

# GUIDELINES AND CONSIDERATIONS FOR RE-ENGAGING VETERINARY MEDICAL STUDENTS IN CLINICAL ROTATIONS DURING THE COVID-19 PANDEMIC

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## BACKGROUND

Clinical rotations for veterinary medical students have been postponed or cancelled in response to government orders and university directives. The process of restoring veterinary medical student clinical rotations presents a broad range of challenges. This document provides guidance for AAVMC Member Institutions to consider as they re-engage veterinary medical students in clinical rotations at university owned and operated teaching hospitals, affiliated clinical sites and externship sites during the COVID-19 pandemic.

This document summarizes guidelines and considerations for veterinary medical schools/colleges to ensure that safeguards are in place to minimize the risk of students contracting or transmitting COVID-19 and student participation in clinical rotations aligns with educational program objectives.

## DISCLAIMER

This document is intended to enhance, but not supersede, a school or college of veterinary medicine's independent judgment of the immediate needs of its patients and the preparation and safety of its students. Veterinary medical schools/colleges must act in accordance with national, state and local regulations and university policies and guidelines as they make any decisions regarding students participation in clinical rotations.

## MAJOR CONSIDERATIONS

The COVID-19 pandemic is dynamic, leading to ever-shifting local government and university orders and policies. Each veterinary medical school/college, acting in coordination with other university health professions schools/colleges and local public health departments, should assist students in interpreting the current status of the pandemic, stay-at-home orders, and allowable business and educational activities in the location where the clinical rotation occurs.

### COVID-19 Containment and Mitigation Strategies

- Each veterinary medical school/college should evaluate the containment and mitigation strategies employed at clinical rotation sites and document that these are reasonable precautions before students re-engage in clinical rotations.
- Students should be advised of the risks associated with returning to clinical rotations and should consider their own health status before deciding to return. Students are responsible for notifying the school/college of any health concerns they have so that alternate plans may be developed if necessary. Schools/colleges should accommodate reasonable requests and create alternate plans for students with a higher risk of acquiring the virus.
- Student health insurance coverage (personal and/or university-based) should be verified by each veterinary medical school/college before students return to clinical rotations.
- Students should adopt the containment and mitigation strategies employed at the site of the clinical rotation, such as physical distancing, alternative service delivery, self-monitoring, PPE, cleaning and disinfection, response to a SARS-CoV-2 infected personnel, and general infection prevention and control measures.
- Each veterinary medical school/college and affiliated clinical site should configure operations, patient care, and clinical education to accommodate reasonable physical distance requirements. Training in the use of physical distance as a control strategy and appropriate monitoring of protocols must be provided.

- Each veterinary medical school/college and affiliated clinical site must have a plan to ensure students have adequate personal protective equipment (PPE). If students are required to purchase their own PPE, they should be informed ahead of time. PPE policies should be clearly stated by the institution and posted within the clinical settings.
- Adequate training and provisions for PPE, access to supplies and sites for implementation of proper hygiene (e.g., handwashing), and cleaning and disinfection supplies are required. Training about proper use of PPE and hygiene procedures should be documented at the site of the clinical rotation.
- Methods for ensuring compliance and taking corrective actions when policy breaches occur should also be established and communicated to all personnel working in clinical settings. For affiliated clinical sites or externship sites, a plan should be developed to respond to student concerns and the university administrator(s) responsible for receiving this information and acting upon it should be clearly identified. Students must be assured that they will not be penalized for reporting compliance issues.
- All clinical sites should have a health screening plan that minimizes the risk of transmission of the virus among students, employees, and clients. This may include physical parameters (e.g. body temperature), SARS-CoV-2 virus screening (e.g. PCR), and/or other health variables prior to entry into and during the period of clinical activities. The accuracy of tests should be carefully considered and students should be made aware of the limitations of the tests.
- Contact tracing and quarantine of individuals or other actions should follow recommendations of regulatory authorities (e.g., university, college, state/local health departments).
- In the event that students are known to be exposed to COVID-19 positive persons or show clinical signs of COVID-19, SARS-CoV-2 virus testing should be accessible within the region of their clinical rotation. Policies around confidentiality of SARS-CoV-2 test results should be clearly articulated to students and their supervisors at clinical rotation sites.
- The incidence of SARS-CoV-2 positive tests should be closely monitored at the site of clinical rotation, and any increase in the incidence should lead to consideration of additional control strategies and/or additional training. Temporary suspension of the clinical rotation may be necessary.
- Affiliated clinical sites and externship sites should be provided with current policies and procedures and recommendations relating to students engaging in clinical rotations during the COVID-19 pandemic. Each site supervisor should know whom to contact within the school/college and what information needs to be reported if a student has a known exposure to COVID-19 or if other problems arise. Students traveling to these sites share responsibility for communicating policies and procedures relating to their safety, and must be informed that they can do so without penalty or retaliation.

## Provisions for Educational Environment

- Each veterinary medical school/college should consider how to best deliver their clinical curriculum while prioritizing student safety and well-being after considering recommendations from the WHO, OIE, CDC, AVMA and other relevant veterinary medical organizations, and their state and local health departments.
- Students engaged in patient and client related activities should receive adequate clinical supervision, teaching and staff support to ensure they meet the goals and objectives of the clinical rotation. The clinical rotation must also meet the requirements of the AVMA Council on Education and other accreditation agencies where relevant.
- Local orders, policies and control strategies may restrict patient volume, or the availability of faculty, house officers (residents, interns), support staff, certain clinical activities, or days of service at some sites. In response to these changes, each veterinary medical school/college or affiliated clinical site should consider how the student experience will be impacted and thus prioritize whether relocation to in-house, affiliate, or externship sites, or cancellation, rescheduling, revising goals and objectives, or substitution with on-line clinical experiences are most appropriate.
- Students may experience greater personal stress as a result of the pandemic, and they may encounter difficult treatment decisions if clients have more financial constraints. Care should be taken to ensure that student duty hours do not significantly increase as a result of clinical rotations and schedules being reconfigured. Institutions should remind students of support services, including counselors and helpline numbers, and capacity should be increased if additional resources are required.

## Additional Considerations

- Procedures for approving clinical experiences held away from the school/college campus must be clearly established. A staged return to student participation in off-campus sites is recommended. Domestic and/or international clinical rotations must be clearly designated as approved or denied. Approval processes may include students completing a form that outlines the student's travel route, mode of transport, en route accommodations, and COVID-19 conditions at the site.
- Travel to and from off-campus sites may introduce additional risk of exposure to SARS-CoV-2 depending on the student's route and mode of transportation; hence, return to clinical activities may be restricted or delayed. Depending on the risk of exposure at off-campus sites, participation in clinical activities may have to be limited upon return from off-campus clinical rotation sites.
- A policy relating to contact with animals suspected or confirmed of infections with SARS-CoV-2 and for animals that come from a household with a confirmed COVID-19 positive person, should be developed by the institution, and students must be informed of the appropriate PPE requirements and isolation protocols, accordingly. Institutions are referred to OIE, CDC, AVMA and other veterinary organizations for guidance on this matter.

## MEMBERS OF THE AAVMC TASK FORCE ON STUDENT RETURN TO CLINICS:

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