the course coordinator and your clinical team.

If you are concerned that your illness may be COVID-19, you can contact the Ashe Center ([https://www.studenthealth.ucla.edu](https://www.studenthealth.ucla.edu)) or your health care provider for recommendations and testing. The Ashe Center is available for COVID-19 testing of all students irrespective of insurance at the present time.

If you have an urgent health need after hours or on weekends and are unable to be evaluated at Ashe or by your health care provider, please seek evaluation in the Emergency Department.

What should I do if I learn that I have been exposed to someone (in the clinical setting or outside of the clinical setting) who tests positive for COVID-19?

If you have been exposed in the clinical setting, you should seek evaluation and guidance from Occupational Health at the site at which you are rotating. The Occupational Health team at each site will be best able to assess the risks of potential exposures and will make recommendations to all members of the healthcare team at their specific site.

If you have been exposed outside of the clinical setting, you can contact the Ashe Center ([https://www.studenthealth.ucla.edu](https://www.studenthealth.ucla.edu)) or your health care provider for recommendations and testing.
Occupational Health or your healthcare provider will assess whether a period of quarantine is necessary. Note that the health care system has a different return to work policy for health care providers (including medical students in their 3rd and 4th years) than for the general public.

Return to work will be based on the latest Los Angeles Department of Public Health guidelines, in conjunction with policies at the clinical site. RRUCLA's return to work policy can be viewed HERE.

If you are permitted to return to clinical care, continue to practice social distancing and masking in public as well as in the hospital.

Where can I be tested?

Testing for COVID-19 can be done at the Ashe Student Health Center, at the testing sites established in the Wooden Center and at Switzer Plaza, in primary care offices, as well as at many sites across Los Angeles County (https://covid19.lacounty.gov/testing/)

What should I do if I learn mid-rotation that my rotation is being “paused” because of an uptick of COVID-19 positive cases at the site?

Please contact your Society Dean or Dr. Calmes and they will help to navigate reassignment with the Curricular Affairs team.

What happens to my progression through the MS3 clerkships or MS4 electives if I have to quarantine or self-isolate for a significant amount of time? What is the policy if we need time off to care for a loved one?

If your rotation is interrupted by illness or the need to provide care for a sick loved one, depending on the duration, you may have to make up clinical time when your health or the health of your loved one has improved. Your Society Dean, Dr. Calmes and the course or clerkship chair can help you navigate the make-up time if you have missed a required rotation or the missed time impacts fulfilling your graduation requirements. For example, if you have missed a week of a longer clerkship such as Medicine or Surgery, it may be possible to make up that week later in third year or at the beginning of fourth year. There may also be an opportunity for some clerkships to make up the time during quarantine and self isolation with a remote curriculum. If it appears the majority of a clerkship will be missed, it is likely you will be advised to drop that clerkship using the “Time Off from the Curriculum” form and make up the clerkship at the beginning of fourth year. A brief period of remote learning may be available depending on the clerkship affected and faculty availability.
What can I do to limit my exposure to COVID-19 and keep myself and my loved ones healthy and safe?

- Close adherence to public health guidance in non clinical settings, including use of masks, social distancing and hand hygiene, and the avoidance of group activities.
- Abide by proper infection control precautions in all clinical settings, assuming all patients are potentially infectious. This includes strict use of face masks, face shields, distancing on rounds and in work rooms, and close attention to hand hygiene.
- Receive a seasonal influenza vaccine and encourage the same for family members and close contacts.

*FAQ Last Modified 12/17/2020*