COVID-19 Info for GME Residents and Fellows

3.19.2020

To CU GME Residents and Fellows:

As you all know, this is a rapidly evolving time with changes in policy, clinical care, and overall health of our population occurring on a near hourly basis. We thank you for your patience while we gather accurate information and develop a communication plan that is effective for everyone. Our communication goals from a GME standpoint moving forward are:

- Provide weekly updates regarding changes in policy, clinical care, and the health of our organization
- Attempt to consolidate the information coming from our main training sites, UCH, VA, DH, and CHCO, as best as possible
- Provide you with the resources to find accurate data and contact information should you have further questions or concerns

Please see answers below to common questions pertaining to your training and COVID-19:

Q. What cautions should a Resident take who has recently traveled to/from the mountains?
A. CU GME affiliated hospitals are now treating this exposure in the same way. Residents who returned from the mountains who are not sick, should come to work as assigned, wear a mask and be monitored for symptoms. If symptoms develop, report this information to your Program Director and go to employee health for testing.

Q. What is the contractual obligation of residents to provide care? How are decisions being made regarding resident utilization?
A. Resident utilization is under the oversight of the Program Director, if there are concerns Residents can contact GME directly. Program Directors and Residents must be informed of the impact that time away from the hospital has on the Residents ability to meet program requirements or board certification.

Q. What are the resident obligations to provide care outside of our specific training specialty?
A. Depending on the hospital, certain specialties may be asked to shift personnel to units that are experiencing high patient volumes or critical provider shortages. At the present time, ACGME work hours still apply.

Q. Many residents are wondering about cancelling of elective cases and clinics.
A. Defer to your Program Director/Site Director for confirmation of clinic closures and postponements of cases.
Q: Should pregnant or immuno-compromised Residents participate in direct patient care during COVID-19?
The CDPHE and the SOM encourage pregnant women or anyone else considered immuno-compromised to take necessary cautions. Program Directors are encouraged to develop a plan for these Residents in order to minimize exposure to COVID-19. For any resident or fellow who is excused from seeing patients, if they are asymptomatic, they should work from home as they are able to. Please alert your Program Director if you are pregnant or immunocompromised. Residents are not required to disclose PHI information, just indicate that they meet the CDC requirements.

Q: Concerns about PPE supply
A. In anticipation of concerns about less PPE, everyone is encouraged to conserve. GME will forward more information on the hospital’s PPE supply chain as it known to the us.

Q. Will any vacation and educational leaves that must be postponed during this time be rolled over into the next academic year?
A. Unused vacation/education leave due to COVID-19 can roll over into the next academic year. If rolling unused vacation/education leave into the next academic year causes undue hardship in terms of patient coverage, Program Directors may prioritize approvals for the standard vacation/education allotment over those that rolled into that academic year. GME will be as flexible as possible in allowing Residents to take vacation/education leave during a later date with Program Director approval. Program Directors and Residents must be informed of the impact that time away from the hospital has on the Resident’s ability to meet program requirements or board certification.

Q. Do Residents who are working from home need to register on the SOM remote workforce site?
A. Yes, please register for anyone who has approval to work from home.

Mask Requirements at CU GME Affiliated Hospitals
Regular yellow masks are good for protection from COVID patients unless there is an aerosol procedure like intubation. Please see below for hospital-specific guidance below.

Denver Health:
Refer to Denver Health Covid-19 Pulse Site
For outpatient areas, ED and urgent care providers who enter the room to examine the patient should use contact precautions (gown and gloves), droplet precautions (surgical mask) plus eye protection. Airborne precautions (N95 mask or PAPR) should only be used for aerosol-generating procedures, such as intubation, bronchoscopy and nebulizer treatments. Use an albuterol metered dose inhaler instead of a nebulizer treatment if possible. For inpatient areas, Med-surg unit providers should use contact precautions (gown and gloves), droplet precautions (surgical mask) plus eye protection. Airborne precautions (N95 mask or PAPR) should only be used for aerosol-generating procedures, such as intubation, bronchoscopy and nebulizer treatments. Use an albuterol metered dose inhaler instead of a nebulizer treatment if possible. ICU providers should use contact precautions (gown, gloves), airborne precautions (N95 mask/PAPR) and eye protection.

Children’s Hospital:
See attached for current protocols.
Refer to the

- CHCO intranet
- Epi Alert page which is updated regularly sometimes 2x per day
- The Loop, an FAQ database This tool is easily searchable and is being continually updated with answers to new questions about COVID-19 and hospital operations, plus it is available from outside the Children’s network.

**University of Colorado Hospital:**
Refer to the [Source](#)

**Veterans Affairs:**
See attached for current protocols.