

Voluntary Medical Student (M2-M4) COVID Clinical Participation Checklist

I agree to the following conditions prior to participating in the direct care of elevated-risk or COVID positive patients:

- a. All clinical activities related to the direct care of elevated risk or COVID positive patients are voluntary. I can opt out of the clinical care of elevated risk or COVID patients at any time. This decision will not affect my grade or clinical evaluations.
- b. I have completed N-95 fit-testing.
- c. The correct use of a N-95 mask is essential for safety in the clinical environment. I will utilize the appropriate PPE for every patient encounter. I have demonstrated the proficient use of all required PPE including donning/doffing. This skill was observed by the individual below PRIOR to my participation in an elevated risk care/environment.

Name of Faculty/Resident Observing Proficiency

Signature of Faculty/Resident

Date

- d. I have reviewed the following video for PPE donning/doffing of PPE:
<https://tamu.mediasite.com/Mediasite/Play/081dab4c33a04bb5a41966bd599f44f61d>
- e. I agree to see elevated-risk or COVID positive patients (full PPE is required) only under the supervision of COM faculty or their designee. Direct supervision is required to ensure adequate PPE resource utilization and correct donning/doffing protocols are followed.
- f. I understand that following a high-risk exposure, I must exit the clinical environment, inform my supervisor, and follow all TAMU/COM reporting mechanisms. All COM algorithms and reporting requirements relevant to exposure apply.
- g. I understand the process for escalating concerns that may arise while engaging in the care of COVID-19 patients in the clinical setting.
- h. If there is doubt regarding the patient, risk, clinical environment, or required PPE, I will seek clarification PRIOR to participation.

Student name (printed)

Student signature

Date