

H1N1 PANDEMIC PLANNING: STUDENTS, TRAINEES, RESIDENT PHYSICIANS AND FELLOWS IN ALBERTA HEALTH CARE FACILITIES RECOMMENDATIONS

Purpose of this Document:

- 1) To provide guidance for seamless health care provider operations while supporting the continuation of essential health education-related programs, wherever possible.
- 2) To prevent, minimize and/or deal with disruptions to the education of students, resident physicians, fellows and other trainees (referred to as “Learner(s)”) that are engaged in educational activities within Alberta Health Services, private health care facilities and community-based organizations.
- 3) To coordinate planning and recommendations between Alberta Health Services (AHS), Alberta Health and Wellness(AHW), Alberta Advanced Education and Technology (AET) and Alberta Post-Secondary Institutions (PSI)’s with respect to Learners performing work or participating in educational activities in Alberta health care facilities.
- 4) To minimize health risks to Learners, PSI clinical instructors and their patients while they are engaged in health care activities.

Guidelines for Learners and Post-Secondary Institution Clinical Instructors:

- 1) Learners’ educational objectives must remain a priority rather than provision of services. Disruption to ongoing curricula should be minimized to the extent possible.
- 2) Dealing with emergency and crisis situations are an integral part of health training, therefore Learners should generally not be excluded from participating in these situations unless there are safety issues to be considered.
- 3) Learners on clinical placements should only be *permitted to perform tasks for which they are competent and for which the appropriate supervision can be provided.*

- 4) Learner participation in any educational endeavour will be allocated according to the competence of the Learner, the assessment of risk of the situation by the clinical faculty or supervising clinician and the learning objectives of the educational program. During the pandemic but prior to suspension of programs, PSI Learners' activities will continue to be determined by the PSI.
- 5) Learners who do not wish to participate in volunteer activities during an influenza pandemic must not be subject to coercion or academic penalties.
- 6) The PSI's and AHS may exercise flexibility on a case-by-case basis for Learners who require a leave from clinical duties for compassionate reasons.
- 7) ***As part of their responsibilities, if any Learner or PSI clinical instructor has symptoms consistent with an influenza-like illness he/she must not come to work and should stay home until he/she is symptom free.*** In that case, he/she must follow AHS recommendations for treatment and self-isolation. If any Learner is ill, it is good professional practice to stay away from work until he/she is symptom free.
- 8) PSI's, AHS, private health care facilities and community based organizations must not expect or coerce Learners to engage in any activity without appropriate protective measures in place.
- 9) Infection risks among Learners and PSI clinical instructors are to be minimized. In the context of ongoing clinical placements, these individuals are to be provided with the same protection (i.e. personal protective equipment, anti-virals, treatments and vaccines) by AHS, the private health care facility or community-based organization as the clinical site's employees during a pandemic.
- 10) It is expected that Learners and instructors will take steps to reduce their risk of exposure by using the appropriate personal protective equipment and following Workplace Health and Safety standards and Canadian Standards Association (CSA) requirements for the Selection, Use and Care of Respirators.
- 11) Seasonal influenza and pandemic H1N1 vaccinations are strongly recommended for Learners and PSI clinical instructors, however, they are not mandatory. The H1N1 vaccination is a higher priority. Learners should note that having one or both of these vaccinations may be a consideration during any hazard analysis process undertaken with respect to patient or Learner safety.
- 12) Learners and PSI clinical instructors should have access to timely and thorough information and advice regarding their rights, obligations and relevant ethical considerations throughout all stages of a pandemic.
- 13) Learners and PSI clinical instructors are expected to comply with relevant policies and regulations around infection control, surveillance and occupational health.

Education of Learners in Clinical Settings

- 1) **Patient Care:** Learners and PSI clinical instructors must be aware of and comply with AHS or other private health care or community-based organization patient care relevant policies including isolation, cohorting, transport, vaccination, and prescription of antiviral medications. The AHS pandemic information and infection control practices should be readily accessible and reviewed regularly by all Learners, PSI clinical instructors and PSI administrators via the AHS public website.

- 2) **Exposure:**
 - a) An AHS “Employee Incident and Investigation Report” is to be completed and submitted by the Learner or appropriate AHS administrative office for any Learner meeting the exposure criteria as set by AHS, with a copy of the report being sent to the appropriate PSI.

 - b) A PSI employee incident or investigation report may also be required to be completed by the applicable PSI. Learners are responsible to check with their relevant PSEI to determine institutional requirements.

 - c) Worker’s Compensation Board documentation will also need to be filed for any Learner or PSI clinical instructor meeting the exposure criteria.

 - d) In the absence of influenza-like symptoms, appropriately vaccinated Learners may continue to work after an exposure. Unvaccinated Learners who commence a 10-day course of antiviral prophylaxis after an exposure may also resume work immediately. Unvaccinated Learners who do not commence antiviral prophylaxis will be excluded from work in AHS facilities for four days after an exposure. If the unvaccinated Learner does not have influenza-like symptoms after four days, he/she may return to work in the clinical setting. Prescription of anti-viral medications to exposed Learners or PSI clinical instructors will follow AHS protocol.

- 3) **Minimizing Risks to Learners:**
 - a) The objective is for all Learners and PSI clinical instructors who are entering a clinical setting to be fit-tested for a N95 respirator prior to commencing their rotations. However, it is understood and agreed that this was not a requirement for all PSI Learners prior to H1N1 2009. As such, PSI’s will move towards this objective in order to enable Learners to continue working in clinical facilities where they may be required, at some time, to use N95 respirators. Where a proper N95 respirator has not been or cannot be fitted to an individual, that person will be excluded from situations which might require a N95 respirator.

- b) All Learners and PSI clinical instructors will follow AHS “Point of Care Risk Assessment” document with respect to the use of Personal Protective Equipment specific to N95 respirators.
- c) In addition to following routine infection-prevention and control precautions, when within two meters of an individual who is unable or unwilling to wear a respirator or cover their cough or sneeze, or when engaging in Aerosol Generating Medical Procedures, it is mandatory for Learners and PSI clinical instructors to wear a fit-tested N95 respirator, eye protection and any other appropriate personal protective equipment as required and supplied by AHS. Learners and PSI clinical instructors who cannot be successfully fitted must not work in high risk settings. Learners working with any patient with influenza-like illness should follow the recommendations provided in the document “Prevention and Management of Health Care Worker exposure to pandemic (H1N1) 2009”.
- d) The health of Learners is of concern with special attention necessary for those who are at increased risk including Learners who are pregnant, have serious chronic illness or are immuno-suppressed. Rotations should be re-arranged where indicated to minimize risk to these Learners.
- e) Where AHS or the PSI is aware of a medically-compromised or pregnant Learner, heightened vigilance to H1N1 exposure is necessary and additional preventative precautions should be taken. Medically-compromised or pregnant Learners should be asked to identify themselves so that rotation reassignments can be made where possible, such that the Learner is not participating in high risk activities.
Policies for the provision of vaccines and antiviral medications to Learners will be communicated rapidly when available.

4) Placement Coordination of Non-Preceptored Learner Groups in units/service areas in H1N1 Outbreak:

- a) A Learner group is comprised of three or more Learners and a PSI clinical instructor or clinical teaching scholar.
- b) Learner groups will be permitted to continue on units/service areas where there is known or suspected H1N1 if they have been fitted for N95 respirators.
- c) Learners in a student group will not be assigned patients with known or suspected H1N1 illness and will not be involved in Aerosol Generating Medical Procedures.
- d) If it is determined by the AHS unit/service supervisor, the private health care facility or the community-based organization that the operational continuation of a Learner group is not possible due to the current impact of H1N1 to the

unit/service area, every effort will be made to reassign the group to a suitable alternate area when possible.

- e) It is expected that the PSI clinical instructor or clinical teaching scholar will attempt to create Learner assignments that minimize unnecessary risk.

5) Placement Coordination of Preceptored Learners:

- a) Preceptored Learners are defined as a group with no more than two Learners assigned to a preceptor who is an AHS employee.
- b) Preceptored placements will be permitted to continue on units/service areas where there is known or suspected H1N1 if they have been fitted for N95 respirators.
- c) The Learner assignment will be determined by the preceptor and faculty advisor in collaboration with the Learner.
- d) Preceptored Learners who are not N95 fit tested will not be assigned to patients with known or suspected H1N1 and will not be involved in Aerosol Generating Medical Procedures.
- e) Preceptored Learners who are N95 fit tested may be assigned to patients with known or suspected H1N1 and may be involved in Aerosol Generating Medical Procedures.
- f) If it is determined by the AHS unit/service supervisor, the private health care facility or the community based organization that the operational continuation of the placement for a preceptored Learner who is not N95 respirator fit tested is not possible due to the current impact of H1N1 to the unit/service area, the placement will be suspended or terminated.

6) Observership and job shadowing

- a) These experiences will be assessed on an individual basis. These experiences are not encouraged during a pandemic Activation/Surge stage or higher.

Suspension of Education:

- 1) At some point during a pandemic crisis, continuing to meet Learner's educational objectives may become impossible or undesirable.
- 2) A decision to suspend clinical education in a specific facility or all facilities within an organization, may be made by:
 - a) The owner of the facility, AHS or AHW due to incapacity of clinical sites;

- b) The Office of the Chief Medical Officer of Health or the local Senior Medical Officer of Health in a declaration of a public health emergency; or
 - c) The PSI due to inability to meet educational objectives.
- 3) Prior to a decision being finalized, the initiating organization will consult with the other affected organizations (including AHS, AHW, AET, PSI's, the private health care facility (if applicable) and community based organizations (if applicable), with the exception of extreme exigency.
 - 4) All decisions related to cancellation of clinical education will be communicated to Learners through channels determined by the PSI. Where possible, PSI's may be able to provide alternate means to achieve learning objectives for select practicum courses.
 - 5) AHS recognizes that its partnerships with Alberta PSI's are important and will work with those institutions to attempt to make alternate arrangements for Learners in the case of H1N1 outbreak. In the case of an outbreak or H1N1 illness where the PSI or AHS withdraws Learners from placement, although AHS is under no obligation to guarantee alternative Learner placement, all attempts to accommodate these placements will be made.
 - 6) The decision to suspend a program may need to be made individually for various programs and levels of Learner. This will require day-to-day monitoring of the extent to which clinical services are disrupted by the pandemic, including cancellation of elective care, redeployment of sites, illness of faculty members and clinical instructors and the ability of faculty members to provide education in the face of increased workload.
 - 7) If a PSI clinical instructor for a non- preceptored student group becomes ill, it is the sole responsibility of the PSI to find a replacement PSEI clinical instructor. In the case that a replacement PSI clinical instructor cannot be provided, the non- preceptored student group placement will be suspended or cancelled until such time as one can be provided.
 - 8) Once the decision to suspend clinical training has been made, Learners may be asked to volunteer their services to AHS. In some cases it may be possible for Learners to volunteer for an activity that can be used toward their credentials or academic program. However, most often, volunteer activities will not be eligible for credentialing or academic programs, therefore training or the academic program may need to be extended. Learners who request consideration of credit toward their credentialing for volunteer activities will be required to submit logbook documentation detailing activities/responsibilities undertaken, relationship to course objectives, dates, times and names of health professionals providing supervision for these activities (including contact information and licensing credentials).
 - 9) Volunteer activities should be tailored to the level of education of the Learner.

- 10) Medical Students, Residents and Fellows - Once their academic program has been suspended, the deployment of volunteer medical students, residents, and fellows will be determined by the AHS Department Head. Where Department Heads are not joint appointments between the PSI and AHS, the PSI Department Head will become advisory to the AHS Department Head regarding the abilities of the Learners. Clerkship Directors, Program Directors and the Associate Deans for Undergraduate and Postgraduate Medical Education will also be advisory to the AHS Department Head regarding the abilities of the Learners.
- 11) Nursing Students – Once their academic program has been suspended, the AHS Professional Practice Group will assist in deployment of volunteer nursing students with PSI Nursing Deans providing advice with respect to the abilities of the Learners.

When a Learner or PSI Clinical Instructor Becomes Ill:

- 1) If any Learner or PSI clinical instructor has symptoms consistent with an influenza-like illness he or she must not come to work. In that case, the individual must notify the appropriate office and follow AHS pandemic (H1N1) 2009 website recommendations. Existing policies for sick leave will apply except that a physician's note will not be a requirement for sick leaves taken during rapidly escalating pandemic.
- 2) Learners and PSI clinical instructors who develop symptoms while at a clinical placement setting should perform respiratory etiquette, report their illness according to AHS and their own PSI guidelines, and leave the clinical placement setting as soon as possible.

Worker's Compensation:

In accordance with the Alberta Government Worker's Compensation Act, Learners registered and attending PSI's in Alberta are covered for activities performed during clinical practicum courses within Alberta and with agencies outside of Alberta when the Learner is a resident of the province of Alberta. Resident Physicians are covered by Worker's Compensation through AHS.

Learners who are not residents of Alberta and who are working in health care facilities outside of the province of Alberta are responsible to check with their PSEI to determine their WCB coverage on an individual basis.

Learner/Faculty Activity beyond Academic Programs:

- 1) It is recognized that Learners and PSI faculty members may wish to become involved in pandemic support activities outside their academic responsibilities through volunteer activities or employment activities with AHS.
- 2) It is also recognized that the Public Health Act of Alberta makes provision for the province's Chief Medical Officer of Health to declare an emergency in which

citizens may be required to assist. Pursuant to s. 29 of the *Public Health Act*, where an investigation confirms the presence of a communicable disease, including H1N1, a MOH may take any steps the MOH considers necessary. Where an investigation confirms the existence of a public health emergency the MOH has the same above power and may take whatever other steps, in the MOH's opinion are necessary in order to lessen the impact of the public health emergency. Further, by order the MOH may prohibit a person from attending a school or prohibit a person from engaging in the person's occupation. These powers exist without a declaration of a local or state public health emergency. Learners and PSI faculty members possess distinct knowledge and skills beyond those available to the general public, in the event of pandemic emergency, academic programs may be suspended by the Chief Medical Officer of Health to require such service of PSI faculty members and Learners.

- 3) At such time as Learners and/or PSI faculty members provide service outside their academic programs to AHS as volunteers, employees or individuals required to serve, they are acting fully under the auspices of AHS. This includes legislated rights and responsibilities, Worker's Compensation, insurance, etc. It is the responsibility of the individual and AHS to clarify these items and their insurance coverage with AHS at that point in time.
- 4) Job responsibilities for individuals acting as volunteers, employees or individual required to serve must conform to the requirements of the Alberta Health Professions Act with respect to training levels appropriate for the job.
- 5) Learners should receive information and coaching by AHS to assist their decision-making regarding assignment of appropriate clinical duties and self-appraisal of their knowledge and competency.

Requirement to Serve declared by Alberta Chief Medical Officer of Health under the Alberta Public Health Act

In the unlikely event that a declaration under Section 52 of the Alberta Public Health Act occurs and a local or provincial public health emergency is declared, the following would be applicable:

- a) In the case of a state of public health emergency, on the advice of the Chief Medical Officer, the Lieutenant Governor in Council may make such an order. This declaration would allow the AHW to exercise some extraordinary powers to assist with the management of a public health emergency. A local state of public health emergency may also be declared by AHS on the advice of the Senior Medical Officer of Health and the Chief Medical Officer of Health. A local declaration may be relied upon, for example, where a small geographical region of the province has been impacted by the public health emergency as opposed to a large portion of the province. The extraordinary powers available

following these declarations include the ability for AHW or AHS to acquire or use real or personal property and to conscript persons as needed to meet an emergency.

- b) Responsibility for WCB coverage, Occupational Health and Safety regulations, appropriate insurance and workers' compensation coverage will be determined by provincial mechanisms for persons conscripted to serve.
- c) Responsibility for Individuals serving under this legislation would be acting fully under the auspices of Alberta Health and Wellness.

Access to Information:

- 1) It is recognized that the AHS Pandemic (H1N1) 2009 website at (<http://www.albertahealthservices.ca>) is the source for all information regarding H1N1 management in Alberta. Links that provide specific documents referenced to in this document include:
 - a) Information for Health Care Professionals (<http://www.albertahealthservices.ca>) which includes information such as:
 - i) Prevention and Management of Health Care Worker exposure to pandemic (H1N1) 2009;
 - ii) Donning and doffing of Personal Protective Equipment (PPE) including the AHS Point of Care Risk Assessment document regarding the clarification of the use of personal protective equipment specific to N95 respirators;
 - iii) AHS policies directing aspects of clinical care to ensure that Learners have access to the applicable policies and procedures; and
 - iv) AHS Ethical Decision-Making document.
 - b) Information for Post-secondary schools (<http://www.albertahealthservices.ca>)