COVID FAQ

We recognize that many of you have questions and concerns regarding the evolving situation on the coronavirus (COVID). We will do our best to keep you updated on this situation and how it affects you in terms of your education, patient care, and personal life.

Below are answers to many questions you may have. As the situation is continually changing, we will do our best to update this document. Please pay attention to the “date of last update” to ensure you are viewing the most up-to-date information.

INFORMATION

Where can I find the latest information about COVID?
Your leaders are being continually updated on the status of COVID in our institution as well as on a local, national, and international level.

You can find information on COVID on the following websites:
Banner COVID-19 toolkit: (must access from Banner computer or through Banner portal)
http://intranet.bhs.bannerhealth.com/BHSystem/Departments/Infection+Prevention+and+Control/Novel+Coronavirus.htm

Pima County Health Dept:
https://webcms.pima.gov/cms/One.aspx?portalId=169&pageId=527452

Arizona Department of Health Services (ADHS):

CDC:

WHO:
https://www.who.int/emergencies/diseases/novel-coronavirus-2019
WORKING WITH PATIENTS WITH SUSPECTED/CONFIRMED COVID

Will I receive training on how to care for patients and how to screen patients with suspected COVID?
Yes.
You will receive training on how to identify, advise and treat patients with suspected COVID based on risk factors and symptoms in clinic provider meetings, teaching days, and/or inpatient teaching sessions.

Current recommendations in caring for patients with suspected/confirmed COVID can be found on the Banner COVID-19 Toolkit webpage, and as of March 11, 2020 include:
• Use of PPE consistent with contact/droplet precautions, which are gown, mask, and eye-protection with goggles or face-shield
• Use of good hand-hygiene

Dr. Ann Mathias is our clinical lead on this situation, and your medical directors/service chiefs will continue to be a resource for the most up-to-date information.

How are patients with suspected COVID being identified to prevent accidental exposure to healthcare workers?
All patients with any respiratory symptoms are being masked immediately upon arrival.

If a patient contacts you to be scheduled in clinic or asks if they should proceed to the emergency department because of concern for COVID, please contact your clinical leaders for advice on how to handle this situation.

In general, unless patients are sick enough to warrant hospitalization they should stay home. For patients who meet criteria for testing (ex. known exposure to a person with a confirmed-case, or personal travel to a high-risk area) AND who are symptomatic, they may need to be brought in for testing. In these cases, special arrangements need to be made for clinic visits – your clinical leaders will be up-to-date on the latest recommendations and protocols to provide accurate advice to these patients.

How do I order COVID testing?
Please refer to the Banner COVID-19 toolkit for guidance on who meets criteria for testing, and the proper collection of specimens.

This is a rapidly evolving situation and criteria and ordering of testing will continually be changing. As of March 12, 2020, criteria for testing include a known exposure to someone with COVID-19 proven illness or personal travel to a high-risk area AND symptomatic. Ordering testing differs depending on where the patient is located. Please refer to the Banner COVID-19 toolkit for details.
In the hospital, are visitors allowed for patients with COVID?  
Yes and No.  
Visitors that are of direct benefit to the patient are allowed (agitated patient, patient who is seriously ill and would like to be around family, etc.). However, all visitor MUST be over 13 years old AND must be healthy. Visibly ill appearing visitors will be asked to leave. Unnecessary visitors, children, and ill visitor should be discouraged from visiting people in the hospital.

I am concerned that I might have been exposed to a patient with COVID. What do I do?  
Please notify your clinical leadership and program director immediately.  
Do not participate in further patient care until advised that it is OK to do so by your clinical leader. Their decision will be based on whether or not the patient was symptomatic, was wearing a mask, and whether or not you were wearing PPE.

Exposure to COVID while at work that results in a mandatory quarantine will count as time in residency, and you WILL NOT BE PENALIZED for time away from work/residency. Please work with your program director for schedule/rotation adjustments and coordinate with clinic leadership for clinic scheduling adjustments.

I am concerned that I need to care for a patient who has a complaint of possible COVID exposure. What do I do?  
You should follow the approved policies for use of PPE, isolation, and testing which can be found on the Banner intranet.  
Your medical directors will be a resource for this information as well. Residents, please consult with your faculty as well.

I may be at high risk of COVID infection (immunocompromised, pregnancy, continuing direct contact with family members with risk factors...). What do I do?  
If you feel uncomfortable caring for a patient with possible COVID, due to personal risk factors or circumstances such as, caring for an immunocompromised family member, or family member with risk factors, please discuss with your clinical leader (and program director – for residents) so appropriate arrangements can be made.
PERSONAL ILLNESS

What should I do if I get a respiratory illness?
Please contact your program director/program coordinator and/or clinical leader immediately.

We recognize that most respiratory illnesses at this time are due to influenza or another usual viral infection (rhinovirus, parainfluenza, etc.). If you feel ill, please contact your clinical leader (and program director – for residents).

Your symptoms will help guide whether or not you will be able to work in the clinical space and what precautions you must take when working. After speaking with your program director/program coordinator/clinical leader, you will be guided through a process to determine next steps regarding ability to work, need for testing, and/or need for quarantine depending on your exposure risks.

When can I return to work if I was out for a febrile respiratory illness (temp ≥100.4)?
7 calendar days AND fever free for 24 hours AND cleared by Occupational Health

Per Banner Policy, 1415: Reporting and Prevention of Infection in Health Care Workers
Section E: Return to work after illness or leave of absence
• Banner Health employees and all HCW’s returning to work following an injury or illness absence of four (4) or more calendar days duration, or following exposure to any communicable disease, must report to BOHS for clearance. A physician’s consent for return to work may be necessary.
• Banner Health employees returning to work following a leave of absence must obtain clearance from BOHS prior to working.
• BOHS clearance does not medically certify an absence. BOHS determines the HCW’s capability of working at the time of the evaluation.
• Any employee with respiratory illness may not return to work until all the following criteria are met:
  • Without fever for at least 24 hours without the use of fever reducing medications and away from work for seven (7) calendar days after onset of symptoms.
  • If employee can provide written proof from their physician to Occupational Health of a confirmed non-contagious alternate diagnosis (i.e. sinus infection), they may be released to work prior to the seven-day period.
  • Cleared through Occupational Health.
• If employee has residual cough when returned to work in patient care facilities, he/she will be required to mask while at work until symptoms have resolved.

For further questions/concerns, please contact your clinical leader.
TRAVEL

What are the current travel restrictions for Banner and UAHS employees?

Personal travel

Personal travel is not subject to the following policies, but employees are urged to exercise caution and use good judgement when making decisions regarding personal travel as patients and colleagues may be adversely affected.

Residents have additional factors to consider and should read “I am planning a vacation” below.

On March 12, 2020, the CDC declared ALL countries as Level 2 or 3.

IF YOU TRAVEL TO ANY OTHER COUNTRY, YOU WILL LIKELY BE REQUIRED TO HAVE 14 DAYS OF QUARANTINE UPON YOUR RETURN, REGARDLESS OF WHETHER OR NOT THE TRAVEL WAS FOR PERSONAL REASONS. PLEASE SPEAK WITH YOUR CLINICAL LEADER FOR FINAL VERIFICATION OF QUARANTINE REQUIREMENTS. RESIDENTS, YOU WILL ALSO NEED TO SPEAK WITH YOUR PROGRAM DIRECTOR.

Work-related travel

In-state travel
No restrictions at this time.

Out-of-state travel
Non-essential out-of-state travel has been suspended for all UAHS and Banner employees.

International travel
ALL international travel has been suspended for all UAHS and Banner employees.

I have a presentation at a conference, can I go?
No.
All CME and other business meetings, including conferences at which you may be presenting, are considered non-essential travel and are not allowed at this time.

I already registered for a conference and cannot go because of the travel restrictions. Can I get reimbursed?
Maybe.
Leadership is working with both Banner and UAHS to determine next steps on reimbursement for travel expenses already incurred for travel that needs to be cancelled due to travel restrictions.

I have a job interview, can I go?
Yes.
Job interviews are considered essential travel and are permitted. However, multiple institutions are now prohibiting air-travel for prospective candidates, so make sure to check if your interviews need to be rescheduled or about the possibly doing a virtual interview. if you have not done this previously, or rescheduling your in-person interview.
I am planning a vacation, can I go?
Yes and No.
You will still have your vacation time as scheduled, and personal travel is not governed by the travel restrictions enacted by Banner and UAHS. However, we encourage you to speak with your program director to understand how your personal travel may impact your ability to return to work, be on-track in completing your residency graduation requirements, and the potential effects on your patients and colleagues.

IF YOU TRAVEL TO ANY OTHER COUNTRY, YOU WILL LIKELY BE REQUIRED TO HAVE 14 DAYS OF QUARANTINE UPON YOUR RETURN, REGARDLESS OF WHETHER OR NOT THE TRAVEL WAS FOR PERSONAL REASONS. PLEASE SPEAK WITH YOUR CLINICAL LEADER FOR FINAL VERIFICATION OF QUARANTINE REQUIREMENTS. RESIDENTS, YOU WILL ALSO NEED TO SPEAK WITH YOUR PROGRAM DIRECTOR.

Residents, if you are in a required quarantine, your residency work schedule will need to be adjusted, and thus your training may need to be extended beyond the 3-years. Extension of residency training MUST be approved by the program director and WILL NOT be approved for personal travel that results in a required quarantine.

If you are in a required quarantine, please be aware that your patients and colleagues may be adversely affected. Please consider the CDC’s travel advisories and map showing areas that have a high number of cases. For domestic travel, one rule of thumb is to consider is if the state to which are traveling has a declared state of emergency. If so, you should probably not go. IF you have a personal compelling reason to go (wedding, funeral, etc.) please discuss with your clinical leader/program director prior to finalizing plans.

RESIDENT SPECIFIC

Will I be able to go on my in-state, out-of-town rotations or electives?
Yes.
As of March 11, 2020, the latest communication regarding travel to rotations from Banner and UAHS is that domestic, away rotations are considered essential travel and will be permitted. Please keep in mind that this information may change based on many factors including: Banner/UA travel policies, virus spread in certain in the area to which you will be traveling, and changes in policies at the locations in which you will be rotating. Your residency leadership team will be in communications with your rotation sites to ensure that you have a safe and meaningful experience.
Will I be able to go on my out-of-state, out-of-town rotations or electives?
Unsure.
On March 11, 2020, a State of Emergency was declared in Arizona. Out-of-state travel is under continuous review. We will keep you informed of any changes, but as of March 11, 2020, all domestic rotations, including out-of-state rotations, are considered essential and are therefore permitted.

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Will I be able to go on my international rotations?
No.
Both Banner and UAHS have specifically stated that ALL international work-related travel is prohibited. Please work with your program directors to find an alternative rotation.

I’m worried about my Step 3 exam being cancelled. What should I do?
The residency programs will suspend their policies regarding Step 3.

If you are a 3rd year resident, please work with your program director to find an appropriate time to reschedule if your exam is cancelled. For 1st and 2nd year residents, please coordinate with NBME/USMLE to reschedule if needed. If you haven’t scheduled your exam yet, or if you have flexibility in your dates, consider rescheduling your testing to a time after June.

I’m a 3rd year resident and I’m worried about boards. What should I do?
Talk with your Program Director.

Taking boards is not a graduation requirement, and we will await further communication from the American Board of Family Medicine on their plans to open up later testing vs rescheduling for the November 2020 test dates. Please continue to study during this time. The ABFM has said they would waive testing change fees if your testing date needs to be cancelled.

I have friends in other programs nationally whose programs are preparing to pull them from ambulatory care to staff the hospital. Will this happen at BUMC-S?
There are currently no plans to limit residents involved in patient care in either the ambulatory setting nor in the hospital.