HOSPITAL-BASED ACADEMIC RECOVERY STRATEGY & GUIDELINES

April 2021 Update

Version 2.0

2021.04.23

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Version Control

Version	Date Created	Summary of Changes
2.0	April 9, 2021	• Updated content with recent provincial updates and resources. • Made RICE Assessment and Tool optional and moved into appendices. • Minor formatting changes and increased alignment in language between Sections 1 and 2.
1.0	May 22, 2021	Document was created.

Purpose

The purpose of this document is to articulate guidance for organizations (i.e. hospitals and academic institutions) undergoing ongoing recovery of hospital-based academic activities while ensuring the safety of staff, learners and patients. It is intended that organizations will maintain and revise (as needed) organization-specific recovery plans while aligning the clinical, operational, education and research needs of the specific organization, as well as the organization's affiliation and partner agreements.

Given the complexity and uncertainty of the ongoing COVID-19 pandemic, this document will be iteratively revised as information emerges and recovery activities increase. Two updates have already been issued, via Maintaining Hospital-Education Activities During COVID-19 and Maintaining Hospital-Based Research Activities During COVID-19, which supplement the first iteration of these guidelines.

Executive Summary

As governments and various industries have begun to reopen the economy, Toronto Academic Health Science Network (TAHSN) organizations have followed (where possible) a consistent approach to recover hospital-based academic activities, which includes restarting research and reintegrating learners into hospital-based placements. To create such an approach, TAHSN Education (TAHSNe) and TAHSN Research (TAHSNr) Committees coordinated efforts with respect to pausing learner placements and scaling back non-essential research and education activities at the onset of the COVID-19 pandemic. Through their respective structures, each committee developed plans to reconvene activities using a controlled and phased approach. The Toronto Region Hospital Education Table (see Appendix A for the membership list of educational partners and hospital institutions) was also established as a product of this planning and to harmonize recovery plans across the GTA, beyond the TAHSN institutions and The University of Toronto.

The core focus of leadership across TAHSN is to ensure the safety of patients, staff, and learners while maintaining academic activities. This approach recognizes that any changes in city guidelines, provincial guidelines, hospital operations, COVID-19 cases, and/or the ongoing impact of the COVID-19 pandemic may influence decision-making around the extent of academic recovery. TAHSN activities related to academic recovery continue to adhere to all applicable local, provincial, and federal public health directives, guidelines, and directions from Ontario Health (OH), in planning the timing and ongoing sequencing of recovery. As such, the principles and guidelines included in this document align and build upon on existing affiliation agreements between hospitals and academic institutions, as well as regional and provincial recovery plans, such as Ontario's COVID-19 response framework, (see also Appendix B for

the list of relevant resources).

This document provides overarching guidance on academic recovery, followed by details on the following for each of two sections (i.e. reintegration of learners and restarting research, including guidance on reintegration of research trainees):

- Guiding Principles: overarching concepts guiding academic recovery, restarting research, and reintegration of learners.
- Planning: organization-level planning practices for the organizations to consider during recovery of academic activities.
- Approach: phased-approach to academic recovery for organizations to consider as organization-specific plans are developed.

General Guidance on Academic Recovery

Guiding Principles for Academic Recovery

The following principles have been identified as the overarching, fundamental concepts to guide decision-making and activities related to hospital-based academic recovery during the COVID-19 pandemic.

Approach Summary

This section summarizes the proposed phases for academic recovery. For detailed approaches to reintegration of learners and restarting research activities (including reintegration of research trainees), please refer to the respective sections in the document.

This phased approach enables organizations to recover academic activities safely while appreciating local capacity and needs. The suggested phases (Table 1) are designed to inform planning efforts of individual organizations. Organizations may have different numbers of phases, timelines and/or different targets for volumes and occupancy, depending on their unique circumstances. All phases are

reversible and/or could be accelerated, depending on external or internal circumstances.

Considerations

To further scale up activities, factors such as the spread of COVID-19 and the ability to implement protective and preventative measures in the hospitals are considered:

- Daily COVID-19 cases, outbreaks and hospitalizations.
- Acute and critical care capacity, patient acuity, and overall workforce capacity and supervisor availability.
- Critical supplies, including personal protective equipment (PPE), which is targeted for a rolling 30-day stock on-hand and which includes the current usage rate plus the forecasted additional academic recovery requirements.
- Hospital's ability to maintain physical distancing requirements, dependent on the volume of individuals in the building.
- Hospital's overall ability to mitigate a resurgence in COVID-19 pressures on resources.
- COVID-19 vaccination rollout.

TABLE 1: PHASES FOR PLANNING AT INDIVIDUAL ORGANIZATIONS

Phase	Education	Research
0	**Organizational planning and preparing** for academic recovery.	**Planning:** Organizational planning and preparing for academic recovery, while maintaining current state/status quo.
1	**Initial recovery** of in-person educational activities with target learner volumes established by organization based on onsite-capacity and learner needs. Virtual and simulated learning opportunities will continue and may expand.	**Initial Recovery:** Initial recovery of research activities, where research areas will have an estimated ~**20% - 25%** of onsite occupancy at any one time.
2	**Further recovery** of in-person educational activities with target learner volumes established by organization based on onsite-capacity and learner needs. Virtual and simulated learning opportunities will continue and may expand.	**Ramp-up**: Ramping-up research activities, where research areas will have an estimated ~**40% - 60%** of onsite occupancy at any one time.
3	**Recovery** of in-person educational activities with target learner volumes established by organization based on onsite-capacity. This is essentially running at full learner/educational capacity but, in practice, day-to-day onsite learner volumes may be down as learners may be involved in virtual and simulated learning opportunities.	**The "new" normal:** Research areas will have an estimated ~**50%-100%** occupancy (or an organizational target) at any one time. This is essentially running at full capacity but, in practice, day-to-day occupancy is down by up to 50% as people may work from home when approved by the supervisor, to organize work bursts for experimental activities, stagger hours, and move to collaborative efforts where possible. Research institutes may further stratify targeted organizational occupancy in this phase, in alignment with the provincial COVID-19 response framework, based on local circumstances, and changes in level of risk.

Note: research trainees are included in the research suggested occupancy levels.

Section One: Learner Reintegration

Introduction

On March 16, 2020, the TAHSN Education (TAHSNe) Committee implemented a coordinated approach to pause all academic (unpaid, clinical, and non-clinical) learner placements in TAHSN Hospitals until April 6, 2020 and extended the date to July 6, 2020 when some learners began to resume placements. Learners with employment relationships within a TAHSN Hospital have continued with their placements and/or rotation, often through virtual opportunities and/or redeployment activities.

As hospitals resumed some regular business activities, the phased approach of reintegrating learners into hospital-based placements began, both virtually and physically. Readiness for further reintegration of learners should continue to be a determined at the individual hospital level, in collaboration with local hospital departments and units, as well as the Academic Institutions.

Guided by the Guiding Principles for Academic Recovery and Reintegrating Learners, organizations should continue to consider the elements outlined under Organizational Planning for Reintegrating Learners, including development of organization-specific plans for recovery and monitoring of activities.

> ***Note:*** *Hospitals may also choose, as an option, to adapt the Reintegration to Clinical Environments (RICE) Assessment Framework (Appendix C-E) to guide their development and activity monitoring efforts*.*

In alignment with hospital-based preparedness activities, academic institutions should complete the Learner Prioritization Template (Table 2) to support program planning efforts, determine learners needs, and inform collaborations with hospital partners.

These guidelines propose that careful consideration of many factors alongside collaboration with internal, local, and regional partners is required for a safe and successful reintegration of learner activities during the COVID-19 pandemic.

Please refer to the Restarting Research Section for guidelines related to integrating research trainees.

Guiding Principles for Reintegrating Learners

Building on the Guiding Principles for Academic Recovery, these additional principles are designed to guide decision-making and activities related to reintegrating learners in hospital-based placements:

- **Safety and Well-being:** The hospitals and academic institutions are, and must remain, committed to the safety and well-being of patients, health professionals, staff, researchers, learners, and our community.
- **Collaboration & Partnerships:** Practices for recovery of academic activities are grounded in collaboration, a sense of community and togetherness. As partners, hospitals and academic institutions should share and coordinate resources and best practices to ensure continued progress and advancement, and to minimize duplication of efforts.
- **Equity & Fairness:** Organizations should strive to be fair and equitable when exploring opportunities for recovery of academic activities and when considering structures unique to different groups in research/education settings.
- **Resources & Capacity:** Organizational capacity (e.g., personal protective equipment (PPE), people capacity and supports, physical space, ancillary services, etc.) must be available during the academic recovery process. Recovery of any academic activity should not hinder or impede an organization's ability to mitigate and handle a surge and provide care.

- **Communication & Transparency:** Practices and decision-making for academic recovery should be clearly articulated to all stakeholders (e.g., staff, learners, and patients).
- **Patient Care:** Opportunities for patient-facing learner placements are guided by patient care activities. Learner presence and participation optimizes patient care experiences and provides valuable contributions to patient care activities.
- **Flexibility & Creativity:** Shifting circumstances as the situation unfolds (i.e., staff redeployment, capacity changes, fluctuations in the pandemic) may require flexibility in responding to education activities with new approaches to learner placements. Each organization will respond and recover according to local context, setting, location, needs, and organizational directions.
- **Learning & Supervision:** Learners should be appropriately supervised to support valuable, safe learning experiences aligned with academic competencies and/or relevant learning objectives and evaluations. Supervisors/clinical faculty should also be appropriately supported to enable high-quality learning in clinical care/learning environments.
    - Participation in any educational endeavour will be determined by competence of the learner and the clinical faculty's/supervising clinician's/preceptor's assessment of risks and benefits to both patients and the learner.
    - Entry-level learners** may need to be restricted from clinical situations or educational activities in the hospital.
    - Advanced-level learners** should, as much as possible, participate in clinical settings similar to the roles they perform during non-emergency situations (e.g., assisting with clinical duties).
    - Advanced-level learners** must be prepared to work in a clinical environment in which COVID-19 remains present.

      ***The level of learner is defined by the education program and related to their previous clinical experience and competence.*

Organizational Planning for Reintegrating Learners

This section contains planning items that identify organizational practices for the hospital and academic institutions to consider in preparing for reintegrating learners in placements.

Individual Hospital

It is recommended that hospitals consider completing the following when preparing for learner reintegration:

1. Adhere to all applicable local, provincial, and federal public health guidelines, directions from OH the Ministry of Health (MoH) and regulatory body directives (as appropriate).
2. Ensure alignment with existing affiliation agreements and contracts with academic institutions.
3. Ensure a manageable, stable rate of disease burden prior to restarting hospital-based academic activities.
4. Seek endorsement from Hospital Leadership, Infection Prevention & Control (IPAC) Leads, and Occupational Health & Safety (OHS) and Professional Practice Leaders to reintegrate learner activities.
5. Have clear policies and processes related to pandemic activities such as physicial distancing (e.g., limited persons per space), additional precautions, PPE requirements, return to work post-travel, work from home policies, and OHS requirements (e.g., screening processes for new and returning staff/learners, staff exposure policy) that align with provincial directions and guidelines.
6. Ensure necessary capacity of resources such as OHS, Human Resources, and Ancillary Services

(e.g., IT).

7. Ensure appropriate supply of PPE and other critical resources (e.g. hand sanitizer, swabs) in alignment with the organization's PPE conservation and use strategy, both during and post-pandemic.
8. Ensure additional preparation for staff, physicians, and learners as they return to work to ensure they are aware of new and/or increased risks, practices, protocols, health and safety requirements and other precautions.
9. Adjust hospital orientation for learners to both address new and emerging needs such as requirements for PPE during and post COVID-19 pandemic, occupational health and safety requirements and wellness supports, as well as transition to virtual delivery as needed.
10. Ensure that supervisors, preceptors, and any pertinent staff are available and have capacity to support and oversee learners.
11. Consider using the optional Reintegration to Clinical Environments (RICE) Assessment Framework * (Appendix C-E) to guide preparedness planning in hospital departments, professions, and units (including but not limited to; staff readiness/capacity, continuing education, PPE availability and training, orientation, physical space, changes in clinical practice and policies, etc.).

Individual Academic Institution

It is recommended that academic institutions consider completing the following when preparing for learner reintegration:

1. Adhere to all applicable local, provincial, and federal public health guidelines, directions from OH, and regulatory body directives (as appropriate) in the planning and sequencing of reintegrating learners.
2. Ensure alignment with existing affiliation agreements and contracts with hospitals.
3. Develop modified hospital placement opportunities (i.e., revisions to curriculum, exploration of alternative placements, etc.) in collaboration with hospital education leaders to integrate other roles and experiences that could satisfy program requirements while ensuring changes (e.g., changed learning objectives, scheduling of placements, etc.) are feasible and abide by the hospital's policies and clinical practice changes.
4. Ensure additional preparation for learners prior to reintegration into hospital-based placements to ensure they are aware of new and/or increased risks, practices, protocols, OHS requirements and other precautions.
5. Have workplace accommodation policies and processes in place for learners who may not be able to participate in hospital placements due to pandemic activities, with alternative opportunities for completion of placement activities.
6. Ensure appropriate resources for learners to support successful transition back into the hospital environment (i.e., mental health and wellbeing, peer, and faculty support). An equitable approach will take into account the diverse cultural and social supports that different groups will need when being reintegrated to ensure fairness and sustained success.
7. Use the Learner Prioritization Template (Table 2) to determine learner needs for completion of placements.

Approach to Reintegration of Learners

This section offers a phased approach to the reintegration of learners for hospitals and academic institutions to adapt and adopt in their local context. The suggested phases below (part of Table 1) are

designed to inform planning efforts of individual organizations.

Phase	Education
0	**Organizational planning and preparing** for academic recovery.
1	**Initial recovery** of in-person educational activities with target learner volumes established by organization based on onsite-capacity and learner needs. Virtual and simulated learning opportunities will continue and may expand.
2	**Further recovery** of in-person educational activities with target learner volumes established by organization based on onsite-capacity and learner needs. Virtual and simulated learning opportunities will continue and may expand.
3	**Recovery** of in-person educational activities with target learner volumes established by organization based on onsite-capacity. This is essentially running at full learner/educational capacity but, in practice, day-to-day onsite learner volumes may be down as learners may be involved in virtual and simulated learning opportunities.

Note:

- Throughout the phases, virtual/remote opportunities may be maintained as local capacity allows, increasing overall capacity for placements. This phased approach enables hospitals to reintegrate learners safely and effectively, while appreciating local capacity and needs. This offers flexibility and adaptability for local context.
- Organizations may have different numbers of phases, timelines and/or different targets for volumes and occupancy, depending on their unique circumstances. The precise phasing will vary across institutions depending on their unique circumstances.
- All phases are reversible and/or could be accelerated should external or internal circumstances change.

Hospitals may choose to use the optional RICE Assessment Framework (Appendix C-E) to guide preparedness planning in hospital departments, professions and units.* In alignment, academic institutions should use the Learner Prioritization Template (Table 2) to support program planning efforts, determine learner needs for completion of placements, and inform collaborations.

Phase 0: Organizational Planning and Preparation

Status: Completed

Timeframe: March 13, 2020 to July 6, 2020

This phase entails organizational planning and ramping up preparedness for academic recovery. It took place between March 13, 2020 and July 6, 2020.

- To inform decision-making, each organization should ensure development of recovery plans for all recovery activities, including a process for monitoring and reporting activities. This will inform when to proceed and when to slow down progress.
- Virtual learning experiences for all learner groups should continue and be scaled and maximized within the context of the Principles for Virtual Learning Opportunities for Students designed to support hospitals and academic institutions in identifying and providing areas of opportunity for learners to support virtual care of patients and families, and/or complete other virtual non-patient care learning (e.g. projects) as part of placement activities.
- Collaborate, share learnings from emerging initiatives (e.g., special projects, virtual learning, virtual orientation.), and identify opportunities to harmonize across the network (e.g., communications, resources).
- Onboarding of incoming cohort of residents and fellows should be prioritized in this phase.
- Ensure residents, clinical fellows, and learners with employment relationships with the hospital who were redeployed to other units or organizations receive appropriate onboarding/orientation to home unit and other necessary supports (e.g., EMR access, supervisor information, etc.).
- As a component of planning, hospitals may consider the option of following the RICE Assessment Framework (Appendix C-E) in relevant areas, and where possible, maintain oversight of readiness across the Hospital (e.g., heat maps). * Academic institutions should

complete the Learner Prioritization Template (Table 2) and should maintain an up-to-date version as learners are reintegrated.

Phase 1: Initial recovery of in-person educational activities for learners

Status: Completed
Timeframe: July 6, 2020 – September 1, 2020

During this phase, learner volumes in a given area may be restricted based on recovery of clinical and operational activities. Target volumes may vary by organization.

- Virtual learning opportunities should continue to be scaled and maximized, where possible.
- Maximize hospital-based simulation activities as modified placements to achieve clinical competencies, where possible.
- Prioritization of Category 1 learners (see Table 2): Advanced learners who require placements in order to complete their academic programs and graduate on time (or approximately on time), and where eligibility for licensure may be impacted. These individuals are advanced health professional learners that add value and optimize clinical care and/or operational/corporate areas that are beginning to recover.
- The hospital should monitor for readiness. It is optional to use the RICE Feasibility Assessment Framework (Appendix C-E) to determine preparedness for phase 2. *
- The academic institution should refer and maintain the Learner Prioritization Template (Table 2) to determine learner needs during this phase and as recovery progresses.

Phase 2: Increasing learner volumes for in-person educational activities

Status: Current Phase
Estimated Timeframe: September 2020 - present

During this phase, learner volumes in a given area may be restricted based on recovery of clinical and operational activities. Target volumes may vary by organization.

- Continue to scale and maximize virtual learning opportunities and hospital-based simulation activities to achieve learning objectives.
- Prioritization of Category 2 learners (see Table 2): Learners who require placements in order to be promoted to their next year of education.
- The hospital should monitor for readiness. It is optional to use the RICE Assessment Framework (Appendix C-E) to determine preparedness for phase 2. *
- The academic institution should refer and maintain the Learner Prioritization Template (Table 2) to determine learner needs during this phase and as recovery progresses.

Phase 3: The New "Normal"

Status: Not Yet Entered
Estimated Timeframe: While COVID-19 remains a community health risk that requires principles of physical distancing and increased critical supply use (e.g., PPE).

During this phase, onsite learner volumes in a given area may be restricted based on recovery of clinical and operational activity. Target volumes may vary by organization. This phase essentially runs at full learner/educational capacity, but in practice, day-to-day onsite learner volumes may be down as learners may be involved in virtual learning opportunities or simulation-based activities.

- Continue to scale and maximize virtual learning opportunities and hospital-based simulation

activities to achieve learning objectives.

- All learners should be prioritized in this phase. It is optional for the hospital to monitor for readiness using the RICE Assessment Framework.*
- The academic institution should refer and maintain the Learner Prioritization Template (Table 2) to determine learner needs during this phase and as recovery progresses.

*Note on use of RICE Assessment Framework

It is **optional**, not mandatory, for hospitals to use RICE Assessment Framework (i.e. Appendix C-E). The RICE Feasibility Assessment (Appendix C) may help ensure key assessment criteria have been considered. After completing the Feasibility Assessment, hospitals may collaborate with appropriate contributors (e.g., academic institutions, clinicians) to identify potential barriers and mitigate risks for proceeding with creating a plan to enter the next phase of learner reintegration; hospitals may consider using the RICE Planning Tool (Appendix D) as an optional guide*. Given the highly complex nature of the academic healthcare system, this framework is a guide to aid in collaborative decision making.* If organizations choose to use the Framework, they may adapt and modify this planning tool to suit local context.

Individual Academic Institution

Professional programs at each academic institution should complete Table 2 to support program planning efforts and identify immediate and future learner needs. Once complete, this table may be shared with individual healthcare organizations to support individualized planning and collaborations for resumption of learner activities, both virtual and in-person. Academic institutions are encouraged to consider:

- Completion of the tool to capture all learners in the academic program to provide a full overview of requirements to inform collaborations with healthcare organizations.
- Program-specific timelines as they relate to the phases.
- Comment on the feasibility and number of learners that could be involved in virtual learning during Phase 0 and all other phases.
- Include number of learners usually placed between June 1 - December 31 and the length of the placement. Include dates and whether they are flexible.

Where possible, learner reintegration may be guided by learner categories, but will ultimately be determined by healthcare organizations' capacity and needs.

TABLE 2: LEARNER PRIORITIZATION TEMPLATE

Learner Category	Learner Requirements				
	Usual State (Pre-COVID-19)	**Phase 0** Recovery and ongoing Virtual Placements (where possible)	**Phase 1** Recovery of in-person placements beginning July 6, 2020.	**Phase 2** Recovery of in-person placements beginning September 2020	**Phase 3** Recovery of in-person placements while COVID-19 remains a community health risk
Category 1: Advanced learners who require placements in order to complete their academic programs and graduate on time (or approximately on time), and where eligibility for licensure may be impacted. Please indicate the final date that Category 1 learners would be required to complete placements in order to complete their academic programs and graduate on time**. Date:**					
Category 2: Learners who require placements in order to be promoted to their next year of education.					
Category 3: Learners who require placements as a component of their regularly scheduled curriculum.					

Section Two: Restarting Research

Introduction

At the onset of the COVID-19 pandemic, the TAHSN Research Committee (TAHSNr) had decided to scale back non-essential research activities. As our understanding of the virus improved, various governments and industries began a phased approach to re-open the economy, while mitigating the risks presented by future waves and variants of the virus. Ontario has provided a COVID-19 response framework, which is regularly updated and provides guidance on public health measures to be taken as risk related to COVID-19 improves or worsens.

The main concern of research leadership across TAHSN is to ensure the safety of our staff, trainees, and patients during the COVID-19 pandemic, while planning for the eventual restart of the research activity. It was agreed that the re-opening of research labs and activity would need to be done in a controlled and phased manner, in alignment with the provincial framework and relevant regional public health guidance.

This document consists of three key sections to help organizations in establishing their processes for their respective recoveries:

1. Guiding Principles: highlights the overarching concepts guiding research recovery.
2. Planning: identifies organizational-level practices for organizations to consider.
3. Phased Approach: offers a phased approach to restarting research (research recovery). The phased approach consists of 4 phases noted below (part of Table 1).

The purpose of this strategy is to inform and support organizations in their preparedness and planning efforts to restart research activities within their respective sites.

Guiding Principles for Restarting Research

Building on the Guiding Principles for Academic Recovery, these additional principles are designed to guide decision-making and activities related to restarting research activities.

1. **Safety and Well-Being:** Safety and protection of staff, trainees and patients should be the underlying principle for developing a roadmap to restart research. All hospitals must take all necessary steps to ensure the safety of staff, learners, and patients.
2. **Readiness:** Any reconvening of research will depend on the readiness of individual organizations to reopen their facilities. Individual organizations should review and sign-off on any plans to reopen according to their local circumstances.
3. **Resources & Capacity:** Organizational capacity (e.g., personal protective equipment (PPE), people capacity and supports, physical space, ancillary services, etc.) must be available before the resumption of the academic recovery process. Recovery of any academic activity should not hinder or impede an organization's ability to mitigate and handle a surge and provide care.
4. **Phases/Roadmap to Develop Research:** The reopening should be done in phases with respect to both the type of research and the volume of research. Roadmaps and phases will need to be informed and vetted by Infection Prevention & Control (IPAC) and Occupational Health & Safety (OHS), as well as by Research Ethics Board (REB) capacity. TAHSN members should each establish their own phased 'back to work' plan consistent with these principles, given the unique circumstances of each institution. Plans should align with current provincial, regional, and local

public health direction, and should include detailed assessments of the safe numbers of staff and research trainees in specific research areas, the numbers of required support staff, core facilities, etc.

5. **Equity & Fairness:** Hospitals should aim to ensure equity through considering and recognizing intricacies unique to different groups and research settings as part of development of this strategy.
6. **Staff Screening:** Any testing/screening of staff returning to work should follow the same practices and recommendations of other organization staff (hospital workers etc.).
7. **Telework:** All staff, research trainees, and all work that can continue to contribute from home should do so to the extent possible, and those that come into campus and who can also work from home should be prepared to return to working from home if required (to lighten to load on organizational services).
8. **Prioritization of Staff:** TAHSN members should develop clear prioritization strategies to determine the timing with which workers and research trainees will return to their institutions during the phased research restart.
9. **Communication & Transparency:** Practices and decision-making for academic recovery should be clearly articulated to all stakeholders, such as staff, learners, and patients.
10. **Flexibility, Creativity & Local Context:** Shifting circumstances as the situation unfolds (i.e., staff redeployment, capacity changes, fluctuations in the pandemic) may require flexibility in responding to education activities with new approaches to learner placements. Each organization will respond and recover according to local context, setting, location, needs, and organizational directions.
11. **Graduate Research Students/Research Trainees:** Organizations should coordinate efforts to facilitate reintegration of graduate students across sites, and potentially at offsite locations, especially if some research locations are delayed or staggered in opening due to institutional constraints. Organizations also should collaborate to provide consistent trainee experiences, sharing resources when possible. Efforts should ensure academic continuity and timely completion of studies, frequent communication, and flexibility in academic requirements. Open science principles should be embraced, supported, and expanded to enhance trainee research opportunities. Please refer to: TAHSNr-General Principles for Summer Students and Graduate Research Students.
12. **Monitoring:** TAHSN members should establish audit procedures to ensure safety recommendations are being followed, and if needed, make the appropriate decisions to pause and pull-back any activities again in the event of a resurgence.

Organizational Planning for Restarting Research

This section includes planning items that identify organizational practices for organizations to consider in preparing for restarting research.

1. Organizations should adhere to all applicable local, provincial, and federal public health guidelines, directions from OH, and regulatory body directives (as appropriate).
2. The hospital should seek endorsement from the hospital leadership, IPAC Leads and Professional Practice Leaders on pertinent recovery plans.
3. In alignment with provincial directions, organizations should have clear policies and processes related to pandemic activities such as physical distancing (e.g., limited persons per space), return to work post-travel, work from home policies and occupational health and safety

requirements (e.g., screening processes for new and returning staff and research trainees).

4. Organizations should ensure appropriate supply of PPE and other critical resources (e.g. hand sanitizer) in alignment with the organization's PPE conservation and use strategy, both during and post-pandemic.
5. Organizations should have, at minimum, a general sense of their staff/physician readiness, such as capacity, health, and well-being.
6. Organizations should establish an organization-specific phased work plan for restarting hospital activities, including clinical, education and research, consistent with these principles and recommendations. In tandem, organizations should also consider a contingency plan for reinitiating a pause on activities, if a second wave of the pandemic occur.
7. Organizations should adhere to the principles outlined in the TAHSNr-General Principles for Summer Students and Graduate Research Students, to ensure research trainees are appropriate integrated into their organizational planning.

Approach to Restarting Research

Based on Lunenfeld-Tanenbaum Research Institute (LTRI) plan, this section offers a suggested phased approach restarting research. The suggested phases below (part of Table 1) are designed to inform planning efforts of individual organizations.

Phase	Research
0	**Current State & Planning:** Organizational planning and preparing for academic recovery, while maintaining current state/status quo.
1	**Initial Recovery**: Initial recovery of research activities, where research areas will have an estimated **~20% - 25%** of onsite occupancy at any one time.
2	**Ramp-up:** Ramping-up research activities, where research areas will have an estimated **~40% - 60%** of onsite occupancy at any one time.
3	**The "new" normal:** Research areas will have an estimated **~50%-100%** occupancy (or an organizational target) at any one time. This is essentially running at full capacity but, in practice, day-to-day occupancy is down by up to 50% as people may work from home when approved by the supervisor, to organize work bursts for experimental activities, stagger hours, and move to collaborative efforts where possible. Research institutes may further stratify targeted organizational occupancy in this phase, in alignment with the provincial COVID-19 response framework, based on local circumstances, and changes in level of risk.

Considerations across all phases:

- Local organizational approaches across all phases must align with the most recent provincial, regional, and local public health direction. This includes, but is not limited to, guidance related to physical distancing and use of PPE.
- All current precautionary measures and practices remain in place even as research staff, students and trainees receive vaccinations. No specific changes to approach are recommended based on vaccination alone. Organizations must monitor and adhere to public health guidance on appropriate changes that can be made in response to overall vaccination levels.
- Throughout the phases, virtual/remote opportunities may be maintained as local capacity allows, increasing overall capacity for placements. This would enable researchers to ramp-up projects in order of priority as determined by each individual institution, including research trainee academic requirements, and most importantly, safely, and effectively, while appreciating local capacity and needs. This offers flexibility and adaptability for local context.
- Organizations may have different numbers of phases, timelines and/or different targets for

volumes and occupancy, depending on their unique circumstances. The precise phasing will vary across institutions depending on their unique circumstances.

- All phases are reversible and/or could be accelerated should external or internal circumstances change.
- Multiple bottle necks are anticipated such as key reagent/supply issues, access to clinical populations and funding concerns that will have to be mitigated as they occur.

Throughout Phases 1-3, the following measures are to remain in effect and be considered:

- ✓ Working from home: All staff and research trainees that can continue to contribute from home should do so, this includes essential staff that are coming into the organization to carry out specific activities but who don't need to remain for the whole day.
- ✓ Staggered work start/finish times: Staggering work start/finish times can avoid crowding in common areas such as lobbies and elevators. This will also enable staff and research trainees to avoid rush hours on public transit.
- ✓ Working in shifts: Depending on the kinds of activities and the areas involved, staff and research trainees should be encouraged to work in shifts, or on alternating days while continuing to work from home.
- ✓ Well-being: Graduate students and staff well-being should be considered in each phase of the restarting process. This would include demands related to personal situation (i.e., health, childcare and care of family members, and changes in academic requirements/environments).

Considerations for each specific phase/stage:

To restart any activities, factors such as the spread of COVID-19 and the ability to implement protective and preventative measures in the hospitals needs to be considered. Hospital Leadership, IPAC, Occupation Health and other key experts and stakeholders can potentially take the following criteria (at minimum) into consideration:

- A consistent decrease over a period in new daily COVID-19 cases, hospitalizations.
- Sufficient acute and critical care capacity.
- Sufficient PPE and critical supplies
- Organization's overall ability to mitigate a resurgence.
- Organization's capability of implementing and sustaining monitoring and testing efforts.

The following phased approach is meant to inform planning efforts of individual organizations. Timelines and capacities for each phase, as well as the number of phases will be dependent on local context, organizational needs and settings.

Phase 0 –Planning (immediate planning for restarting research):

This phase entails organizational planning and ramping up preparedness for restarting research. The assumption for Phase 0 is that only essential staff can be onsite. Where possible, any research study should be conducted remotely.

- For the duration of Phase 0, any pause on non-essential research will continue. Non-essential research and/or clinical studies suspended due to the pandemic should be assessed at this stage for viability to continue vs. restart.
- To inform decision-making, each organization should create a restart/recovery plan, and share it with other TAHSN members so that organizations can harmonize, where necessary (see Table 3 for a checklist from LTRI and UHN as a potential tool for organizations to support the implementation of their plans).
- Organizations should consider establishing surveillance and reporting mechanisms to monitor activities. This will help inform organizations on when to proceed, and when to slow down recovery, or to scale back and pause.
- Using the equity principles, organizations to prioritize groups/staff to return to work for each phase. For research trainees, refer to the TAHSNr-General Principles for Summer Students and Graduate Research Students.

  Note: *TAHSN Education (TAHSNe) Committee paused all academic (unpaid, clinical, and non-clinical) learner placements in TAHSN Hospitals until July 6, 2020.*

Phase 1: Start to recover research activities.

During phase 1, areas can have an estimated **~20% - 25%** of on-site occupancy at any one time.

- With the exception of essential research, this phase does not include opening of research spaces that are in patient care areas.
- Organizations should identify priority areas to ramp up research, which may include new COVID-19 research projects, projects with deadlines including requirements for research trainees, time-sensitive milestones.
- Ongoing monitoring of lab plans and staffing will be sustained.

Phase 2: Increase volume/ramp-up research activities.

During this phase, areas can have an estimated **~40% - 60%** of on-site occupancy at any given time.

- Continue to ramp up research activities.
- Some dry labs will be able to move straight to Phase 3, if maintaining physical distancing is not an issue, or where working remotely makes up the significant component.
- On-going monitoring of physical distancing and other pertinent measures. Labs that are non-compliant will be moved to Phase-1 levels.

Phase 3: The "new" normal

During this phase, while COVID-19 remains a community health risk, areas can reach their **organizational targeted occupancy % (suggested 50-100%)** at any one time. This phase essentially runs at full capacity, but in practice, day-to-day occupancy is down by up to 50% as people are encouraged to work from home when possible, to organize work bursts for experimental activities, stagger hours, and move to collaborative efforts where possible. Research institutes may further stratify targeted organizational occupancy in this phase, in alignment with the provincial COVID-19 response framework, based on local circumstances and changes in level of risk.

- On-going monitoring of physical distancing and other pertinent measures. Labs that are non-compliant will be moved to Phase 1 or Phase 2.
- Adjusting approach and precautions as necessary in alignment with provincial, regional, and regulatory direction.

TABLE 3: CHECKLIST FOR RESTARTING RESEARCH

To make our research restart successful, we ask that you review and consent to these measures	PI	Lab Manager/ Lead	Research staff & trainees	Support Staff	Admin staff
I will develop a restart plan for my lab that will permit physicial distancing and follows the organizational restart policy/plan/protocol	X				
I will work with the Director of Operations or <insert lead> to continually monitor and modify the restart plan to ensure my staff are working safely	X				
I will POLITELY ensure the staff in my lab are following social distancing and following the approved Restart Plan	X				
I will encourage staff to work from home when possible	X				
I will stay home and contact Occupational Health if I develop a fever or respiratory symptoms. <Provide Occ. Health Contact >	X	X	X	X	X
I will keep up to date with all org. emails and announcements of COVID-related policy changes	X	X	X	X	X
I will follow all org. return to work policies	X	X	X	X	X
I will wear my org. ID badge at all times	X	X	X	X	X
I will complete the pertinent safety module before returning to work	X	X	X	X	X
I will wash my hands and/or use hand sanitizer frequently and after touching common surfaces (photocopier, lab eqpt, etc.)	X	X	X	X	X
I will avoid touching my face	X	X	X	X	X
I will maintain social distancing as best I can in the lab, offices, and common areas	X	X	X	X	X
I will wear a mask when social distancing is not possible	X	X	X	X	X
I will wipe my computer and workstation with an org. approved disinfectant at the start and end of work each day	X	X	X	X	X
I will wipe common equipment with a disinfectant before and after using	X	X	X	X	X
All my meetings with more than XX people will be held virtually	X	X	X	X	X
I will not congregate in groups > XX people, even during breaks	X	X	X	X	X
I will inform my PI/ Lab Manager/Director of Operations/Safety and/or any <insert role/group> if I have concerns or suggestions	X	X	X	X	X
I will wear proper PPE in accordance with org. protocols	X	X	X		

I will monitor supplies of organizational equipment in common areas and let the <Insert Role> know of shortages	X	X	X		

Appendix A: Toronto Hospital Education Table Members

The following is a list of the members and institutional partners partaking in the Toronto Hospital Education Table.

David Conn, Vice President, Education, Baycrest

Sanjeev Sockalingam, Vice President, Education, Centre for Addiction and Mental Health

Golda Milo-Manson, Vice President, Medicine & Academic Affairs, Holland Bloorview Kids Rehabilitation Hospital

Irene Andress, Vice President, Vice President, Programs and Services & Chief Nursing Executive, Holland Bloorview Kids Rehabilitation Centre

Derek Hutchinson, Director, Professional Practice, Humber River Regional

John Hagen, Chief of Staff, Humber River Regional

Joan Cheng, Director, Medical Education, Markham Stouffville Hospital

Tracie Scott, Director, Interprofessional Practice & Education, Markham Stouffville Hospital

Linda Gravel, Director, Professional Practice, Education & Risk Management

Donna McRitchie, Vice President Education, North York General Hospital

Karyn Popovich, Interim President & CEO, North York General Hospital

Jackie James, Vice President, Education, Sinai Health System

Lorrie Reynolds, Director, Patient Experiences, Southlake Regional

Annette Jones, Vice President, Clinical & Chief Nursing Officer, Southlake Regional

Ari Zaretsky, Vice President, Education, Sunnybrook Health Sciences Centre

Pam Hubley, Vice President of Education and Academic Practice & Chief of International Nursing, Hospital for Sick Children

Peter Tzakas, Deputy Director, Medical Education, Michael Garron Hospital

Lindsey Martinek, Director, Clinical Practice Excellence, Nursing Resource Team & Academic Partnerships

Cynthia Whitehead, Vice President, Education, Women's College Hospital

Jennifer Price, Chief Nursing Executive, Women's College Hospital

Heather McPherson, Chief Executive Officer, Women's College Hospital

Simone Vigod, Interim Academic Lead, Women's College Hospital

Theresa Kay, Director of Education, Women's College Hospital

Mandy Lowe, Senior Director of Clinical Education, University Health Network

Rahim Karim, Vice President & Dean, Centennial College

Judeline Innocent, Dean, Durham College

Fay Lim-Lambie, Dean, George Brown College

Wendy Ellis, Chair, Health Sciences, George Brown College

Sandra Filice, Associate Dean (Acting) of Nursing Program and Director of Experiential Learning, Humber College

Fiona Cherryman, Senior Director, Academic Programs, Michener Institute

Raymond Nielsen, Manager, Student Life, Student Success Network, Michener Institute

Veronika Williams, Dean, Nipissing University

Lisa Barnoff, Dean, Ryerson University

Maher El-Masri, Director, Daphne Cockwell School of Nursing, Ryerson University

Susana Neves-Silva, Manager, Central Placement Office and Simulation, Daphne Cockwell School of Nursing, Ryerson University

Kirsten Woodend, Dean, Trent/Fleming School of Nursing

Linda Johnston, Dean, Lawrence S. Bloomberg Faculty, University of Toronto

Shahirose Premji, Director and Professor, School of Nursing, York University

Appendix B: List of Resources for COVID-19 Academic Recovery

- TAHSN: Principles for Virtual Learning Opportunities for Students
- TAHSN: Principles for Summer Student and Facilitating Graduate Student Research
- Ontario Health: A Framework for Reopening our Province,
- Ontario Health: COVID-19 Response Framework
- COVID-19 public health measures and advice
- COVID-19 Health System Response Materials
- Ontario Health: Updated-- A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic
- COFM Scorecard for Reintegration of Clerkship Learners (2020)
- Guidance related to the emerging challenges of COVID-19 Variants of Concern and Approach to Vaccinated Staff: Recommendations for Hospitals (March 4, 2021)
- Maintaining Hospital-Based Research Activities During COVID-19 (October 7, 2020)
- Maintaining Hospital Education Activities During COVID-19 (October 2, 2020)
- Toronto Region COVID-19 Clinical Recovery Table Recommendations

Appendix C: RICE Assessment Framework- Feasibility Assessment for reintegrating learner activities during the COVID-19 Pandemic [OPTIONAL]

Feasibility Assessment

Complete the Feasibility Assessment to ensure key criteria are considered before moving forward with planning for reintegration of learners. Where barriers exist, they are discussed, and risks are mitigated before moving forward. Continue to complete the Feasibility Assessment on a frequent basis to monitor key criteria.

	Criteria Met	Discussion Required
1. Do Executives endorse reintegration of learners into organizational activities?		
2. Have the organization and academic institution agreed to proceed with reintegration of learners into placements?		
3. Do all learners and organizations (hospital & academic institutions) have coverage should the learner contract COVID-19 (e.g., liability)?		
4. Do you have a plan developed for rapid ramp-down of learner activity, should future circumstances warrant (e.g., increasing rate of COVID-19 rates, depleted supply of PPE)?		
5. *Do clinical/operational/discipline-specific leaders endorse reintegration of learners into specific clinical/work areas?		
6. *Does your organization have a stable supply of PPE to allocate to learners as well as to respond to any future pandemic wave (e.g., rolling 30-day target of stock on-hand)?		
7. *Does your organization have adequate capacity of human health resources (e.g. supervisors, preceptors) to allocate to learners as well as to respond to any future pandemic wave?		
8. *Have enough patient/client service activities recovered to provide a valuable learning experience for learners?		
9. *Does your organization have adequate technological infrastructure and resources to allocate to learners as well as to respond to any future pandemic wave?		

Your responses to the feasibility assessment will lead to one of the following actions:

a. If you marked "Criteria Met" for all the items in the Feasibility Assessment:

- You are ready to continue planning for next phase of learner reintegration.
- Proceed to Appendix D to complete the RICE Planning Tool
- Continue to complete the items marked with an asterisk* on a bi-weekly basis (and others as appropriate for local context)

b. If you marked "Discussion Required" for any item in the Feasibility Assessment:

- Where barriers exist, they are discussed, and risks are mitigated before moving forward with further planning.
- Proceed to Appendix E to review the next steps in collaboration with members in your organization and academic institution leadership

Appendix D: RICE Assessment Framework- Planning Tool for guiding planning for reintegration of learners during the COVID-19 Pandemic [OPTIONAL]

Date	
Name / Role	
Contributors (e.g., clinicians, education/practice leaders, academic partners, occupational health and safety, Inflection prevention and control, communications, unit managers, legal, leadership)	

Rating Legend

Yes, proceed	
Maybe, caution	
No, not ready	

	Rating	Comments
1. Patient Care		
a. Would the presence of learners in the clinical environment assist in the provision of patient/client care at this time?		
b. Would learners be able to provide valuable service and supports to teams (profession-specific or non-profession specific) as part of their learning experience?		
c. Can processes/policies be put in place so that learners will not increase the risks within the clinical environment (e.g., disease transmission)?		
d. What support is required, and can we provide it to enable student engagement in virtual care (where applicable)?		
Comments/Considerations		
2. Resources		
a. Do our clinicians/staff have the supports needed to supervise learners in the coming months?		
b. Is physical space available to accommodate learners (e.g., teaching rooms, cubicles, break rooms, change spaces, lockers, etc.)?		
c. Are there enough computers to support electronic documentation while maintaining physical distancing?		
d. Is there a work from home policy and secure network resources available to support learners in virtual learning (where applicable)?		
e. As applicable, is there appropriate technology (e.g., computer, headset, microphone, Wi-Fi, bandwidth) available for involvement of learners in virtual practice?		
f. As applicable, is there an appropriate environment for involvement of learners in virtual practice that maintains patient privacy/confidentiality and projects a professional environment?		
Comments/Considerations		

3. Safety & Wellbeing		
a. Have onboarding requirements changed and is there a process to include in learner orientation?		
b. Are other critical supplies (e.g., hand sanitizer, masks) available for learner use?		
c. Recognizing that some small risk is inherent in any placement, are processes/policies in place so that learners will not be exposed to risks considered above the "norm", or be without protections and considerations that would be reasonably expected?		
d. Do you have clarity around what the learners can do with respect to COVID-19 patients?		
e. Are Hospital Occupational Health & Safety processes in place to protect and support learners who may be exposed to COVID-19?		
f. Are processes/resources available to learners to support their wellbeing during and after reintegration?		
g. Do we have internal communication mechanisms that ensure our learners are aware of safety and practice changes?		
Comments/Considerations		
4. Flexibility & Creativity		
a. Have alternate methods of supervision been considered e.g. virtual, multiple supervisors, other professions?		
b. Do you have a plan developed for rapid ramp-down of learner activity, should future circumstances warrant (e.g., increasing rate of COVID-19 patients, depleted supply of PPE)?		
c. Have work from home options been made available for learners, where appropriate?		
Comments/Considerations		
5. Learning & Supervision		
a. Have unit-specific orientations been adapted to reflect new hospital policies and processes related to operating during and post-COVID?		
b. As applicable, will learners be appropriately trained and supervised in virtual modes of care and learning?		
c. Can continued teaching and oversight of learners be provided?		
d. Are there appropriate processes and resources in place for supervisors to support them with learner reintegration and enable high-quality learning for learners?		
e. Can supervisors provide opportunities for learners to achieve their educational requirements?		
f. Can each learner be assessed to a degree needed to address learning objectives for the placement?		

g. Should a supervisor no longer be available (e.g., redeployment, illness), is there an alternative supervisor available?		
Comments/Considerations		
6. Fairness & Equity		
a. Is the reintegration of learners respectful of the conditions stipulated in the affiliation agreements of all academic partners?		
b. Have clear messages been crafted and disseminated to staff, supervisors, patients/families and supervisors outlining the reintegration/removal process and available supports?		
c. In collaboration with our academic partners, has a clear message been crafted and disseminated to all learners outlining the reintegration/removal process and available supports?		
Comments/Considerations:		
Final Comments/Considerations:		

After reviewing and completing the planning tool with appropriate contributors, consider communicating and collaborating with:

Academic Institutions

- Review and seek support to mitigate the items that are flagged for discussion in your planning tool, where appropriate (e.g., modified placements)
- Review Table 2: Learner Prioritization Template to support planning and align (where possible) with program needs.

Leadership

- Review and seek support to mitigate the items that are flagged for discussion in your planning tool.
- Confirm that the supply of required PPE and is available to support your plan for reintegration of learners.
- If appropriate, explore opportunities for reintegration of learners that require lower resources (e.g., simulation-based activities, virtual opportunities)
- Obtain confirmation from leadership on your plan for reintegration of learners.
- Monitor this list of planning considerations to assess the impact of COVID-19 in your local context and ensure your plans are adjusted accordingly (scaling back if needed)
- As you move forward with reintegration of learners, keep leadership updated on your assessments and ongoing progress.
- Review and discuss opportunities to support regional planning and equitable learner reintegration

Appendix E: RICE Assessment Framework- Next Steps for organizations that are not ready to begin the next phase of learner reintegration during COVID-19 [OPTIONAL]

Next Steps

If you marked "Discussion Required" for any item of the Feasibility Assessment, do not immediately proceed with further planning for learner reintegration. Where barriers exist, they are discussed, and risks are mitigated before planning can move forward. Communicate and collaborate with your organizational and academic institution leadership to complete the following:

Step	Completed?
Review the items that are marked "Discussion Required" and seek support to mitigate any immediate needs/barriers.	
If appropriate, seek regional support to redistribute your learners to other healthcare environments.	
Reassess the items in the feasibility assessment on a weekly basis to ensure any planning is adjusted accordingly.	