



Letter to Students/Instructors During COVID-19 Pandemic

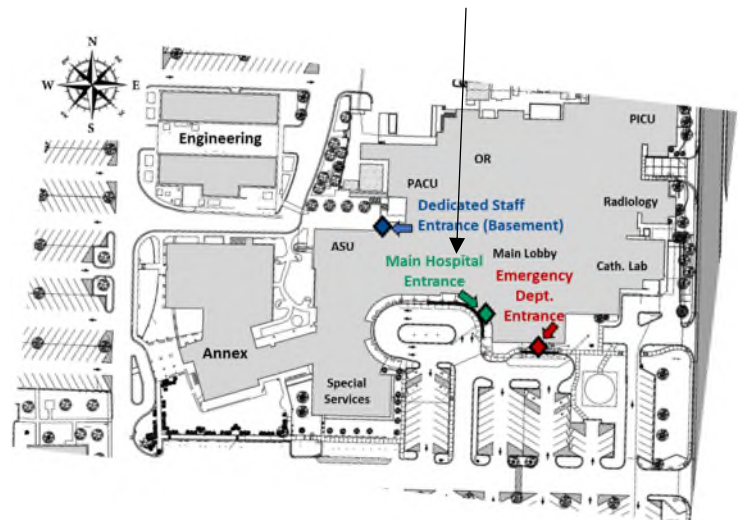
Dear Student, Instructor, and Educational Institution,

As of 6/1/2020, Memorial Medical Center (MMC) resumed many routine student experiences at our hospital and physician practice clinics. In doing so, we are considering evolving guidelines from local, state, and federal authorities to support efforts to maintain a safe and quality clinical experience for healthcare students.

What Has Changed?

- On December 2, 2021, NM Department of Health announced a new Public Health Order (PHO) amendment requiring healthcare across the state to be fully vaccinated (unless they qualify for an exemption) and receive a booster dose of the vaccine within four weeks of becoming eligible for the booster.
 - PHO, 12/2/2021: <https://cv.nmhealth.org/wp-content/uploads/2021/12/PHO120221.pdf>
 - The purpose of this is to help control the spread of COVID-19 in our communities, protect patients, and protect the state's healthcare workforce. We fully support the Governor's Executive Order.
 - **What Changes for Students/Onsite Clinical Instructors?**
 - **By Monday, January 17, 2022**, this new PHO will apply to healthcare workers across the state, including the providers, vendors, contractors, students, and volunteers working at MMC and LCPP.
 - If you do not either receive the booster or provide documentation of the booster to MMC by January 17, 2022, or provide appropriate documentation of an approved exemption, you will not be allowed to provide services or participate in clinical rotations at MMC and LCPP **beginning January 18, 2022.**
 - There may be rare instances of a qualified exemption from the vaccine. If this should apply to a student/onsite clinical instructor, they will need to...
 - Wear an N95 respirator while inside of any MMC or LCPP campus.
 - Submit the appropriate exemption documentation as detailed by the PHO...
 - Submit weekly proof of a negative COVID-19 PCR test...
 - To the Employee Health Services @ MMC.
 - Incomplete or inaccurate exemption documentation may not be accepted, as defined by the PHO.
 - This includes previously cleared Students/Onsite Clinical Instructors.
 - This component has been updated in our Student & Instructor Clearance Packet on 12/30/2021.
 - Please note that as a part of our own regulatory review, we will be auditing records and may be asking you to provide specific examples of individual student/instructor compliance moving forward.
 - There are various resources available in the community that provide COVID-19 vaccinations as well as PCR testing. If you have any specific questions about these new requirements as defined by the NM PHO of 12/2/2021, please again refer to the source document [\(Click Here\)](#).

- Since 8/6, 2021, MMC implemented additional safety protocols for all employees, providers, contractors, visitors, and students:
 - Universal masking to be worn at all times while in building in areas where physical distancing cannot be safely performed (6-foot radius around you), and except for times when eating or drinking. However, when eating or drinking please be aware not to congregate in groups closer than 6-feet between people without masks.
 - Removal of cloth masks as acceptable face coverings on their own while inside of an MMC or LCPP campus building. Instead, please use at least a Level 1 grade medical procedural mask. Some examples shown below...
- Since 9/9, 2021, MMC transitioned the flow of foot traffic to specific Entrances based on audience, and for Students & Instructors entering the main MMC Campus they should use the **Main Hospital Entrance** during routine business hours (0500 – 2000, 7 days a week).
- If your clinical rotation requires you to enter the building outside of these hours, then you will need to arrange to have a chaperone let you into the building via one of the available badge-access locations.
- Self-Screening of all students coming into the building:
 - Have you had any COVID-19 symptoms? Please stay home and notify your instructor. At this time, we are no longer manually checking all people who enter the building, but do expect that all team members, students, and contractors perform self-monitoring for symptoms and do not come to MMC or LCPP when ill.
 - Symptoms include...Fever, cough, shortness of breath/difficulty breathing, chills/body aches, nausea, vomiting, diarrhea, and new loss of taste and smell.
- Care of patients with a confirmed or suspected COVID-19 infection
 - Out of an abundance of precaution for your safety, we are prohibiting students from caring for patients with known or suspected COVID-19 infections. This will also include not being present within designated areas for COVID-19 patients.



Thank you for your consideration and understanding of these process changes while operating during the COVID-19 pandemic. Please ask if we can help clarify your questions and we look forward to working with you in the future.

Educational Services (575.521.2233) & Human Resources Team (575.521.2230)
 Memorial Medical Center
 Las Cruces, NM 88011

STUDENT/INSTRUCTOR CHECKLIST

Name: _____

Educational Institution: _____

Program: _____

Start and End Clinical Dates: _____

Completed forms are needed in Human Resources at least 2 weeks prior to start of clinical rotation

- ☐ Affiliation Agreement for this student's program is current.
- ☐ Letter from the Educational Institution indicating scope and length of time at MMC.
- ☐ Handwritten signatures are required (not electronic or computer font) for:
 - Sign Confidentiality/Conflict of Interest Agreement (*attached*)
 - IT Security Access Forms (*attached*)
 - Request to Resume Educational Rotation During COVID-19 Pandemic (*attached*)
- ☐ Passed approved background check (to include finger printing) within past 12 months. Clearance through Employee Health Office. ***COPY OF RECORDS TO INCLUDE:***
 - TB Test within past 12 months (Positive Reactors – symptom checklist).
 - 2 MMR vaccines or Rubella, Rubeola (Measles) and Mumps titers
 - TDAP vaccine times one, then Tetanus vaccine every 10 years
 - Hepatitis B series or titers for all clinical areas (or declination waiver)
 - Varicella(Chicken Pox) titers or proof of 2 vaccines
 - Flu Shot (Required if in season, October- March)
 - Full COVID-19 Vaccination, plus a booster vaccine within 4 weeks of becoming eligible for the booster. Records to include manufacturer name and dates of administration. If there is an acceptable exemption to abstain from vaccine, then weekly proof of a negative COVID-19 PCR test must be submitted, in addition to wearing an N95 respirator while at MMC.
- ☐ Passed approved drug screen (at least 10 panel) within past 12 months.
- ☐ Proof of completion of Online Orientation in HealthStream (Transcript):
 - ***Memorial Medical Online Orientation- Use most current version on website below***
 - <https://mmcl.org/students-and-contract-affiliates>
- ☐ Acknowledgement of proper **Parking Area Designations** and **"No Pass Zone"** expectations in patient care areas (*attached for your reference*)
- ☐ Acknowledgement that as safety precautions and guidance may change, Educational Institution and Student agree to abide by said changes.

I, (print name) _____, have been informed of and given the information regarding the subjects listed above. I understand the documents presented to me and agree to abide by all policies and procedures referenced above.

_____(Initial) I understand I must return my badge to my instructor or MMC Human Resources Department at the end of the semester or completion of my clinicals, whichever comes first.

Signature _____

Date _____

Phone Number: _____

Email: _____

Address: _____

Date Badge Issued: _____ Badge number: _____ Returned: _____

LEGAL
Name Please

LifePoint IT&S Security Access Form (Facility)

Student Access

(1) Applicant Last Name			(2) Applicant First Name			(3) MI or "NA"					
(4) Home Address						(5) City, State, Zip code					
(6) Phone Number [][][]-[][][]-[][][][]				(7) Date of birth		(8) Last Four of SS # X X X - X X - [][][]					
(9) User Type <input type="checkbox"/> Life Point											
<input type="checkbox"/> Student Program _____ Semester (level) _____											
<input type="checkbox"/> Start and End Dates _____											
Expiration and Approval Requirements Expiration date must be supplied in field 10 for "Contractors" and "Vendors". The expiration date should be the end of the contract or engagement period.											
(11) Department #			(12) Department Name (School)				(13) Job Title Employed at MMC [] Yes				
(14) Universal ID				(14a.) Network login if different from UID				(14b) Domain			
(15) Applicant Signature						(16) E-Mail Address				(17) Date	
Authorizing Security Coordinator Statement			By signing this request I am stating that I have reviewed the above information for completeness and it is accurate to the best of my knowledge. Also I have reviewed the Information Security Agreement and verified that it has been completely filled out and signed. Also that I verify this request and authorize its processing. 2 signatures required.								
(18) Instructor Signature				(19) Security Coordinator Signature				(20) Date			
				(21) Security Coordinators Printed Name				(22) Phone Number of HDIS / LSC [][][]-[][][]-[][][][]			

*** Please provide Instructor contact information below for proper processing otherwise access will be delayed**

(23) Instructor Printed Name			(24) Instructor E-Mail Address			(25) Instructor Contact Number [][][]-[][][]-[][][][]		
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Action: ☐ New ☐ Change ☐ Delete ☐ Terminate Effective Date: _____

Access Granted By HDIS/LSC	Other Comments
<input type="checkbox"/> CPCS (MEDITECH)	
<input type="checkbox"/> Internet Access	
<input type="checkbox"/> Additional Access: _____	

Confidentiality and Security Agreement

I understand that the facility or business entity named below (the “Company”) in which or for whom I work, volunteer or provide services, or with whom the entity (e.g., physician practice) for which I work has a relationship (contractual or otherwise) involving the exchange of health information (the “Company”), has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients’ health information. Additionally, the Company must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems and management information (collectively, with individually identifiable health information and protected health information, “Confidential Information”).

In the course of my employment / assignment at the Company, I understand that I may come into the possession of this type of Confidential Information. I will not use company systems to access patient information if it is not necessary to perform my job related duties. This includes NOT accessing my own health information or that of my child or person’s for which I am personal representative via the company systems. The Company’s Privacy and Security Policies are available through the Company , copies of which will be provided upon request. I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information.

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it.
2. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation, even if the patient’s name is not used. I will make every reasonable attempt to refrain from practices that might lend itself to unintended breach of patient confidentiality.
4. I will not make any unauthorized transmissions, inquiries, modifications, or deletions of Confidential Information.
5. I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with the Company.
6. Upon termination, I will immediately return any documents or media containing Confidential Information to the Company.
7. I understand that I have no right to any ownership interest in any information accessed or created by me during my relationship with the Company.
8. I will act in the best interest of the Company and in accordance with its Company’s Privacy and Security Policies at all times during my relationship with the Company.
9. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of Company employment, suspension and loss of privileges, and/or termination of authorization to work within the Company, in accordance with the Company’s policies.
10. I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
11. I understand that I should have no expectation of privacy when using Company information systems. The Company may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.
12. I will practice good workstation security measures such as locking up electronic media devices when not in use, using screen savers with activated passwords appropriately, and position screens away from public view.
13. I will practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved security standards.
14. I will:
 - a. Use only my officially assigned User-ID and password (and/or token (e.g., Multi-Factor Authentication “MFA”).
 - b. Use only approved licensed software.
 - c. Use a device with virus protection software.
15. I will never:
 - d. Share/disclose user-IDs, passwords or MFA.
 - e. Use tools or techniques to break/exploit security measures.
 - f. Connect to unauthorized networks through the systems or devices.
16. I will notify my manager, Facility Information Security Officer, or appropriate Information Services person if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy and security policies, or any other incident that could have any adverse impact on Confidential Information.
17. I will only access software systems to review patient records or Company information when I have a business need to know, as well as any necessary consent. By accessing a patient’s record or Company information, I am affirmatively representing to the Company at the time of each access that I have the requisite business need to know and appropriate consent, and the Company may rely on that representation in granting such access to me.
18. I will accept full responsibility for the actions of my employees who may access the Company software systems and Confidential Information and will ensure that any such employee will execute their own Confidentiality and Security Agreement.
19. I understand that the Company may, at its sole reasonable discretion, rescind any person’s access to any information system at any time. I further understand that if I am a member of the medical staff, any violation of the terms contemplated herein or of the facility’s rules and regulations, may subject me to disciplinary action pursuant to the facility’s medical staff bylaws .

Signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

Employee/Consultant/Vendor/Office Staff/Physician Signature	Facility Name and COID	Date
Employee/Consultant/Vendor/Office Staff/Physician Printed Name	Business Entity Name	



Confidentiality/Conflict of Interest Agreement

Confidentiality:

As a student of _____, I acknowledge the importance of confidentiality with respect to the affairs of Memorial Medical Center. In light of this acknowledgement, I agree to keep confidential all information acquired in this role, pertaining to this organization and any related activities.

It is very important that I agree to and understand the need to protect the privacy of all guest/patients and team members of Memorial Medical Center.

By my signature below, I agree to:

- Conduct myself in the best interests of MMC in conjunction with _____.
(School/Institution)
- Not disclose any material, financial, or other beneficial interest in any healthcare organization or any entity providing goods/services to the hospital, or which competes with the goods/service provided by MMC
- Not disclose any transaction with the hospital resulting in any material, financial, or beneficial interest.
- Refrain from using any information obtained within the scope of my responsibilities at MMC, to my material, financial, or other beneficial interest or the interest of any other company, agency, organization, person, or association with which I am affiliated or related.

I also understand that any violation of this agreement may result in official sanctions that could include the termination of my relationship with Memorial Medical Center.

Signature

Date



Request to Resume Educational Rotation

During COVID-19 Pandemic

As of the date last written below _____ (“Educational Institution”) and the student signing and printing their name below (“Student”) formally request to resume Student’s educational rotations (“Rotations”) at _____ (“Facility”).

WHEREAS, Facility and Educational Institution are parties to an Affiliation Agreement dated effective as of _____, that establishes the parties’ obligations with respect to Rotations within the Facility; and

WHEREAS, the parties suspended Rotations on the 23rd day of March, 2020 in light of the national emergency caused by COVID-19; and

WHEREAS, Educational Institution and Student request to resume Rotations for the benefit of Educational Institution and its Student;

IT IS ACKNOWLEDGED THAT:

- (1) As of the date of the signing of this document, the COVID-19 crisis continues;
- (2) Facility has followed and continues to follow evolving COVID-19 related guidance from local, state and federal authorities;
- (3) Notwithstanding Facility’s attention to said guidance, the course and scope of COVID-19’s impact on patients, employees, community members and communities remains uncertain;
- (4) Educational Institution has been informed of Facility’s health and safety precautions related to COVID-19 and is resuming its student Rotations.
- (5) In resuming Rotations at Facility, Educational Institution and Student agree to abide by all of Facility’s safety precautions and guidance associated with the Facility’s response to COVID-19;
- (6) As safety precautions and guidance may change, Educational Institution and Student agree to abide by said changes; and
- (7) Student assumes the risk of resuming Student’s educational Rotations during the COVID-19 crisis.

Educational Institution Authorized Representative

Date

Student – Signature

Student – Print Full Name

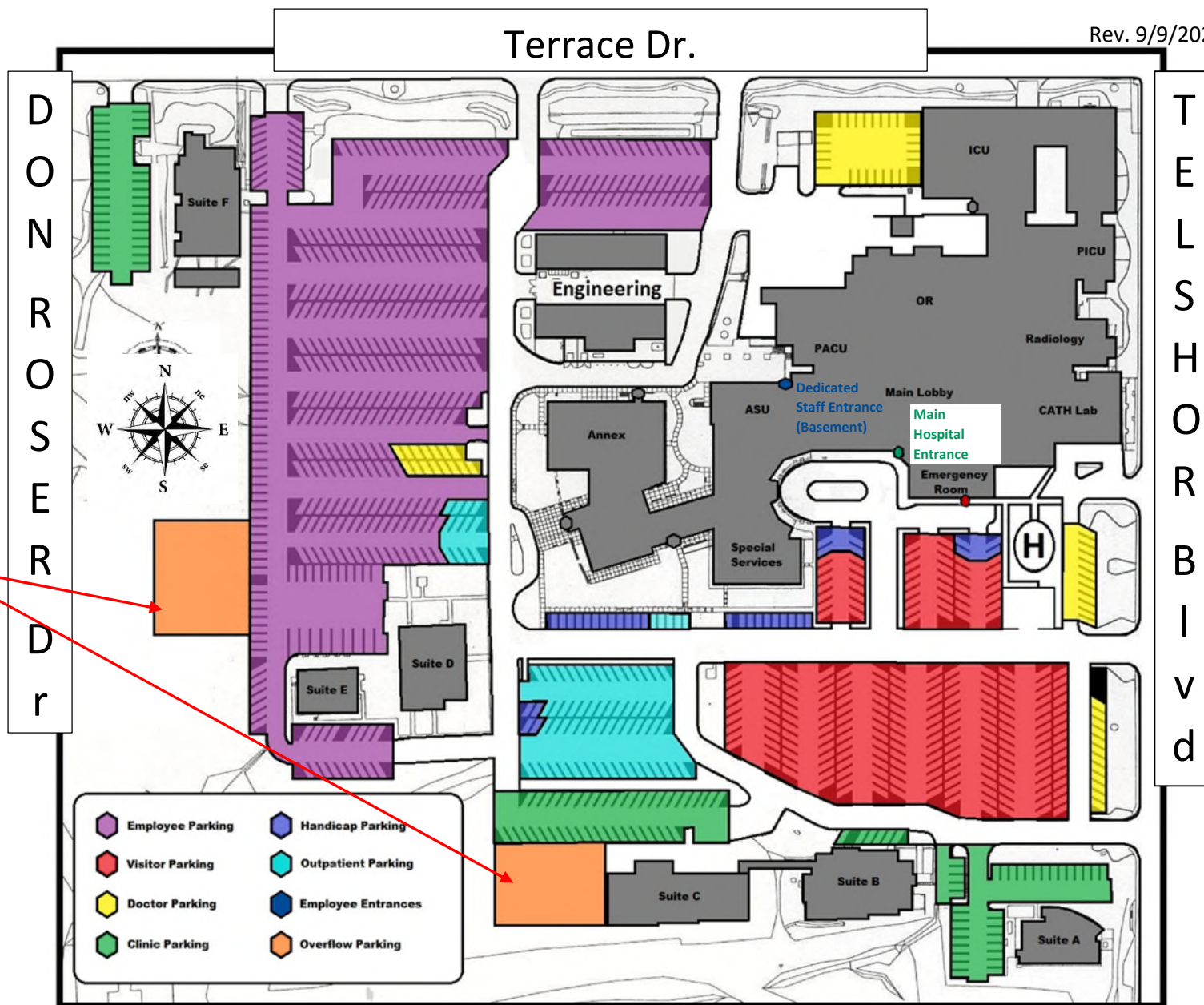
Date

Parking Area Designations

Terrace Dr.

Rev. 9/9/2020

Student/
Instructor
Parking in
Orange
Designated
Area(s)



- At Memorial Medical, it is important that all of our patients, visitors, and healthcare providers have accessible and efficient parking opportunities.
- In the map above, multiple color-coded areas are defined for their intended audiences, based upon volume, frequency, and need.
- Please review and understand which area(s) of campus are appropriate for you to park your vehicle.
- Be alert to updates on parking policies forthcoming.
- Parking violations are subject to vehicle towing at owner's expense.



Memorial Medical Center is a NO PASS ZONE*.

What does this mean? Anytime a patient call light comes on, any employee or student has the responsibility of answering it. The focus is addressing the need(s) of the patient, not just answering the call light.

****FOR STUDENTS: During our COVID-19 Pandemic we are not permitting students to enter a room or care for a patient with a suspected or confirmed COVID-19 infection. Please still participate in alerting a member of the MMC team should a call light come on for this patient population.****

How is it done?

- A call light comes in the department where you are, you enter the patient's room, perform hand hygiene. Introduce yourself to the patient. Let them know who you are, where you are from and why you are in their room. Example; "Hello my name is Mandy from _____, I saw that your call light was on, how may I help you."
- If the patient's need is within your ability to perform, take care of the need right then and there. Ask if there is anything else you can do for them before you leave. If there isn't anything else, thank them and exit. As you exit the room, perform hand hygiene and exit the room with a feeling of accomplishment knowing you helped one of our patients.

What can you do?

- Moving items such as the bedside table, phone, box of Kleenex, or other personal items within reach of the patient.
- Assist the patient with making phone calls, or using the call light controller to change the channels on the TV.
- Turn on or off lights in the room.
- Obtain a pillow, blankets, wash cloths, gowns or other toiletries from the supply room on the unit.
- Open or close privacy curtain.
- Obtain any other non-medical miscellaneous items such as pens, paper or magazines.

What you should not do if this is patient is not assigned to you (and/or you lack the ability):

- Physically assist a patient out of bed or chair
- Turn off any alarms.
- Enter Isolation rooms (unless trained).
- Offer pain relief.
- Explain clinical matters, tests or treatments.
- Deal with IV issues.
- Move meal trays or water pitchers or assist with eating or drinking.
- Raise or lower the bed, reposition the patient.
- Remember to always use the phrase "I'm sorry but I am not trained to do that, I will get someone to assist you as soon as possible."
- WHEN IN DOUBT CALL THE NURSE!

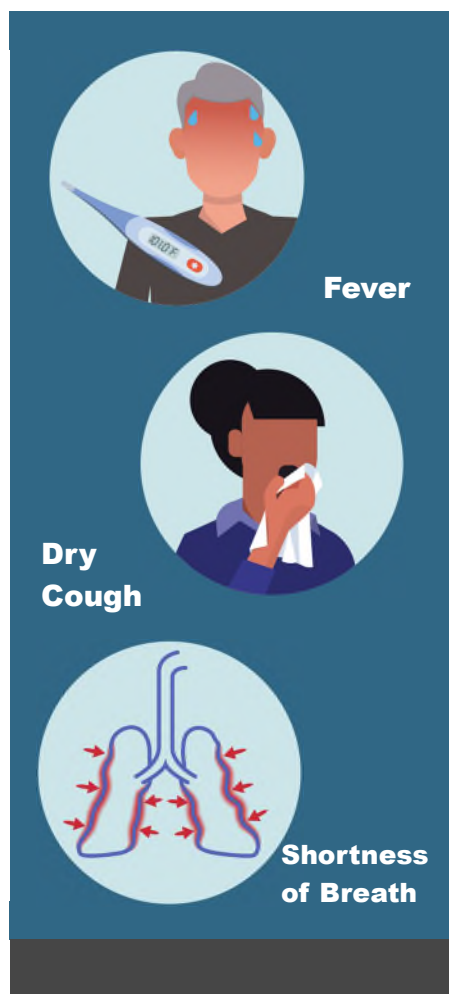
Resources available to you:

- Your instructor
- Patient's nurse or tech
- Team Leader
- Clinical Manager
- Director



Thank You!!!

STUDENT RESOURCES FOR COVID-19



SIGNS AND SYMPTOMS VARY OVER THE COURSE OF THE DISEASE, MOST PERSONS WITH COVID-19 WILL EXPERIENCE THE FOLLOWING:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

THIS LIST DOES NOT INCLUDE ALL POSSIBLE SYMPTOMS

CDC will continue to update this list as we learn more about COVID-19. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

WORKING IN A HEALTHCARE SETTING DURING A PANDEMIC CAN CREATE A LOT OF STRESS FOR ANYONE, ESPECIALLY STUDENTS WHO HAVE A VERY BUSY SCHEDULE. WORRIED ABOUT YOUR SYMPTOMS? CHECK OUT THE CDC'S CORONAVIRUS SELF-CHECKER AT:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/coronavirus-self-checker.html>

"The incubation period for COVID-19 is thought to extend to 14 days, with a median time of 4-5 days from exposure to symptoms onset. One study reported that 97.5% of people with COVID-19 who have symptoms will do so within 11.5 days of SARS-CoV-2 infection."-CDC

CLINICAL COURSE

A large research study with more than 44,000 people with COVID-19 categorized illness severity in a range from mild to critical.

- Mild to moderate (mild symptoms up to mild pneumonia): **81%**
- Severe (dyspnea, hypoxia, or more than 50% lung involvement on imaging): **14%**
- Critical (respiratory failure, shock, or multiorgan system dysfunction): **5%**

Out of the patients categorized as critical, only 51% survived COVID-19. It is important to understand reliable research by breaking down in numbers.

44,000 X 5% = 2,200 critical patients

2,200 X 51% = 1,122 patients survived

1,078 patients died

**ARE YOU VACCINATED? AFTER YOU'VE BEEN FULLY VACCINATED,
YOU CAN RESUME ACTIVITIES THAT YOU DID PRIOR TO THE
PANDEMIC.**

- COVID-19 vaccines are safe and effective.
- Everyone 12 years of age and older is now eligible to get a COVID-19 vaccination.
- Learn about the different vaccines available.
- Search [vaccines.gov](https://www.cdc.gov/vaccines), text your zip code to 438829, or call 1-800-232-0233 to find COVID-19 vaccine locations near you.





**MMC USES VIRAL TESTS TO
DIAGNOSE COVID-19. WE DO
NOT OFFER ANTIBODY TESTS.**

COVID-19 TESTING

COVID-19 tests are available that can test for current infection or past infection.

- A viral test tells you if you have a current infection. Two types of viral tests can be used: nucleic acid amplification tests (NAATs) and antigen tests.
- An antibody test (also known as a serology test) might tell you if you had a past infection. Antibody tests should not be used to diagnose a current infection.

HOW ARE COVID-19 SPECIMENS COLLECTED?

At Memorial, specimen collections for COVID-19 are being tightly monitored. ER nurses are collecting specimens for testing for ER patients, as necessary. Respiratory Therapists, Nurses, and other clinical staff are collecting specimens for testing on all other units as needed.

Students will not be collecting specimens. If you are curious about how nasopharyngeal specimens are collected, there is an information sheet specific to this collection included in this packet.



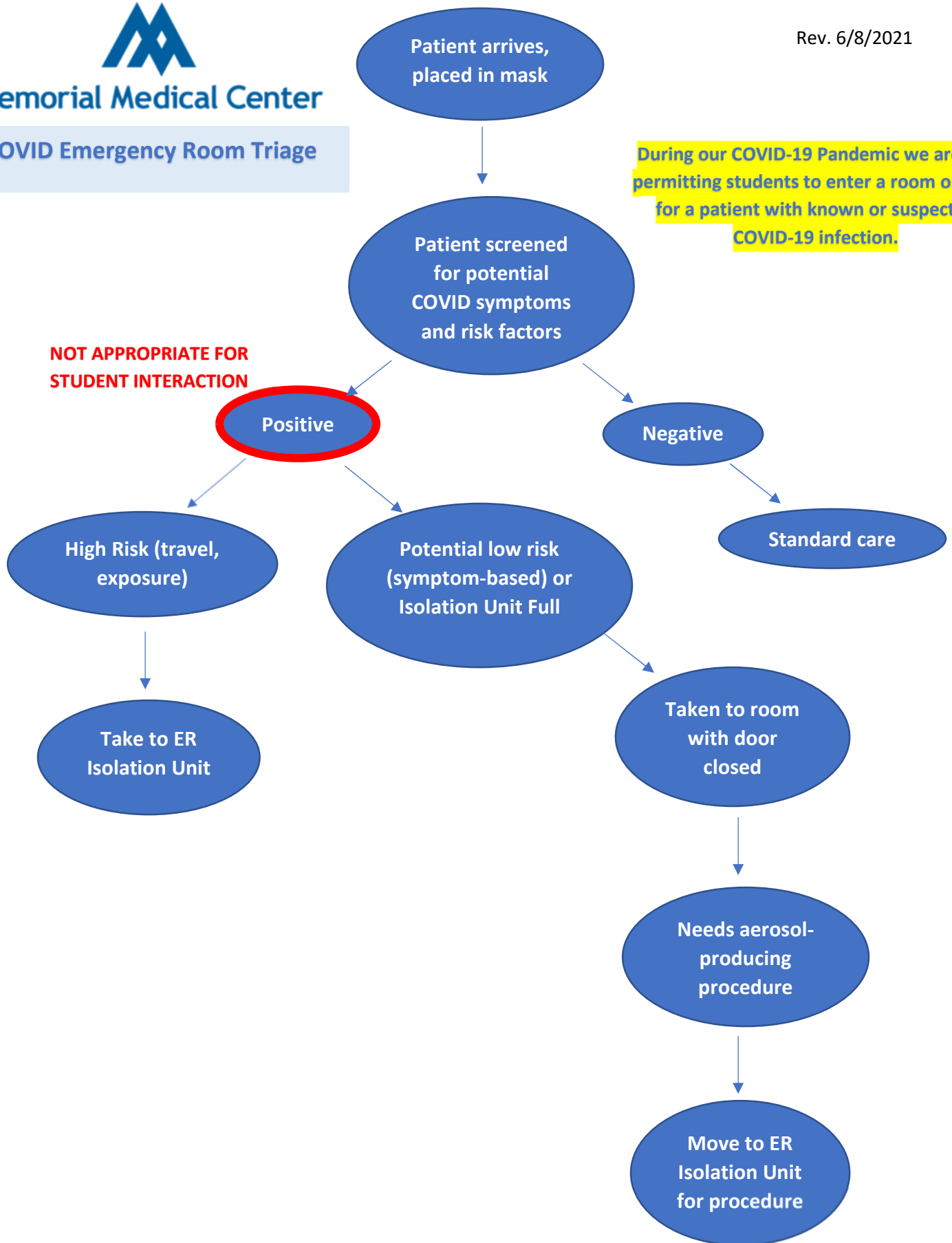
HOW AND TO WHOM COVID-19 SHOULD BE REPORTED?

If you have been notified your patient is positive for COVID-19 must be placed in Isolation:

1. Notify Your School
2. Notify the Human Resources Employee Health Nurse, Jennifer Pieper at Ext # 2230

During our COVID-19 Pandemic we are not permitting students to enter a room or care for a patient with known or suspected COVID-19 infection.

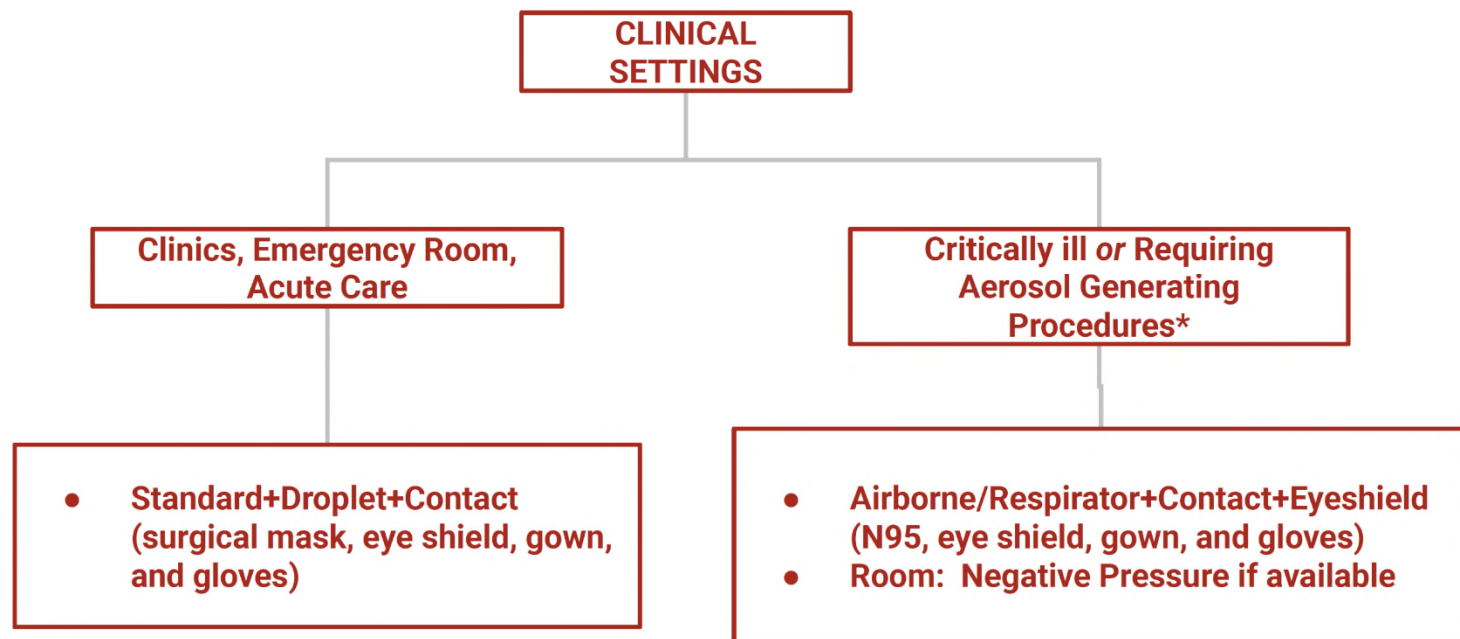
**NOT APPROPRIATE FOR
STUDENT INTERACTION**



For Reference

Rev. 3/25/2020

Personal Protective Equipment (PPE) for Patients with Suspected or Confirmed COVID-19



*Aerosol Generating Procedures: Examples include intubation, non-invasive ventilation, CPR, bronchoscopy, open suction, nasotracheal suction, nebulizer treatments

PPE for specimen collection: NP swabs often generate strong cough reflex. Standard/Contact/Droplet precautions are recommended

MASK TYPES AT MEMORIAL

Level of PPE Protection

N95 – Particulate Mask



Droplet with Face Shield – Procedural Mask, Fluid Resistant



Surgical Masks – Not Fluid Resistant



Surgical Cone – Not Fluid Resistant



HOW TO HANDRUB?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

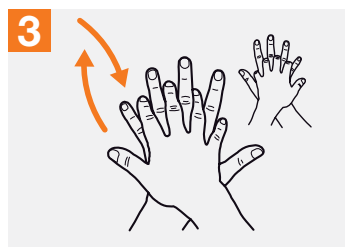
 **Duration of the entire procedure: 20-30 seconds**



1a Apply a palmful of the product in a cupped hand, covering all surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



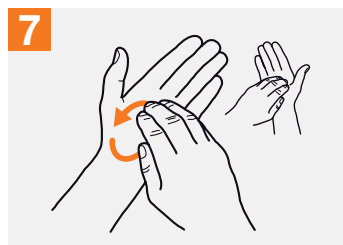
4 Palm to palm with fingers interlaced;



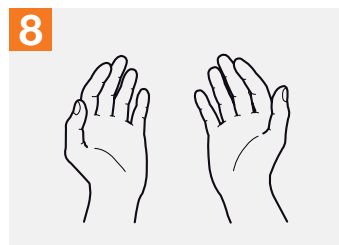
5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

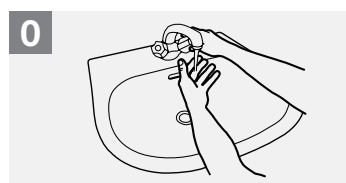


8 Once dry, your hands are safe.

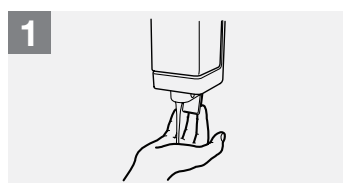
HOW TO HANDWASH?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

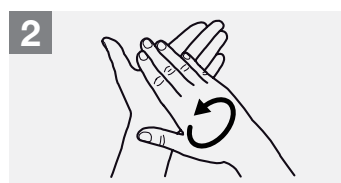
 **Duration of the entire procedure: 40-60 seconds**



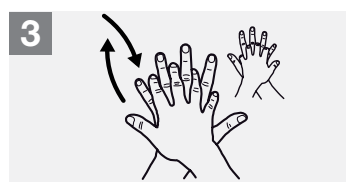
0 Wet hands with water;



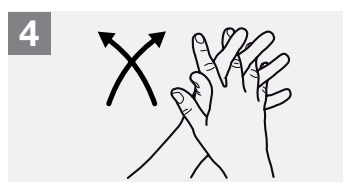
1 Apply enough soap to cover all hand surfaces;



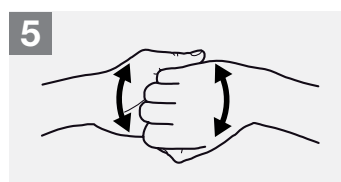
2 Rub hands palm to palm;



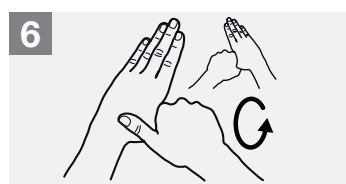
3 Right palm over left dorsum with interlaced fingers and vice versa;



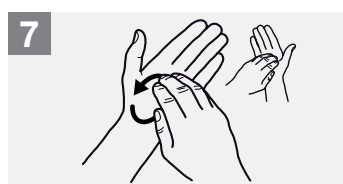
4 Palm to palm with fingers interlaced;



5 Backs of fingers to opposing palms with fingers interlocked;



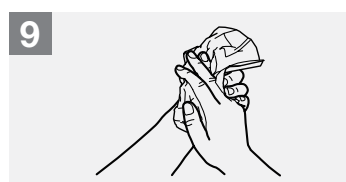
6 Rotational rubbing of left thumb clasped in right palm and vice versa;



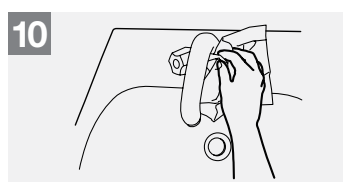
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



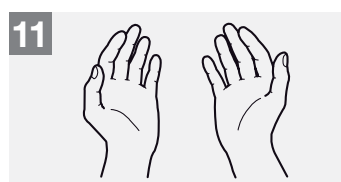
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.

Hand care

- Take care of your hands by regularly using a protective hand cream or lotion, at least daily.
- Do not routinely wash hands with soap and water immediately before or after using an alcohol-based handrub.
- Do not use hot water to rinse your hands.
- After handrubbing or handwashing, let your hands dry completely before putting on gloves.

Please remember

- Do not wear artificial fingernails or extenders when in direct contact with patients.
- Keep natural nails short.

Universal Masking at Memorial Medical Center

Memorial Medical Center will maintain compliance with current Federal, State, County, and City public health orders.

At this time, Memorial is still requiring Universal Masking in all areas of hospital and clinics.

- **Cloth masks are no longer acceptable in any area of the hospital or clinics.**
- Acceptable Masks: Please use a Level 1 grade medical procedural mask



- All students who are unvaccinated against COVID-19 will need to wear a respirator (N95) in all areas of MMC/LCPP buildings.
- All protocols for patients requiring isolation precautions supersede the masking requirements above.

Subject to change as the pandemic evolves



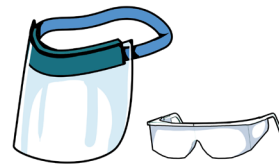
(DICE)



Contact gown



Mask



Face shield or goggles



Gloves

For Reference

Gown + Gloves

1 **Remove** any personal items and jewelry and put in secure location, not in pockets.

2 **Sanitize** hands.

3 **Put on** contact gown outside room.

Open-end **faces** your back.

Tie the back of the gown.

4 **Put on** gloves over the cuffs of the gown.

Mask + Eyes

5 **Put on** mask.

6 **Fit** mask to nose

7 **Put on** face shield or goggles.

Entry

8 **Sanitize** gloves.

9 **ENTER** room

10 **Do not** touch face or re-adjust mask or face shield inside room.



(DICE)

For Reference

- 1 **Sanitize** gloves.
- 2 Cross arms and **grip** gown on shoulders.
Pull and break gown in controlled fashion.
- 3 **Roll** the gown towards your hands.
Remove the gloves with the gown.
Dispose of gloves and gown.
- 4 **Sanitize** hands.

EXIT patient room



EXIT patient room

Eyes

- 5 **Put on** new gloves.
- 6 **Sanitize** gloves.
- 7 **Do not** touch face.
- 8 **Remove** face shield by the **strap** over your head without touching your skin.

Mask

- 9 **Sanitize** gloves.
- 10 **Pinch** loops and **pull** them back and off of your ears.
Do not let loops touch your face.
- 11 **Pull** loops off without touching your face with them or your hands.
Remove the mask.

Wash

- 12 **Remove** gloves.
- 13 **Head immediately** to handwashing station.
Wash hands with soap and water.

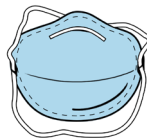


(ACE)

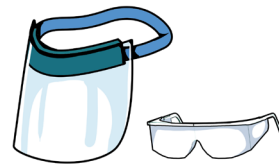
For Reference



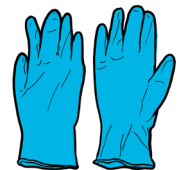
Contact gown



N95 Respirator



Face shield or goggles

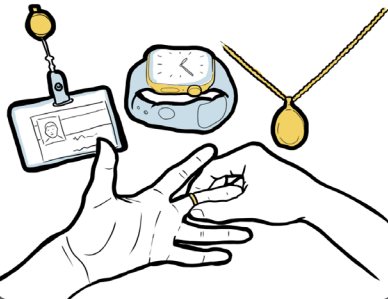


Gloves

Gown + Gloves

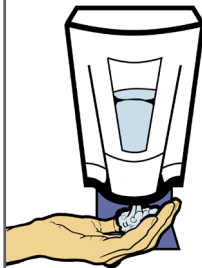
1

Remove any personal items and jewelry and put in secure location, not in pockets.



2

Sanitize hands.

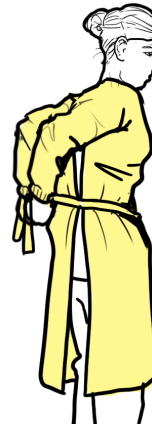


3

Put on contact gown outside room.

Open-end **faces** your back.

Tie the back of the gown.



4

Put on gloves over the cuffs of the gown.



Respirator

5

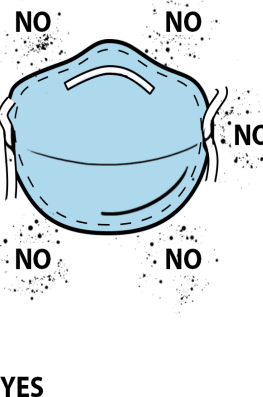
Put on N95, ensuring proper seal. **Ensure** straps are not crossing.



6

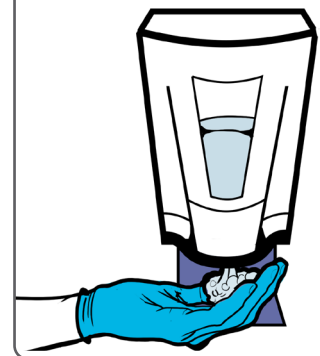
Place hands over the front of the N95. **Breathe** an easy deep breath in and out.

If you **feel** air escape the edges, **refit** and **repeat**.



7

Sanitize gloves.



Eyes + Entry

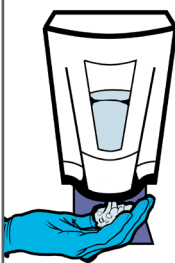
8

Put on face shield.



9

Sanitize gloves.



10

ENTER room



DO NOT enter the room if you do not achieve a proper respirator seal.

11

Do not touch face or re-adjust N95 or face shield inside room.





(ACE)

For Reference

1 **Sanitize** gloves.

2 Cross arms and **grip** gown on shoulders.

Pull and break gown in controlled fashion.

3 **Roll** the gown towards your hands.

Remove the gloves with the gown.

Dispose of gloves and gown.

4 **Sanitize** hands.

EXIT patient room



EXIT patient room

Eyes

5 **Put on** new gloves.

6 **Sanitize** gloves.

7 **Do not** touch face.

8 **Remove** face shield by the **strap** over your head without touching your skin.

Mask or Respirator

9 **Sanitize** gloves.

10 **Pinch** bottom strap and **pull** far over head.

Do not let straps touch your face.

11 **Pinch** top strap and **pull** far over head.

Do not let straps touch your face as you **remove** the N95.

Wash

12 **Remove** gloves.

13 **Head immediately** to handwashing station.

Wash hands with soap and water.

COVID 19 SUPPLEMENTAL EDUCATION

Online Training	Provided by	Website
1. COVID-19 Patients on High Velocity Nasal Insufflation Considerations & Transmission Prevention	Vapotherm Academy	https://academy.vapotherm.com
2. Oxygenation and Ventilation of COVID-19 Patients	American Heart Association	https://cpr.heart.org
3. COVID-19 Pulmonary, ARDS and Ventilator Resources	American Association of Critical Care Nurses	https://www.aacn.org/education/online-courses/covid-19-pulmonary-ards-and-ventilator-resources
4. Critical Care for Non-ICU clinicians	Society of Critical Care Medicine	https://www.sccm.org/Disaster/COVID19-ResourceResponseCenter
5. ANA COVID-19 Resource Center	American Nurses Association	https://www.nursingworld.org
6. Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)	CDC	https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html
7. Healthcare preparedness for SARS-CoV-2 and COVID-19	The Association for Professionals in Infection Control and Epidemiology (APIC)	https://webinars.apic.org/products/healthcare-preparedness-for-sars-cov-2-and-covid-19
8. ACEIs, ARBs and NSAIDs in Patients with COVID-19	Society of Infectious Disease Pharmacists	https://www.youtube.com/watch?v=xSaErpY56ss&list=PL9P1nWBXsofsRyl96njQIQUFTEoeg7aXU&index=8&t=0s
9. Coronavirus Disease 2019 (COVID-19) Training	The Public Health Foundation	http://www.phf.org/resourcestools/Pages/Coronavirus_Disease_2019_COVID_19_Training.aspx

Optional online courses from **Subject Matter Experts** brought to you by **Educational Services!**