

Respiratory Illness and COVID-19 Protocols – Clerkship



The health and safety of patients, students and faculty is our priority, as we support students with their education as future physicians. Respiratory illnesses are common, and can pose risks to patients, colleagues and staff. As developing health professionals, medical students are leaders and role models and are expected to exercise responsibility for personal health, to support their own well-being and the health of others.

Students are strongly encouraged to have all recommended vaccinations for health care providers, including up-to-date influenza and COVID-19 vaccinations, unless contraindicated.

Clinical Patient Interactions:

- If acutely ill with respiratory symptoms, a student should stay home and not attend clinical or educational activities until the acute symptoms have resolved and they have been feeling generally well for 24 h, as per the SHA [Health Care Workforce Screening & Return to Work Questionnaire](#). Follow the [Clerkship Attendance and Absence Policy](#) to notify of illness.
- Students should do a [point of care risk assessment](#) before every patient interaction, and use appropriate personal protective equipment (PPE) based on risk of exposure to infection.
- Participation in care of patients with respiratory illnesses, assumes that appropriate PPE and clinical supervision are available. Excellent hand hygiene is also critical.
- Year 3, 4 and 5 clerks are expected to participate in the routine care of patients who have COVID-19, influenza or other respiratory illnesses and may participate in AGMPs on those same patients where the opportunity arises in their clinical education.
- Clerks who do not have up-to-date vaccinations against COVID-19 and influenza may be at increased risk when providing direct care (including AGMPs) for patients with COVID-19 or influenza. Clerks engaging in this care should exercise additional caution. Clerks who may have limitations on provision of care due to inability to be vaccinated or other accommodatable reason may apply for [accommodations through Access and Equity Services \(AES\)](#).

- If any SHA protocols in a clinical unit (including during an outbreak) would preclude clerks' involvement in the care of patients with COVID-19, influenza or other respiratory illnesses, those SHA protocols must be followed.
- This applies to clinical learning in Saskatchewan; on visiting electives, policies at the medical school where the elective is being completed will apply.

Patient Situation	Clerk Situation	Clerk involvement in Care (includes AGMPs)
Patient has no respiratory symptoms	All clerks (Year 3, 4, 5) regardless of vaccination status	
Patient has respiratory symptoms or confirmed + for COVID-19, influenza or other respiratory illness	All clerks (Year 3, 4, 5) regardless of vaccination status. Clerks not fully vaccinated should be additionally cautious	

This document provides guidance on protocols to follow related to respiratory illness for University of Saskatchewan medical students in clerkship. It is informed by Public Health and SHA guidance, including:

- The [Saskatchewan Communicable Disease Manual](#)
- [SHA Point of Care Risk Assessment](#)
- Saskatchewan Health Authority (SHA) [Health Care Workforce Screening & Return to Work Questionnaire](#)

COVID-19 Protocol Change History

Date	Change
October 6, 2020	Clerkship COVID-19 protocols developed and posted to website
December 10, 2020	Staff/Faculty contacts updated
December 23, 2020 (applied when clerks returned to rotation January 4, 2021)	<i>Clinical Patient Interactions</i> updated <ul style="list-style-type: none"> - Clarification that clerks may see patients who screen + on basis of symptoms using SHA screening tool, but may not participate in care of COVID-19 confirmed + patients - Clarification that clerkship participation in AGMPs will be rotation-specific
January 13, 2021	Link to SHA document “Risk Classification for Asymptomatic HCWs with Potential Exposure” updated due to update to SHA document and link
Feb 8, 2021	Addition of new section related to procedure if a student is scheduled or participating in a learning experience on a clinical unit where there is a COVID-19 outbreak
July 12, 2021	Updated for the 2021-22 Academic Session
Sept 27, 2021	Addition of section on exposures outside of learning setting Addition of section on rapid antigen home testing
Dec 6, 2021	Updates to Clinical Interactions Addition of FAQs on clerks seeing COVID-19 positive patients Formatting changes to improve readability; links updated
Jan 5, 2022	Updates to testing and self-isolation information based on revised public health regulations
Jan 9, 2022	Update to reflect changes to SHA testing and screening, exclusion from work and N95 masking requirements
Jan 21, 2022	New guidance on what to do if unable to access a PCR test in a timely way, SHA link updates, program contact updates
Feb 28, 2022	Updates based on changes to provincial, SHA, and University testing and self-isolation/return to work policies, incorporation of RAT as a testing strategy if symptomatic
Mar 2, 2022	Incorporates updated (Mar 1, 2022) SHA Return to Work Guidelines for Health Care Workers
July 19, 2022	Updates to participation in care of patients with COVID-19; updates to scenarios with revised SHA guidance
October 20, 2022	Incorporates updated (Oct 13, 2022) SHA Return to Work Guide for Health Care Workers
February 9, 2023	SHA documents, COVID-19 Return to Work Guide for HCW, and Risk Classification for SHA HCW has been amalgamated into Health Care Workforce Screening & Return to Work Questionnaire with new URL.
Nov 28, 2023	Broadened to respiratory illness guidelines; updated links; updated program contacts
Mar 4, 2024	Minor updates to reflect changes in availability of RAT testing
July 14, 2025	Major revision to encompass general guidance on respiratory illness and updated SHA documents.