

# Return to Clinical Policies & Procedures

Program: \_\_\_\_\_

Draft: June 19, 2020  
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Revised:

## Return to Clinical Policies & Procedures

### Infection Control Policies & Tutorials

Dear MassBay Student,

You are responsible for the information located within this document. Failure to comply with these outlined expectations may result in a disciplinary action as outlined in the MassBay Student Code of Conduct. You must also adhere to the enclosed guidance issued by the clinical site and the policies contained in the [Division of Health Sciences Student Handbook and Policy Manual with Advanced Computed Tomography Addendum](#).

Prior to returning to the clinical site, you must review and agree to the following:

- View the following training videos on Infection Control and Personal Protective Equipment (PPE):  
[Hand Hygiene Training Video](#)  
[Prevention of Health Care Acquired Infections Training Video](#)  
[Handling Hazardous Waste and Infectious Materials Training Video](#)  
[PPE Usage Chart for COVID 19 Infection Control](#)
- Centers for Disease Control and Prevention (CDC) [Criteria for Return to Work for Healthcare Personnel](#)
- [Massachusetts Department of Public Health FAQ about COVID-19](#)
- Understand and discuss clinic specific policies and procedures with your clinical coordinator/lead instructor
- Email or call your clinical coordinator/ lead instructor if you are not able to attend clinical for any reason. If you are symptomatic or test positive for COVID 19, you will be excused from clinical attendance until you are able to safely return.
- Contact MassBay's Department of Public Safety Monday – Friday 7:00 AM until 11:00 PM at 781.239.2222 if you are symptomatic or test positive for COVID-19

Prior to the start of each clinical shift, you will be required to attest that you have been free of the following symptoms<sup>1</sup> related to COVID-19 for the previous 24 hours:

- Cough
- Shortness of breath or difficulty breathing
- Fever of 100 degrees or more
- Chills
- Congestion or runny nose
- Muscle pain
- Headache
- Sore throat
- Fatigue
- Nausea or vomiting
- Diarrhea
- New loss of taste or smell

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<sup>1</sup> Current symptoms as established by the Centers for Disease Control and Prevention (CDC) and subject to change pursuant to CDC guidelines

If you are experiencing one or more of these symptoms you should consult with a health care professional. You may not return to clinical until you have been cleared by a health care provider and met the [criteria for discontinuing home isolation](#).

You may not attend clinical if any of the following scenarios apply:

- Contact with an individual who has tested positive or is under investigation for COVID-19, excluding medical professionals who were wearing appropriate PPE
- Living with or caring for someone that is quarantined or furloughed related to COVID-19

If any of the above restrictions apply, you should consult with a health care professional. You may not return to clinical until you have been cleared by a health care provider and met the [criteria for discontinuing home isolation](#).

Two hours prior to arriving onsite, you must email your clinical coordinator/lead instructor one of the following statements, "I attest I am able to attend clinical today" or "I will be unable to attend clinical today". This is a daily requirement.<sup>2</sup>

If you become symptomatic while onsite, immediately report your status to the hospital preceptor, leave the facility, and email or call your clinical coordinator/lead instructor to report your absence. You may not return to clinical until you have been cleared by a health care provider and met the [criteria for discontinuing home isolation](#). You will also be required to follow the reentry process as defined in the Student Handbook.

Program specific requirements for \_\_\_\_\_:

- NONE

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<sup>2</sup> This process may be exchanged with using an APP or a QR Code to attest to the statement(s).

*Hospital/clinic policies and procedures*

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I, \_\_\_\_\_, have read and understand the Return to Clinical policies and procedures contained in this document, and those provided by the hospital/clinic. I have viewed the videos and presentations identified in this packet of information. This information contains proper precautions and protocols to follow while onsite in a facility that may have COVID-19 patients or asymptomatic individuals who may be contagious. I understand it is my responsibility to follow these procedures provided by the College and hospital/clinic. I am willing and able to actively participate in this Clinical Rotation. I understand there is risk in returning to the clinical environment and am doing so voluntarily.

Student Signature:	Date:
Clinical Coordinator/Lead Instructor Signature:	Date: