SOM FAQ: COVID-19 Response Update 3.23.20

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General

QUESTION	RESPONSE
What disinfectants are being used on campus, and how frequently are high-traffic areas (elevator buttons, handrails, sink faucets, doorknobs, etc.) disinfected?	 The University's Director of Building Services has confirmed the following: Hand sanitizers have been installed in all entrances to include the parking garage entrances and high congregating areas such as the Rudolph Matas Library and the food court on the 1st floor. Sanitizing of entrance door handles, elevator buttons and high congregating areas have been increased to 3x per day and we have allowed overtime and temp labor to be used to help increase those frequencies. Cleaning cloths have been discontinued and disposable sanitizing wipes have been implemented to reduce cross contamination. Ongoing effort to allocate more hand pump sanitizers for reception areas for departments. There's approximately 6 months of refills for hand sanitizing buckets on hand with more coming in the next two weeks. They will be distributed to different offices once they arrive.
Will security will be available to escort people who have flexed to early or late shifts back to their cars?	Yes, TUPD is always available for escorts.

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Clinical

QUESTION	RESPONSE
Why are elective procedures not canceled?	The Louisiana Department of Health recommended that all elective procedures be stopped for the next 30 days starting 3/19/20. Both Tulane Hospital and SOM Executive Leadership agree to work with providers on their discretion on a case-bycase basis.
What is the state of PPE? Are we expecting more coming, are we to be rationing?	The hospital is ok on PPE supplies at this time, but is recommending providers and staff use them sparingly— especially N95 masks. Please also see related notices from hospital posted here: https://medicine.tulane.edu/tulane-doctors/medical-center-covid-19 .
What new or expanded cleaning measures are being implemented?	Our hospital partners are ensuring that environmental cleaning and disinfection procedures from the CDC are followed consistently and correctly. This includes:
	 Routine cleaning and disinfection procedures, including for those patient care areas in which aerosol-generating procedures are performed. For any isolation patient, machines are to be cleaned in the room and then taken out and cleaned again. Personnel cleaning the machine must wear gloves.
	Additional measures our main hospital, Tulane Medical Center, has taken can be found here: https://medicine.tulane.edu/files/pictures/03_12_2020_faqs_covid-19.pdf .
	Additional information can also be found here: https://campushealth.tulane.edu/health-center/primary- care/infectious-disease-care/coronavirus-covid-19/tulane- response-faqs
Are we using PPE with patients and caregivers with known exposures/symptoms? What about potential asymptomatic carriers?	The hospital is recommending the use of PPE for presumptively positive patients who are in isolation and are following directives from the CDC. For patients with caregivers and showing no symptoms, no PPE is being used however precaution is being taken to exercise social distancing and ongoing infection control by washing hands and not touching your face. Please see notice from hospital posted here: https://medicine.tulane.edu/sites/medicine.tulane.edu/files/pictures/03_12_2020_faqs_covid-19.pdf .

What is the guidance for routine non-urgent clinic visits, office procedures and elective and non-highrisk cancer surgery?	The Louisiana Department of Health recommended that all elective procedures be stopped for the next 30 days starting 3/19/20. Both Tulane Hospital and SOM Executive Leadership agree to work with providers on their discretion on a case by case basis.
Other top hospitals throughout the country are doing their best to cancel elective cases and non-urgent clinic visits to try to stem the spread of COVID-19 and to protect patients who do not need to be seen urgently. Why are we not yet implementing these measures at our health system, especially given that Louisiana has had one of the highest rates of infection nationwide?	The Louisiana Department of Health recommended that all elective procedures be stopped for the next 30 days starting 3/19/20. Both Tulane Hospital and SOM Executive Leadership agree to work with providers on their discretion on a case by case basis.
What is the roll of testing healthcare workers for covid19? Do you think we as healthcare workers may be asymptotic carriers and transmitting to other hospital patients?	Staff coming into contact with patients are wearing PPE. We have followed every directive from the CDC. We have also utilized a two-person system to ensure proper PPE procedures have been followed when applying and removing protective gear. If you feel that you have been exposed and do not exhibit symptoms, the CDC has updated their guidelines to all providers to continuing treating patients but with a mask. Feedback from the hospital as of 3/18 is that there have been nearly 40 PUI and no staff thus far have been infected.
What about ventilators? Do we have enough?	Based on data from China, the World Health Organization has estimated that 80% of people infected with coronavirus have mild symptoms that do not require hospitalization. Of the remaining 20% of severe cases, three quarters needed oxygen and one-fourth required mechanical ventilators. Based on state data, there are 407 ventilators, 652 ICU beds and 4,299 total staffed beds across Jefferson, Orleans, Plaquemines and St. Bernard parishes. Statewide there are 21,848 staffed beds, of which 2,363 are for intensive care. Additionally, there's a total of 2,320 ventilators. At Tulane hospitals, there are 38 ventilators available with more on order. Whether or not there are sufficient ventilators depends on how many people require vents at the same time.
According to Chinese news, Favipiravir (T-705), a broad-spectrum inhibitor of viral RNA polymerase from Toyama Chemical Co ltd, Japan, is effective in treating coronavirus, does it have clinical test in US?	This antiviral does look promising and showed benefit in a non-randomized study. Further trials are ongoing.
Does clearing the infection confer immunity?	That question is addressed on the CDC FAQ site for healthcare professionals, <u>here</u> . Patients with MERS-CoV infection are unlikely to be re-infected shortly after they recover, but it is not yet known whether similar immune protection will be observed

	for patients with COVID-19. Some journals have reported that the virus may come back a second time.
When will testing at Tulane/UMC be ramped up? Should we test healthcare workers that are asymptotic?	Tulane is working on setting up an in-house COVID-19 test using our CLIA and CAP certified lab in pathology. We are on a very aggressive timeline. Dr. Bob Garry is developing and validating the test, and Dr. Xiao-Ming Yin, Chair of Pathology, is taking the lead setting it up with collaborators.
Is there a plan to open Charity early as an extra site for taking in extra cases/quarantining people testing positive for COVID, to relieve sites like Tulane and UMC?	Unknown at this time.
Are there any plans to train non-critical care physicians in critical care medicine to address potential future shortages in the first line critical care group?	The school has discussed with hospital leadership as well as hospitalist and critical care physicians at Tulane. All agree that this is a fluid situation, and all are open to non-critically trained providers to help in ICU settings. The hospital is also implementing telemedicine for inpatients.
EJH has prohibited male facial hair. Is this related to technical factors like appropriate fitting of a mask or something more?	As reported by the CDC, a respirator has an exhalation valve. Some styles of facial hair may interfere with the valve working properly. It's recommended the hair not cross under the respirator sealing surface: https://www.cdc.gov/niosh/npptl/pdfs/FacialHairWmask11282017-508.pdf .
Can we get some N95 masks for the VA?	This would be provided directly by the VA. They are not reporting any shortages in supplies.
As we are expecting the number of cases to continue to rise over the next couple weeks, what is the plan for when our critically ill patients exceed our current capacity? Both in terms of ICU beds and ventilators?	Based on data from China, the World Health Organization has estimated that 80% of people infected with coronavirus have mild symptoms that do not require hospitalization. Of the remaining 20% of severe cases, three quarters needed oxygen and one-fourth required mechanical ventilators. Based on state data, there are 407 ventilators, 652 ICU beds and 4,299 total staffed beds across Jefferson, Orleans, Plaquemines and St. Bernard parishes. Statewide there are 21,848 staffed beds, of which 2,363 are for intensive care. Additionally, there's a total of 2,320 ventilators. At Tulane hospitals, there are 38 ventilators available with more on order. Whether or not there are sufficient ventilators depends on how many people require vents at the same time.
Would randomized testing of mild asymptomatic individuals help us better understand the extent of community spread?	This question has merit, but the concern is the availability of tests at this time. Currently it's taking our hospital partners 3-4 days for turn-around-times to get back the test from both the state and private labs. There are not enough tests to go around (yet) to start such a program.

What's going on with elective cases?	The Louisiana Department of Health ordered that all elective procedures are to be stopped for the next 30 days starting 3/19/20.
How are we coordinating efforts with other hospitals in the community LCMC/VA/Ochsner?	The school leadership is having daily calls with LCMC/VA/Tulane hospital leadership.
Is there any effort to combine hospitalized COVID19 patients at a single site?	Yes, Tulane Hospital is co-horting COVID-19 patients into a unit on the 7 th floor. The hospital is evaluating other units to place patients given that it's near/at capacity.
How are we coordinating efforts with Ochsner/LCMC/VA to tackle this?	The school leadership is having daily calls with LCMC/VA/Tulane hospital leadership to share updates on cases and patient flow as well as recommended best practices.
The World Health Organization is considering new "airborne precautions" for medical professionals after a new study suggested that the coronavirus can survive in the air for hours. Any updates on that?	On the other hand, a recent report "COVID-19 and the Risk to HealthCare Workers: A Case Report", demonstrated excellent protection with use of a surgical face mask (not N95), albeit this was just one index case.
Specifically, can someone speak to the city's efforts in capacity planning?	The City of New Orleans is building a network of both clinical and non-clinical volunteers. Check here for this and other updates from the City: https://ready.nola.gov/incident/coronavirus/donations-and-volunteer/ .
Do we have any data yet on re-infection either epidemiologically and/or in vitro?	A final answer is pending and will be released as soon as it is available.
What will be turnaround time for Tulane tests?	It is averaging between 3-4 days in turnaround times both from the State and private labs.
Where will we run the test in a CLIA lab?	A final answer is pending and will be released as soon as it is available.

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Education

Other Medical Student Education Updates:	 Clerkships will not begin until July. Clerkship Directors have already begun to work on a modified clerkship schedule for 2020-2021. Students have been notified so they can plan accordingly. The NBME and other national medical education organizations are working to make appropriate changes and recommendations to address the current crisis. The NBME has made the unprecedented decision to release their exams for on-line, unmonitored use. We will be using these exams for all our clerkships in this manner after April 7 when they are available. Because we have delayed the start of clerkships, we are also anticipating using the May/June time period, assuming clinical operations are active, to make up missed clinical requirements with current 4th year students getting highest priority. Additionally, many student questions are being answered on the SOM's website dedicated for students: https://medicine.tulane.edu/student-covid-19-info.
QUESTION	RESPONSE
QUESTION Can we have a meeting for students to get the student-specific questions answered, if they are too specific for the Town Hall?	The educational leadership is communicating with all medical students on a regular basis to update them with both information on future plans. In addition, we are meeting regularly with the student government leadership to involve them in the decision-making. They have recommended that we postpone a Town Hall for now. Many student questions are being answered on the SOM's website dedicated for students: https://medicine.tulane.edu/student-covid-19-info.

	Indirect, non-contact voluntary patient care activities that help our hospital partners are available and being coordinated through systems at each institution for willing students.
Are there any plans now to organize the T3s to provide help in the local hospital systems, which are quickly on their way to being overburdened? Not yet being doctors we obviously want to avoid being an additional strain on the system, but we are young/healthy and have nearly a year of clinical training; at the very least we've learned how to follow instructions. I think many of us would gladly run errands, take H&Ps, monitor temps- anything that we can do.	See above.
If more assistance is needed at hospitals in the upcoming days and weeks, can students help out if we have no other obligations (for example, I'm in an online elective and have no clinical obligations until 4/20, but am a fourth year student and thus, hopefully, not entirely useless in a crisis).	See above.
I understand medical students currently are prohibited from clinical contact w/known COVID patients. If health delivery becomes similar to Italy- all specialties becoming only IM to treat COVID patients- do you envision tapping into medical students for clinical support- even if only on a voluntary basis?	See above.
Is there any chance that medical students would be called in to help like they were in Italy, due to overwhelming demand for staff?	See above.
I have noticed some Prometric testing center are closed due to COVID-19. Are there any updates from LCME or USMLE regarding Step1 postponements?	All USMLE testing including Step 1 is currently suspended. Because we will postpone clinical rotations until July, those students who lost the opportunity to take their exam now can do so in May/June. Additionally, we will also change our policies to provide additional time for students to take their exams. Please refer to: https://medicine.tulane.edu/student-covid-19-info .
If testing centers close, what will happen to the T2s studying for step 1?	See above.
In the event STEP 1 testing location begin closing in our region in April (as they have in Washington	See above.

etc. already), do you envision postponing T2 clinical rotations until all T2s take step, making a unilateral decision to have T2s enter rotations and revisit STEP 1 after rotations, etc. etc.?	
How far in advance will changes to the schedule be made, and with what duration? I.e., will it be week-by-week wrt T3/T4 years, or will decisions come in, say, month-long intervals – to make for better personal planning?	See above.
How much time can T3/T4 year be delayed before it would impact ERAS/match/residency?	See above.
What is recommended for rising T3s to do post Step 1 if 3rd year is delayed?	See above.
Given the abandonment of post-Step vacations, if 3rd year is delayed, should we push back our tests to compensate for the distraction of Covid19 news?	See above.
Could we rally all of the medical schools together to try to petition that Step 1 move up their plans and covert it to P/F now, in light of the circumstances?	See above.
Can you all give some specifics on contingency plans for if Prometric testing centers for STEP 1 are not open by the time T3 orientation was supposed to start? The T2s are having some difficulty deciding what date it is best to reschedule STEP 1 to.	See above.
Are there recommendations or resources available for PhD defenses?	The BMS program recommends that all dissertation defenses be conducted via Zoom. Please contact Dr. Blake, me or Zylkia Lozano for more details. Because of the current situation, the deadline for submitting graduation materials for PhD students and MS students presenting a dissertation will be extended to April 28, 2020. I have sent a separate email to all those who have submitted an Application to Graduate this spring. If you expect to graduate and have not received that email, please let Dr. Krane know immediately.
I was wondering how we can ensure that students won't be exposed to covid patients or even covid rule outs? During the last few days, I've noticed several patients getting admitted to the wards without any suspicion of covid. It's only after closely examining the patient and spending time with them without masks or PPE that more	The University continues to monitor the situation and is most concerned about student safety. All students have been pulled from clinical rotations and there is no known date for return. The School will update as soon as it can if any changes to this.

information comes to light and they become a covid rule out. However, at that point, it's already too late for students exposed.	
When are we expecting to pull students from clinical rotations?	All students have been pulled from clinical rotations and there is no known date for return. The School will update as soon as it can if any changes to this.
The system now isn't perfect as sometimes patients get tested for covid later in their hospital course. I don't feel that I am an essential personal at the hospital and feel anxious to be there.	 On March 13th, Tulane Hospital notified the school of the following: Activated our Incident Command teams who participate in daily status updates Established screening guidelines and visitors restrictions Consolidated access points to our facilities Cancelled/rescheduled all non-essential events and classes Developed protocols for isolating, treating and tracking individuals considered a Person Under Investigation (PUI) Re-educated caregivers on appropriate donning/doffing processes for PPE Established inventory control measures to address our supplies, equipment and pharmacy needs Developed lab testing process guidelines and protocols Created bilingual COVID-19 patient education pieces.
Will any part of Tulane Student Health services be shut down?	While Campus Health services will still be available to Tulane University students, there have been some adjustments due to reduced resources and staffing. More information: https://campushealth.tulane.edu/health-center/primary-care/infectious-disease-care/coronavirus-covid-19/campus-health-service-adjustments .
Is there anything planned for match day this year? Is there any way we could still pick up our envelop to open with our friends?	Match results will be delivered to the students via a simultaneous email at 11:00 a.m tomorrow. There will follow a televised senior class slide show as well as celebratory comments made to the seniors by the Deans and class sponsor. The format will be similar to the traditional match ceremony.
What sort of celebration is "social distancing" appropriate for Match day? Can we gather with a small group of friends at a park? Or should we just be opening our emails at our house and not leaving?	Social distancing remains in place. Parties, outdoor gatherings, and other group celebrations can be substituted with appropriate, individual postings to social media.
Will graduation for the class of 2020 be cancelled this May? If the answer is "unsure," by when will the students be notified if graduation will be cancelled/postponed/or go as planned?	The status of the graduation ceremony remains uncertain. We should be able to predict more after the next 2 to 3 weeks. Once President Fitts has made a decision, the entire university will follow his direction.

Will we be reimbursed for any portion of our tuition? Namely gym and activity fees?	The Provost announced in an email to Faculty on 3/19/20 that the University will refund some of the fees charged to students, but details on the types of fees have not yet been released.
Have you heard anything about closing roads and the possibility of students not being able to return home? I heard rumor that I-10 may be closing and/or a shelter in place is possible, but some of us have 2-3 day drives to get home and don't want to be trapped in the middle.	Our emergency management office is not aware of any planned closures or shelter in place orders at this time, however this is very fluid and may change at the time of this posting.
What is the thought on the amount of stress we are putting upon the first-year students?	The school acknowledges the stress on many of our students, faculty, and staff and we know by working together we can overcome this crisis. There is a dedicated resource for students experiencing distress that can be accessed here: https://campushealth.tulane.edu/caps/crisis-support . The University also has an Employee Assistance Program (EAP) you can find https://campushealth.tulane.edu/caps/crisis-support . The University also has an Employee Assistance Program (EAP) you can find https://campushealth.tulane.edu/caps/crisis-support . The University also has an Employee Assistance Program (EAP) you can find https://campushealth.tulane.edu/caps/crisis-support . The University also has an Employee Assistance Program (EAP) you can find https://caps/crisis-support .
Should residents be prepared for a domestic travel ban?	The most updated information related to COVID-19, including the university's response, the latest answers to FAQs, communications, travel advisories, and operations can be found at https://tulane.edu/emergency .
Can the SOM speak to the email from Erica Woodley (Dean of Students) that was sent to the Tulane Community? The email mentioned that it is a good idea to leave New Orleans due to the high number of COVID-19 cases. As a first-year student, does the SOM recommend leaving New Orleans at this time, or do you have any other suggestions? It mentioned a likely and upcoming shelter in place protocol for the city. Can you speak further to this? If not the city, do you anticipate travel restrictions put in place by Tulane?	The University is not requiring anyone to leave New Orleans. The most updated information related to COVID-19, including the university's response, the latest answers to FAQs, communications, travel advisories, and operations can be found at: https://tulane.edu/emergency .

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Research

QUESTION	RESPONSE
Dozens of major research institutions across the country, including the NIH, are suspending all non-essential research operations including all non-SARS-CoV-2 related experiments. Why is Tulane continuing to allow all research operations to operate at full capacity despite New Orleans having the highest per capita incidence of Covid-19 cases after Seattle and despite the city's own efforts to limit the spread of the novel coronavirus?	Most research-intensive universities are continuing their most of research activities, which are considered mission critical. Guidelines regarding the SOM's Research operations can be found here: https://medicine.tulane.edu/research-covid-19-information . Any further updates will be sent electronically and posted on this site.
Can you give some guidance regarding research studies that involve a study drug, but the point of the study is to determine if the drug is effective or not? Considering that in many studies a placebo treatment is used, does it make sense to increase the risk of study subjects at a time when hospital and community resources are being taxed?	Placebo-controlled studies also have potential significant therapeutic benefit. The decision to continue is at the discretion of the Pl.
Has this had a negative impact on BMS recruitment?	43 candidates have been interviewed, with the last 9 interviews conducted remotely.
My lab is in the shared space in the JBJ with 34 desks/people in close proximity from 5 PIs. How do we coordinate social distancing in this situation? What happens when a lab member/faculty member tests positive?	It is paramount to continue social distancing. If this cannot be successfully done, investigators must appropriately stagger use of the space and provide flexibility in work hours. If a lab member/faculty member tests positive, standard protocols are followed including self- monitoring and/or quarantining.
Will purchasing and accounts payable be fully functional to support the purchase of research supplies?	University administrative functions are operational. Those needing to purchase laboratory supplies should continue to order through SciQuest.
Is there a role for basic science professors to help the overload hitting our clinical colleagues?	Potential opportunities may present themselves.
Do we have any data yet on re-infection either epidemiologically and/or in vitro?	Data regarding this is very limited.
What will be turnaround time for Tulane tests?	It is averaging between 3-4 days in turnaround times both from the State and private labs.
Where will we run the test in a CLIA lab?	The School of Medicine is early in the process of setting up inhouse testing for the health system.

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Human Resources

QUESTION	RESPONSE
clarity on quarantining post-travel and ability to take part in T3 orientation?	Please follow CDC guidelines of quarantining for 14 days if you have returned from travel from an affected region and/or you think you've been exposed. T3 orientation can be answered on the SOM Student Info site: https://medicine.tulane.edu/student-covid-19-info .
Asymptomatic carriers can still spread the illness and you are suggesting some continue to work in offices. Aren't we exposing potential research subjects, colleagues, security staff, cleaning staff, etc. to exposure of the virus?	Emails and announcements from our University executives and expert clinicians all recommend practicing social distancing at all times. Your time on campus should be limited to critical needs only. If you suspect you've been exposed to a known COVID-19 patient, the CDC recommends isolation for 14 days. For clinicians, the CDC updated their guidelines to allow those who have been potentially exposed, but asymptomatic, to return to work within the 14-day period but only if wearing an approved mask.
Should employees university-wide have any concerns regarding delayed payrolls, benefit cuts or layoffs?	No, there are no delays in payroll, no benefit cuts, and no planned layoffs at this time.
I am a standardized patient at the school of medicine, and our work has been suspended indefinitely. Can you let us know what you all are doing (for example paid sick leave, etc.) to financially support hourly staff and other precarious workers who can't' afford to miss our work at Tulane?	While we may experience temporary interruptions as we adjust to new work methods, we are actively evaluating options to minimize pay interruption. Additionally, the Louisiana Workforce Commission has extended unemployment benefits to employees whose work hours have been reduced because of lack of work due to the virus.
Can you let us know what you all are doing (for example paid sick leave, etc.) to financially support hourly staff and other precarious workers who can't' afford to miss our work at Tulane?	https://tulane.edu/covid-19-operational-update The link above takes you to the communication from the COO from March 15, 2020 as well as the FAQ: https://campushealth.tulane.edu/node/903 1
How should full-time employees with benefits go about requesting to work remotely if their office is choosing to remain open during this time? Is this something to reach out to HR about or to discuss with their supervisor?	https://campushealth.tulane.edu/node/9031 It is in our shared interest to have as many employees as possible work remotely. Our intention is to allow as many of our staff as possible to work from home, while continuing to carry out the essential work of the university. Flexible work arrangements, including working remotely, support the practice of social distancing. Supervisors are encouraged to develop and

	implement flexible work arrangements into their operations to help reduce the spread of the virus and to protect the health of our community.
In regards to staggered work, for those who the "later schedule time", will Tulane Security be in place to walk parking garages to ensure safety?	TUPD is available to conduct safety escorts as needed.
From what I was told, hourly staff do not get "Covid hours" unless they have coronavirus, kids at home, or someone else to take care of. How can we encourage them to stay home if they won't get paid?	https://campushealth.tulane.edu/node/9031 If your supervisor cannot assign you temporary duties that can be performed remotely and that are an appropriate work load you may need to use the temporary emergency COVID- 19 paid leave. If that has been exhausted, then you should use sick time. If that is exhausted, then you will need to use vacation time.

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