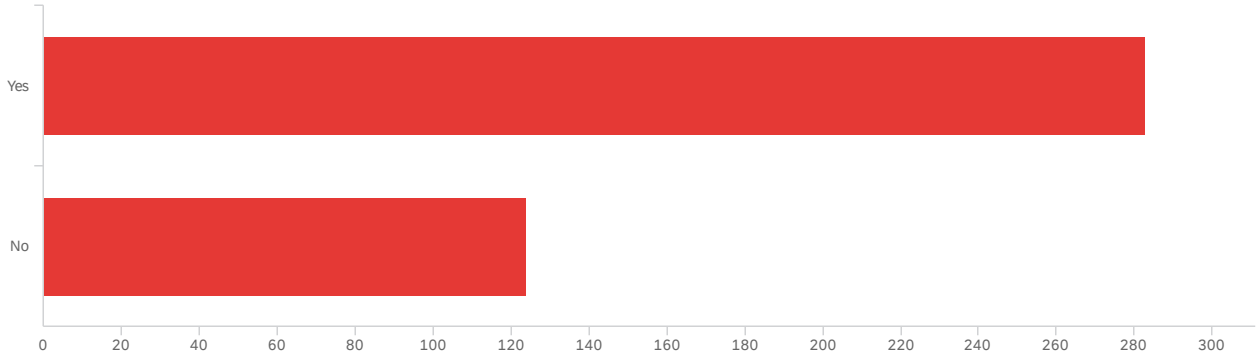
Default Report

COVID Resident Occupational Health and Safety Survey

November 23, 2020 1:29 PM MST

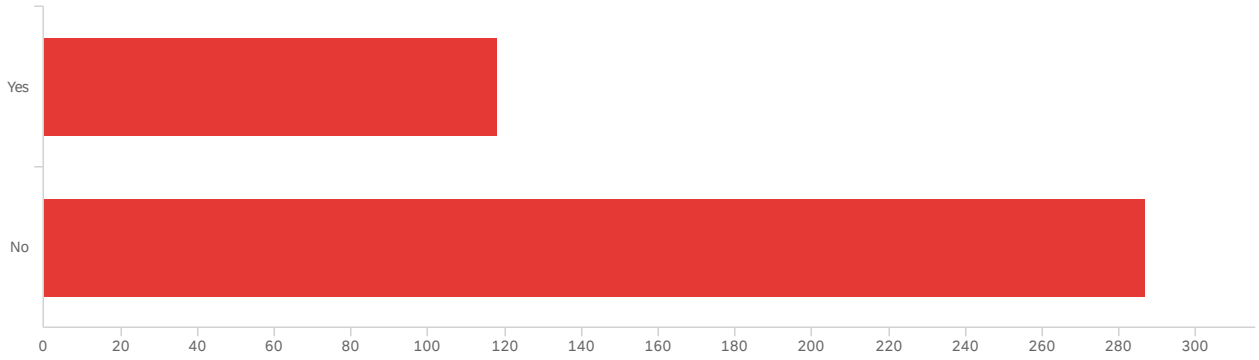
Q2 - Are you concerned about your health and safety while working at the Main Medical Campus?



#	Field	Choice Count	
1	Yes	69.53%	283
2	No	30.47%	124
			407

Showing rows 1 - 3 of 3

Q3 - Are you concerned about your health and safety while working at an off-site location?



#	Field	Choice Count	
1	Yes	29.14%	118
2	No	70.86%	287
			405

Showing rows 1 - 3 of 3

Q4 - If you answered yes, please provide the specific location:

If you answered yes, please provide the specific location:
Northville Health Clinic
VA Ann Arbor
VA Hospital
VA Medical Center, East Ann Arbor Health Center
EAA Med Peds clinic
ICU and OR
VA
outpatient surgery centers, specifically family members who are not COVID tested prior to coming
My outpatient clinic, UM site
Science labs
Off site clinics
NCRC
VA
Hurley
EAA, Brighton
VA
VA
St joe
Northville Health Center
Burlington Building. There have been times when patients are allowed into the clinic area without masks on.
AAVA
Other hospitals

If you answered yes, please provide the specific location:

North Campus Research Complex, Pathology Department
VA AA
VA
Burlington
St Joseph's
NCRC
Rachel Upjohn Building
clinic location without N95 Masks available
Off site clinics
St Jos
hurley
VA
Brighton, DF clinic
Northville Health Center
Difficult to maintain 6 feet of social distancing at all locations
VA and dialysis units
St. Joseph Ann Arbor
Howell Pediatrics Clinic (please see comments below)
St. Joseph Mercy Ann Arbor, Hurley Medical Center
any outpatient clinic and the VA
VA
East Ann Arbor, Brighton, Dominos Farms
East Ann Arbor
VA

If you answered yes, please provide the specific location:

Briarwood
Briarwood
BCSC
West Ann Arbor
St. josph's/Hurley
Hurley medical center and St. Joe's
Mott
VA
VA
various clinics in the area
St. Joseph Mercy
Dominos farms clinic
Kellogg
Satellite clinics; not necessarily related to a specific one, but our screening policies aren't really working as patients are either lying or not getting completed correctly. I currently have been at DF and Canton
Canton Health Center
Clinic sites
L&D (mott)
East Ann Arbor surgery center
East ann arbor medical center
St. Joseph Mercy Ann Arbor, Hurley Medical Center
Ypsi health center and St Joseph Chelsea
Chelsea clinic and hospital
St Joseph Mercy Ann Arbor, Hurley Medical Center
VA

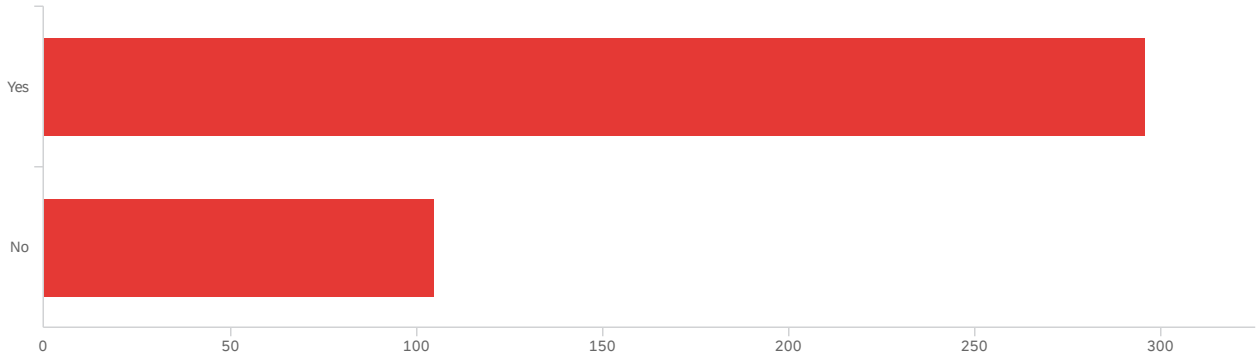
If you answered yes, please provide the specific location:

outpatient clinics
Canton Health Clinic
St J AA
Briarwood
Chelsea Hospital
St Joseph Mercy rotation site
Neighborhood Family Health Center, Ypsilanti MI
Kellogg Eye Center
VA Ann Arbor
Community clinics
NCRC
VA
VA
AAVA
Chelsea Family Practice
Working at EAA OR, high volume, lots of patients that could have tested negative but then infected before their OR date
Domino's Farms
Domino farms
NCRC
Chelsea Health Center
Ann Arbor VA
Off site clinics have poor patient regulations for masking
Dominos Farms and VA
The VA

If you answered yes, please provide the specific location:

All offsite locations.
EAA
Chelsea Family Medicine Clinic, Ypsi Family Medicine Clinic
St joes
VA
Center Reproductive Medicine
VA
Ann Arbor VA
EAA
VA
Briarwood, VA

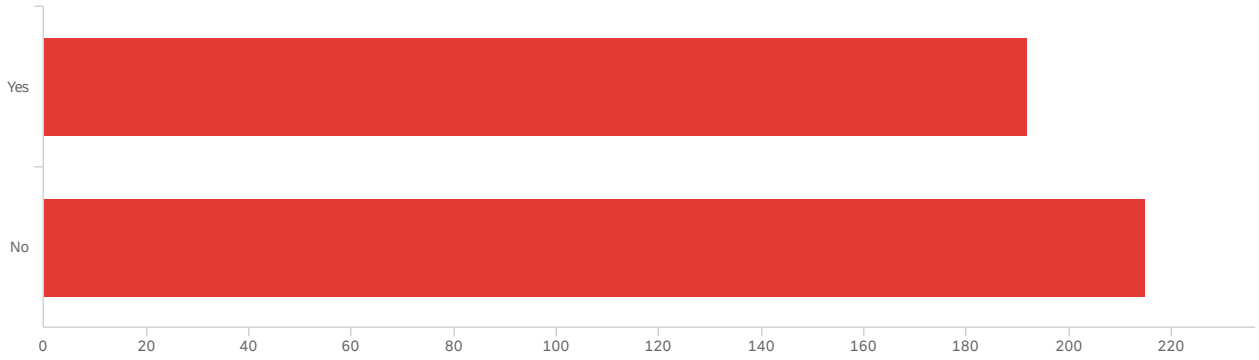
Q5 - Do you feel Michigan Medicine has upheld its legal obligation to provide reasonable and necessary medical care for work related injuries or diseases?



#	Field	Choice Count	
1	Yes	73.82%	296
2	No	26.18%	105
			401

Showing rows 1 - 3 of 3

Q6 - Have you contacted Occupation Health Services (OHS) for COVID related concerns?



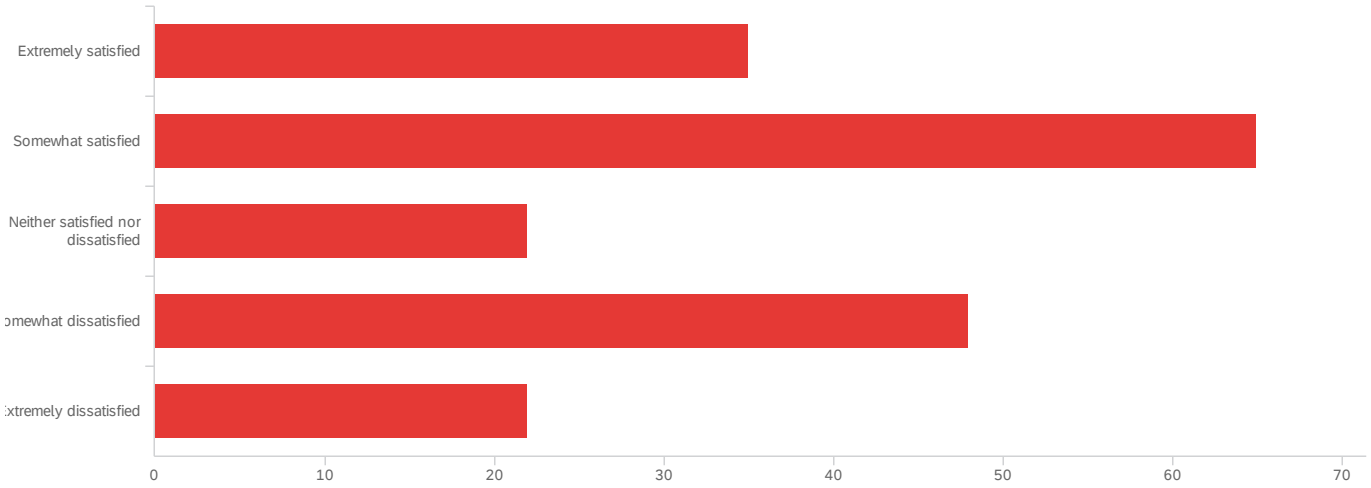
#	Field	Choice Count	
1	Yes	47.17%	192
2	No	52.83%	215
			407

Showing rows 1 - 3 of 3

Q7 - How many times have you contacted OHS?

1 Time: **103**
2 Times: **56**
3 Times: **21**
4 Times: **3**
5 Times: **4**
8 Times: **1**
9 Times: **1**
10 Times: **1**

Q8 - Please rate your most recent experience with OHS.

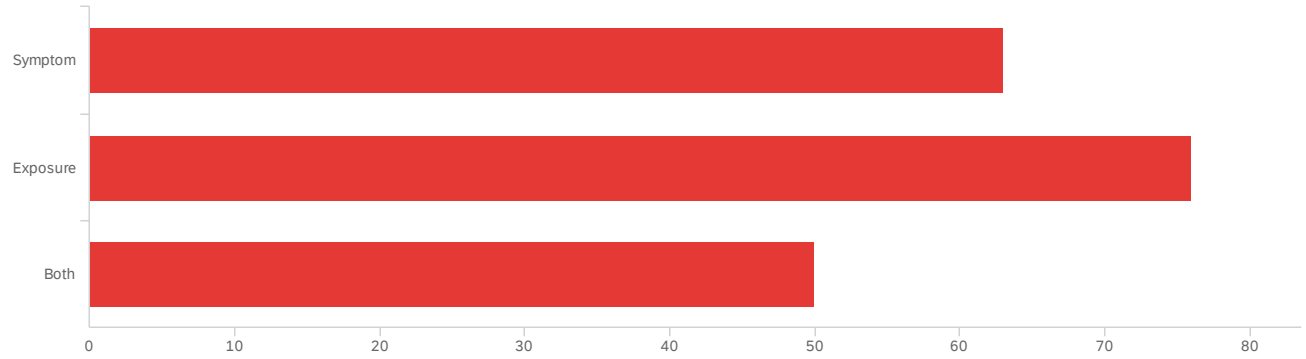


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Please rate your most recent experience with OHS.	1.00	5.00	2.78	1.31	1.73	192

#	Field	Choice Count	
1	Extremely satisfied	18.23%	35
2	Somewhat satisfied	33.85%	65
3	Neither satisfied nor dissatisfied	11.46%	22
4	Somewhat dissatisfied	25.00%	48
5	Extremely dissatisfied	11.46%	22
			192

Showing rows 1 - 6 of 6

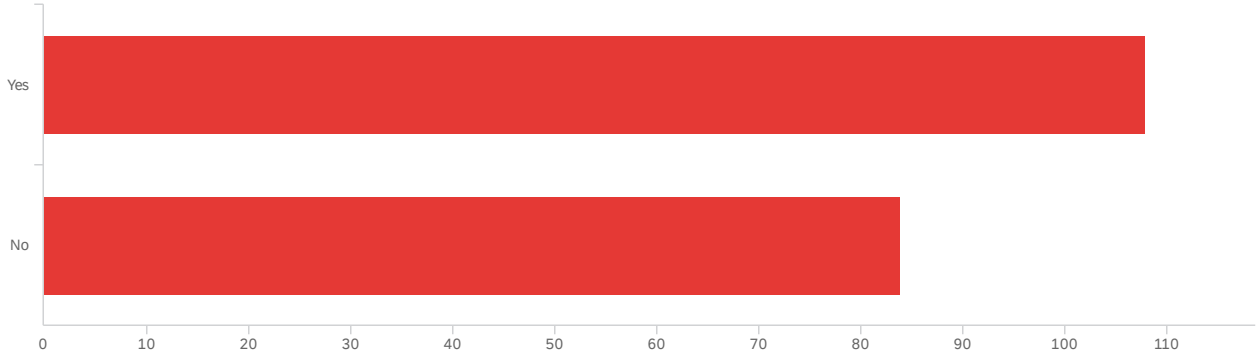
Q9 - What was your reason for contacting OHS?



#	Field	Choice Count	
1	Symptom	33.33%	63
2	Exposure	40.21%	76
3	Both	26.46%	50
			189

Showing rows 1 - 4 of 4

Q10 - Were you tested by OHS?



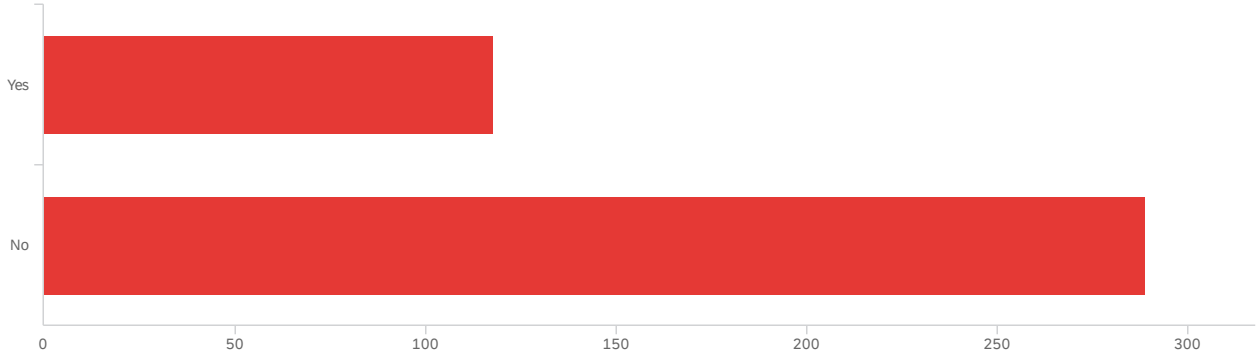
#	Field		Choice Count
1	Yes	56.25%	108
2	No	43.75%	84
			192

Showing rows 1 - 3 of 3

Q11 - If you were tested by OHS, how long did you wait for results?

2 - "pending"
23 - "rapid test" & 6 hours or less
9 - 9-16 hours
37 - 24 hours
9 - 30-36 hours
22 - 48 hours or "2 days"
1 - 60 hours
4 - 3 days
4 - 4 days

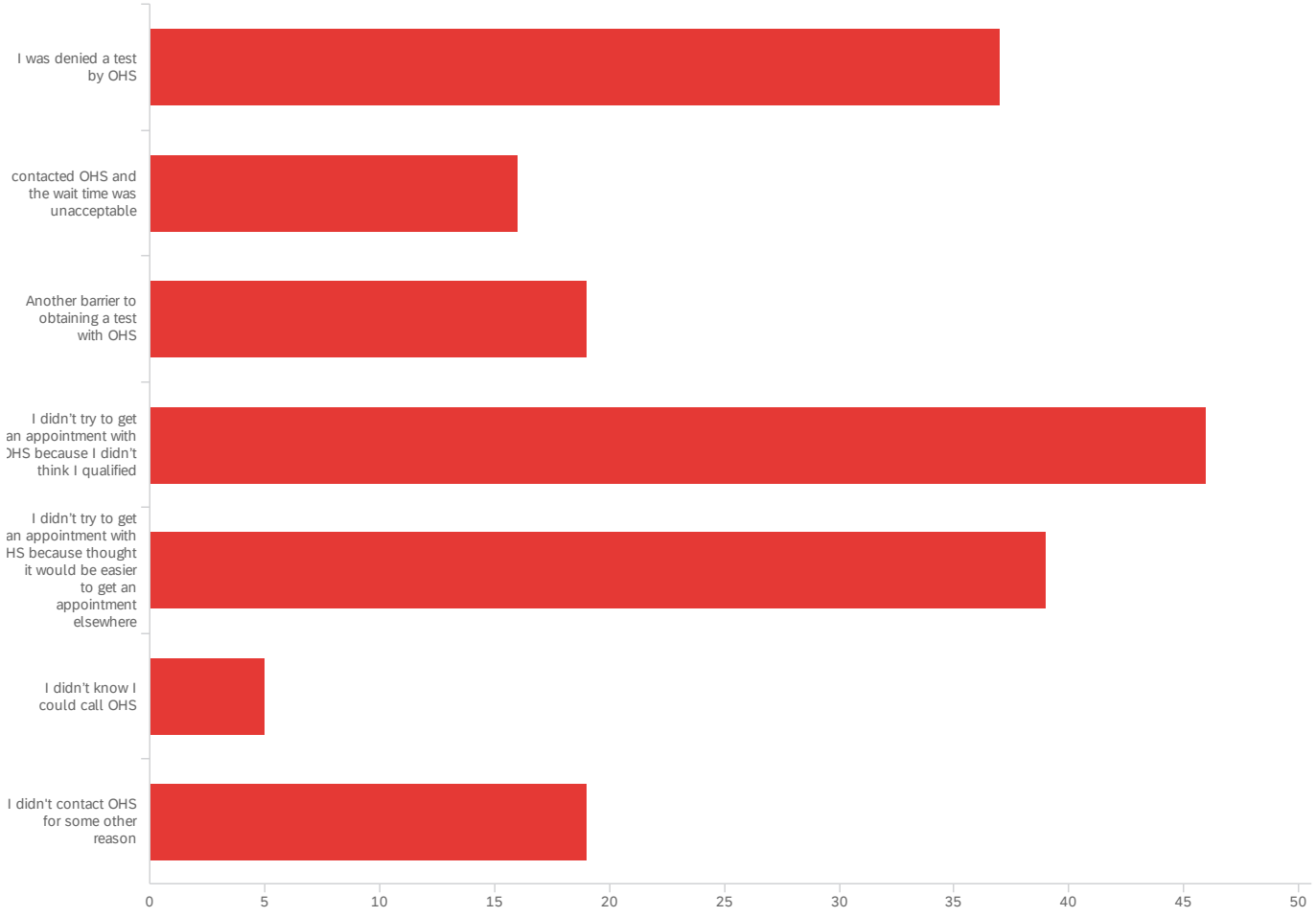
Q12 - Have you been tested outside of OHS?



#	Field	Choice Count	
1	Yes	28.99%	118
2	No	71.01%	289
			407

Showing rows 1 - 3 of 3

Q13 - If you been tested outside, what were the reasons? (multiple selections allowed)



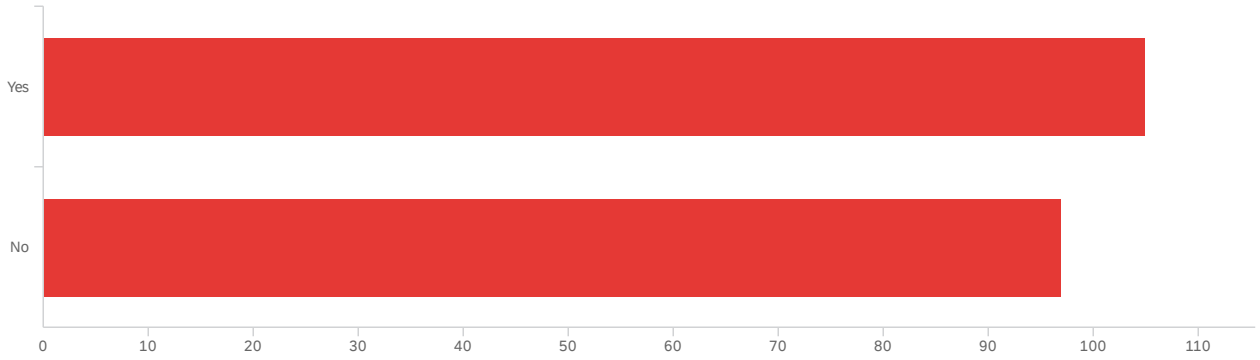
#	Field	Choice Count	
1	I was denied a test by OHS	20.44%	37
2	I contacted OHS and the wait time was unacceptable	8.84%	16
4	Another barrier to obtaining a test with OHS	10.50%	19
5	I didn't try to get an appointment with OHS because I didn't think I qualified	25.41%	46
6	I didn't try to get an appointment with OHS because thought it would be easier to get an appointment elsewhere	21.55%	39
7	I didn't know I could call OHS	2.76%	5
8	I didn't contact OHS for some other reason	10.50%	19
			181

Showing rows 1 - 8 of 8

Q15 - If you were tested by another source, how long did you wait for results?

2 - "pending"
18 - "rapid test" & 6 hours or less
9 - 8-16 hours
15 - 24 hours
4 - 30-36 hours
27 - 48 hours or "2 days"
0 - 60 hours
14 - 3 days
10 - 4 days
9 - 5 days
1 - 6 days
1 - 7 days
1 - 10 days
1 - 14 days

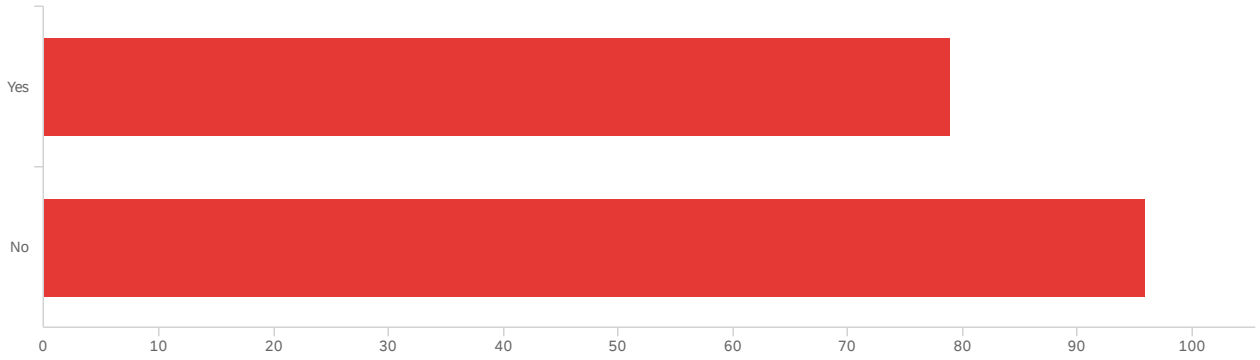
Q16 - Did you continue to work while awaiting the results of your test, regardless of who provided testing?



#	Field		Choice Count
1	Yes	51.98%	105
2	No	48.02%	97
			202

Showing rows 1 - 3 of 3

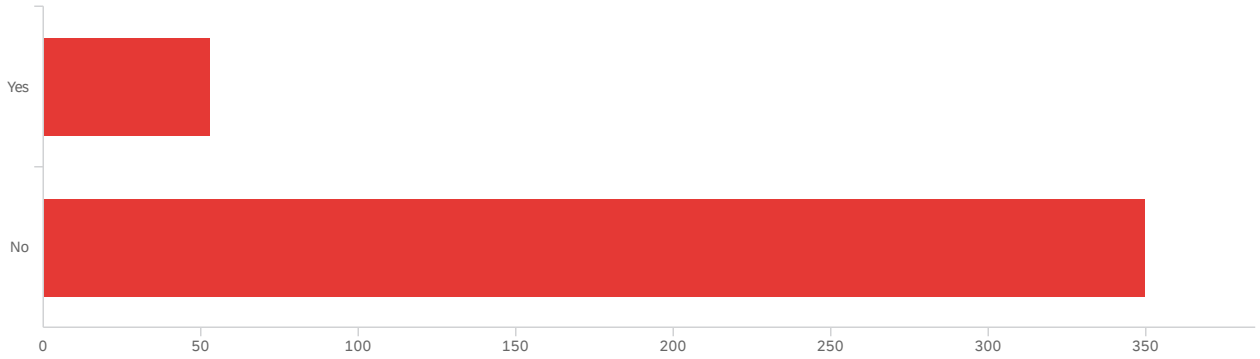
Q17 - If you were not working, but quarantining, while awaiting your results, were you concerned about exposing a high risk family member?



#	Field		Choice Count
1	Yes	45.14%	79
2	No	54.86%	96
			175

Showing rows 1 - 3 of 3

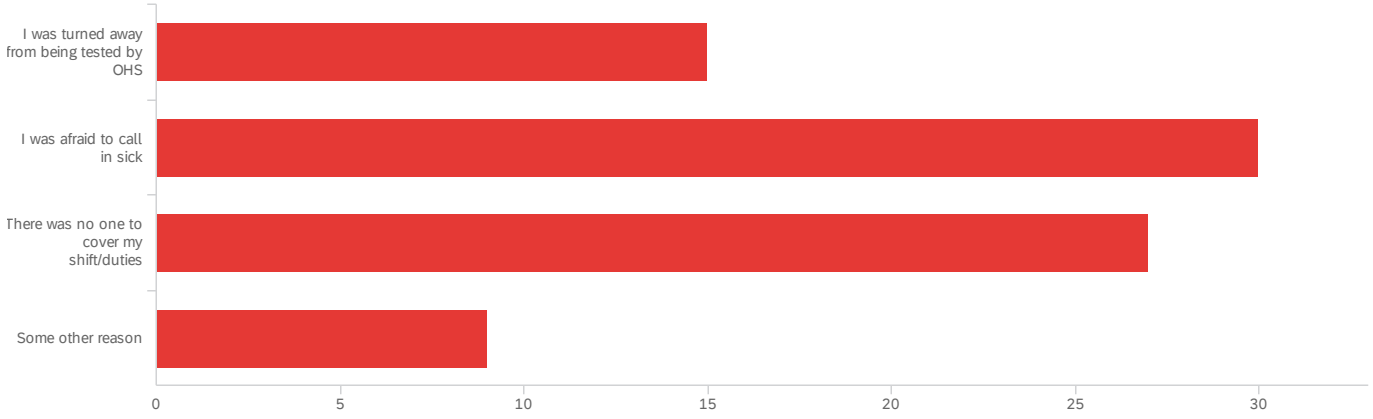
Q18 - Have you come to work or stayed at work with symptoms?



#	Field	Choice Count	
23	Yes	13.15%	53
24	No	86.85%	350
			403

Showing rows 1 - 3 of 3

Q20 - Why did you work with symptoms? (multiple selections allowed)



#	Field		Choice Count
1	I was turned away from being tested by OHS	18.52%	15
2	I was afraid to call in sick	37.04%	30
3	There was no one to cover my shift/duties	33.33%	27
4	Some other reason	11.11%	9
			81

Showing rows 1 - 5 of 5

Q19 - Please share any comments or concerns related to your job or training and COVID-19. Please also share any information you think the HOA needs to know about your experience with Occupational Health Services (OHS).

Please share any comments or concerns related to your job or training and C...

It would be good to feel free to get tested whenever we want given our constant exposures. Right now there are still some barriers to getting quick and easy testing onsite and OHS has stringent requirements to meet prior to testing Also, it is unclear how our work will continue to be done if we were to test positive and what the expectations would be. There are also many times where social distancing is not implemented or possible, and it would be good if there was more effort in enforcing this policy within rooms in the hospital. Finally, there are multiple times where there is not appropriate PPE available in outpatient clinics when patients have a positive screen. It often feels scary to be exposed and to put ourselves at risk numerous times.

It is not right that the barrier for testing employees is so much higher than for testing patients. It puts all employees and patients at risk.

There is no clear enforcement for pediatric patients who are not wearing masks which puts house staff at risk. The barriers to and criteria for testing are way too stringent. Other institutions are doing open asymptomatic screening. We should have a similar methodology or at least be tested following known exposures in patients who were not masked regardless of their status. I do not feel comfortable doing outpatient visits at this point given the degree of community spread that is being see right now. Even as a prioritized healthcare worker, I had to drive 40 miles while postcall to access a test. The university needs to step in to test and protect trainees

OHS does not seem to appropriately be testing those in close contact to known COVID exposures. There have been many instances that feel inappropriate that team members are told not to get tested and continue providing care to immunocompromised patients. I feel that we need a better plan for determining who needs to be tested.

I think we need access to asymptomatic testing. I also feel very strongly that all house officers who are being tested should be tested with the rapid test (results in 4 hours), and not the test that takes over a day to return (and sometimes longer).

It is not ideal that I got CoVID, but it is a job hazard, not much can be done

30+ minute hold time for OSH Covid line.

The most challenging part for me is not having appropriate spaces to work or eat/drink that would prevent exposures between staff that may be infected. I have almost never had work space with computers 6 feet apart or with barriers, which would allow my colleagues or myself to take off our masks to eat/drink with decreased risk. We spend hours at those work stations for patient care, and need to be able to maintain hydration/nutrition for our own health/well-being. It is often not a realistic option to go to the cafeteria or go outside between patient care activities. Another challenge that I have faced is that if I did have an exposure or needed to quarantine for any reason, it would likely affect whether my 2 year old son is able to go to daycare as he would also likely need to quarantine.

The lack of easily accessable testing for healthcare workers is such a disrespect to us.

It’s really vital to set up same day easy access testing with fast results. This was back in September maybe. But I was on the phone with a whole bunch of people before we came up with my ad hoc go to the ED plan. They also were not going to test me at first despite some symptoms since I didn’t screen high enough. I personally thought I was low suspicion and ultimately tested negative, but it’s insane when my chiefs were like “go get tested before return to work” and OHS initially said “no.”

OHS is overly restrictive with administering tests. Ideally we should all be tested regularly. That is not happening. In fact, OHS created arbitrary definitions even for exposures, and denies testing after a known exposure if there was not a “high risk” based on their definitions. This is a problem

Please share any comments or concerns related to your job or training and C...

Although I personally haven't had COVID-19 positivity or symptoms, I have heard from attendings and residents that they have been denied testing (worse earlier in the pandemic) and more recently that there are delays in being provided testing. One attending recently told me that her very young child tested positive for COVID, and she requested testing but was met with resistance. She was told that she didn't require testing if she wasn't having symptoms. She was made to come to work for two days before being tested, and of course she ended up testing positive. She was told that she should come to work unless she develops symptoms but ultimately ended up being off for a few days (I'm unsure if these days were given to her eventually, or if she needed to use vacation time). This seems really unsafe for vulnerable patients as well as fellow employees.

I would like to have access to COVID testing on demand.

OHS phone line this week has had average waits >60 minutes which is difficult to impossible when you are working inpatient. After each high risk exposure, they recommend pushing back the test date which does not make sense to me. Recently several team members tested positive within 3 days and OHS wanted to push back my asymptomatic test because they wanted to change to my last exposure not first.

I continually have folks say, "oh you must have been tested at the hospital" since the pandemic. Since March I have worked in our adult critical care unit, the emergency department and our pediatric unit with dozens of COVID patients. I often worry that I am an asymptomatic carrier, both for my other patients and my family. This hospital should be obliged to test the residents REGULARLY. This is really upsetting, yes, but more than that, it is dangerous.

In general, the unwillingness of the institution to offer broad asymptomatic testing is unacceptable. With community rates as high as they are, one of the only ways to prevent iatrogenic, in-hospital spread is adequate PPE (doing ok there), and repeated testing (failing miserably). In addition, for residents who have risked their lives during the pandemic for a fraction of the salary, we should have the option of pursuing asymptomatic testing if needed (e.g. somebody visiting elderly relative in-town, wanting to not expose them; somebody coming off of intense COVID-heavy ICU run, returning to spouse or child who is immunosuppressed; etc). We should not need to have a high risk exposure to pursue testing. Of course, this would be unnecessary if the institution started testing all workers regularly.

PPE is a concern and the “Michigan standards” change so much that there is now way it is for our safety. The residents no longer trust the system to act in our safety interest. We are seen as dispensable and our protection is an after thought.

Unclear about what the plan is for residents who may get tested (to be able to see immediate family such as parents) but be asymptomatic and what that would mean for our clinical responsibilities and how would that impact our scheduled vacation time, etc

Strongly believe staff members should have easy access to COVID testing, especially in exposure cases. I strongly feel Michigan Medicine has not provided optimal test availability, especially considering our populations high risk for contracting the disease.

Theyre needs to be an easy way of you have a high risk exposure or are n having even minor symptoms to get a rapid test for the health and safety of but just yourself but pts, other coworkers as well as family at home. This would also reduce the missed work time just waiting for a test result

I was denied COVID tests even though there was concern for exposure and was told to find a test on my own outside of U-M. I was also instructed to continue reporting to work since I was asymptomatic. This is against public health guidelines.

I Was able to get testing scheduled very quickly and while the test was unpleasant to actually get, the staff were all very nice and everything was accomplished very quickly. I feel *most* people are very cautious on the off-site campus on which I work (NCRC).

It seems like the university doesn’t want to lose its resident work force. Otherwise the science would say high risk exposures should quarantine. Without quarantine you’re just potentially exposing more and more employees.

As I suspect most people do, I am concerned about my risk for contracting COVID and specifically, what I would do if I became disabled as a result of it, since I am not able to afford disability insurance on resident salary.

I know several house officers in my program who have had concerns about COVID-19 exposure who have had to continue to come to work without testing because OHS will only test after 5 days from the last exposure to avoid false negatives. However, this completely ignores the possibility of asymptomatic or presymptomatic positive spreaders, and as such these house officers really should have early testing (with repeat testing at 5 days) for the safety of their co-workers.

Please share any comments or concerns related to your job or training and C...

I wish we could get asymptomatic testing - I had multiple low-risk exposures (not wearing N95) for a patient that later tested covid positive. I couldn't get an asymptomatic test because the clinical encounter time was less than 15 minutes.

I am concerned about fellow staff who are not abiding by proper mask wearing. I have seen staff wearing masks that don't cover their noses intentionally and push back or continue to wear masks inappropriately when asked to cover their noses. I am also concerned that patients are not wearing masks in their rooms when staff, nursing and/or medical teams enter. We are unable to keep 6 feet away from patients during delivery of routine care. It seems like an unnecessary, easily mitigated risk and not an evidence-based decision to allow patients to be mask-less while admitted to the hospital.

The testing I was requesting asymptomatic testing. For travel to other states (new york) it is required. Additionally, after exposures in the hospital I was interested in testing prior to seeing family despite being asymptomatic. I was able to get testing through CVS.

Main issue was that I had to travel to Canton for testing because they could not accommodate me on site

My coworker who had exposure and was fortunately asymptomatic, tested positive at an outside facility. I had known exposure to her, and fortunately I am still asymptomatic. However, occupational health services did not offer testing for me because I am asymptomatic. I don't agree with this and feel that OHS should still provide testing for employees with exposure who are asymptomatic.

There is no avenue to teach OHS while completing clinical duties (and emails lead to responses of "please call"). Thus it seems the only option is to seen private testing or just keep working.

I still think PPE is a problem. Access and availability is not common knowledge and there is insufficient access for those who are not primarily engaging with covid on a daily basis (specialists, etc). There also doesn't seem to be a robust testing protocol. Exposure should be a reason to be tested, but that isn't happening.

House officers should be provided with an easily accessible, quick way to get tested that is free of charge.

Have had clinic patients get through screening with likely covid (known positive contacts and symptoms). In addition, have had inpatient visitors come in with known covid to visit family. We need much better screening and a no visitor policy.

easily available testing for symptomatic and non-symptomatic employees should be implemented; more should be done to make physician and other provider workspaces more ventilated, sanitized, and appropriately socially distanced

I do not believe that the institution cares about my well-being and will continue to try to take steps on by own to protect myself and my family.

Simply put - there should be a no questions asked, asymptomatic rapid screening option for all clinical staff. This is being done in Boston and elsewhere and really helps to provide much needed reassurance for clinical staff, including if it is ok to travel (or when they return from required travel). This should be easily accessible and not have prerequisites outside of being staff. My symptom was only sore throat so though I reported my symptom, I was ruled out from qualifying for a test at UM. As such I just went to CVS - though this was quite inconvenient to schedule (given limited availability as community cases are on the rise) and I had to wait multiple days for a result. I knew my risk of COVID specifically was likely low given my isolated symptom but I was concerned to keep working or expose family as I had definitely been in the presence of COVID patients while performing clinical duties prior to symptom onset. While I appreciate that there are limited resources, the only way to prevent asymptomatic cluster outbreaks among hospital staff who just by the nature of the job and work stations are in close proximity to one another is to ensure regular, easy access to even asymptomatic testing. Thank you!

University is pushing for more face to face clinic encounters. Some patients do not need face to face at all. More face to face just make staffs and patients have higher chance to be infected by asymptomatic patient.

Please share any comments or concerns related to your job or training and C...

I felt that OHS was very disorganized, initially when trying to schedule a test they had told me that if I remained asymptomatic following my exposure I could return to work, even while awaiting my test results. They then told me Taubman would call me that day in order to schedule the testing. I did not hear anything for 3 days before going in person to Taubman to try to schedule my test. They informed me the order was in, but never released to their facility and that is why I wasn't contacted. This is very concerning to me, because if I had no been proactive about it I would not have gotten a test following significant exposure, and could have potentially been exposing not only patients, but other co-workers. Getting the actual test was very fast, but I received 3 emails all at the same time (9h after testing). The first told me my negative test, the other 2 were duplicates telling that if I had high risk exposure (which I did), that I should not be at work while awaiting results even if asymptomatic. Take into account that I had already worked a 9 hour shift as the previous OSH worker told me this was fine. Thankfully my test came back negative, but if it had turned positive I could have been exposing lots of patients and co-workers, and could have gotten into trouble as I hadn't "followed" their suggestion, despite that they gave me conflicting answers and didn't tell me I should be staying home until AFTER my results came back.

it took too long to get tested/get results.

Have heard from multiple co-residents that there has been difficulty obtaining testing and mixed counseling from OHS (program leadership says stay home, quarantine, OHS says OK to come to work wearing a mask/testing not indicated) even where a clear, unsafe exposure has occurred or the resident is actively symptomatic.

We need testing more accessible for employees.

It would be helpful to have more PAPRs for folks who have to spend all day in N95s because over time the N95 can cause pressure injuries to the nose.

no breaks to eat during shift. To stay alive you are eating at your computer surrounded by covid. Patients in hallway beds. The ED waiting room is a mass spreader event

I am a pediatric fellow. I have been seeing clinic patients in person. I recently saw a 3yo boy who was not wearing a mask and his mother who was wearing a mask in clinic. The mother woke up with a fever the day after the clinic appointment. She tested positive for COVID. I called OHS and even though I was within 6 feet for more than 15 minutes, because I had a mask on, it was a low risk exposure and I didn't need a test, according to OHS. I was not satisfied with this and thus went and got a test on my own.

The lack of screening protocols for healthcare employees is rather disturbing. While undergraduate students are frequently required to undergo asymptomatic, "routine" screening, and college football players are screened regularly, healthcare employees are instructed to come to work, regardless of any exposures, and told not to be tested unless you develop symptoms. There is acknowledgement of the risks of COVID in asymptomatic populations by the administration, with regards to the recent rule change requiring N95s for the majority of surgical operations. That requirement went into effect, even with the continued requirement of a negative COVID test for a patient to go to the operating room. This constellation of differing rules for testing of various University-associated groups, points to only one thing... revenue.

I think there should be consistent, widespread testing for COVID within the hospital employees to protect us from exposure from each other. Everyone with exposures should be getting rapid tests.

Requirements for test are actually very restrictive, and guidance for avoiding covid exposure form colleagues at work is transparently a cYAeffort by hospital - no attempt at solutions for whee staff or residents can eat or work in a way that is actually socially distanced

Testing for all employees needs to be expanded, especially as we head into this winter outbreak. Testing should not be reserved only for symptomatic people or people with “prolonged/high risk exposures”. If I work in the ED and potentially come into contact with COVID positive patients all day every day, I should be able to be tested regularly. It seems as though it’s easier for U of M students to get tested than it is for hospital employees and that feels unfair.

Overall, I feel very happy with the the PPE and precautions set in place for caring for covid patients. I have not personally talked with OHS or had any symptoms concerning for covid. However, I feel concerned sometimes about my risk of contracting covid from other employees. For example, I was working with a staff member who said someone in their household had symptoms and had tested positive for covid. They told me that they had spoken with OHS and OHS said that they should still continue to present to work because the employee was asymptomatic and that the employee only had to be tested once between days 5-14 after the household contact tested positive. Yet, I had to work with this person for an entire day. Of course, we wore masks and tried to distance as possible, but distancing was not always possible given the job at hand. It seems to me that in this and other situations, employees should be tested more frequently or be required to stay home if they have a close contact with covid, to prevent employees from contracting covid from other employees.

Please share any comments or concerns related to your job or training and C...

OHS needs to offer streamlined, rapid testing for house officers. To obtain testing I had to drive to a location 30 minutes away and then wait >24 hours for results. Coverage is tight in most programs and not realistically available while awaiting test results. On-site testing with rapid turn around should be guaranteed to house officers. Also, I am concerned about guidelines for direct admission patients. I had 2 near-miss exposures from asymptomatic COVID positive patients who were tested >72 hours prior to direct admission and were positive upon repeat testing. Based on clinical evidence available, it is basic knowledge that a negative test 72 hours prior to presentation is meaningless and should not be used a reassurance of negative status. Furthermore, these patients are roomed with roommates who are exposed in addition to staff.

It would be helpful to share information about where house officers can get asymptomatic testing without having to wait a long time or fake having symptoms. Although we are wearing PPE when we're exposed to patients, our exposure to COVID positive patients, likely asymptomatic but positive folks, and people who unexpectedly turn out to be positive is much more frequent than the average person. Because of that and our concerns about spreading the infection to loved ones, colleagues, and other patients, I think there should be a much more stream-lined and expedited process for us to have asymptomatic testing done. I'm not sure if this is in place already. If it is, I have not been made aware of it - so informing house officers specifically would be very helpful.

We as residents need access to free asymptomatic testing as frontline healthcare workers constantly interacting with COVID positive patients, especially within internal medicine and emergency medicine. It is really demoralizing that the university students and football players are prioritized and able to get this testing, but the people who are working day in and day out to care for patients with COVID in the hospital are not able to get tested. Frontline healthcare workers should be made a priority by the university and get tested without any questions asked. This issue is honestly making me re-consider staying at Michigan for any further training or faculty positions. It is also a terrible time for Michigan to be devaluing residents given we are in recruitment season. There is no way that applicants will not hear about this.

Do not have office space that allows for appropriate social distancing.

The OHS requirements for testing are far too restrictive. If I have had an exposure at work, I should be able to get a test without question. It is unjust to expect the people in the frontlines to risk their families and their mental health because the healthcare system refuses to provide them with testing.

There is basically no ability to get asymptomatic testing through UM. Particularly given relatively high exposure risk, I think we would all feel better (particularly with household contacts) if there was some availability to get surveillance testing. While asymptomatic testing has the risk of false negatives, I think there should be some sort of surveillance testing for healthcare workers and residents. There is asymptomatic testing being performed for the undergrads, who probably have much less risk. It seems crazy that this is not being done for us, given our risk.

Given the high rate in community if asymptomatic transmission, there is an increasing likelihood for exposure from family members of patients. The droplet masks do not provide adequate protection for physicians, and we should ALL be given N95 masks.

I have not had any concerns at this time, however I have not had any close exposures or need to interact with OHS so far. If I have concerns I will be sure to let the HOA know.

Please share any comments or concerns related to your job or training and C...

I have received multiple messages from co-residents in my program notifying me that the have tested positive for COVID without ever having received communication from michigan medicine or ohs about possible exposure (which as far as my understanding goes is in direct violation of the State's mandate for employer's to notify their employees of possible exposure events). It would seem michigan medicine is using the universal mask mandate as an excuse to not notify of possible exposures (given what I am hearing from residents and nursing about the number of positive employee COVID tests, it is likely weekly if not daily). Some of my fellow residents have been refused testing despite concerning symptoms (complete loss of taste/smell) and were told to continue working while wearing a mask. In other cases, they have been tested following known high-risk exposure, but were told to continue working while the test is pending. All of these actions by ohs in my opinion simply increase the chances of employees and patients being exposed to COVID in the hospital. Not to mention that our inpatient testing protocol only allows for testing if patients become symptomatic, which for a disease with a known prolonged period of up to 2 weeks without symptoms is absurd. I recognize the competing pressures for continued income through elective procedures and caring for COVID patients; however, I fear that these policies (which are clearly meant to keep enough employees working to maintain elective case volume for as long as possible regardless of the impact on patient and employee safety) will only lead to outbreaks among employees and patients and will leave us shorthanded when the inevitable surge of hospitalized COVID patients comes. Throughout the pandemic I have feared that I would be exposed to COVID and inadvertently exposure family members while asymptomatic. I felt that I would have a high chance to contract COVID via an exposure from a patient at work and being relatively young and healthy that I would survive; hopefully, without long term sequelae. However, I have come to fear more that we will soon see an overwhelming wave of COVID patients and that I will be forced to work even if I contract COVID. I don't expect that I will be required to work while febrile (though I cannot be confident in this), but that I will be expected to work well within the 14 day window which I believe will put myself at risk of complications and others at risk of transmission. I worry about DVTs/PEs/dehydration. As one of the Anesthesiology house officers I have already experienced redeployment to care for COVID patients during the first wave and a surge of surgical procedures thereafter and I recognize how little the house officers in general and particularly within the Department of Anesthesiology are valued by the institution. I also recognize that our supplies of PPE and isolation measures for COVID patients are superior to most other hospitals and that despite what is in my opinion unsafe protocols and working conditions, given the state of the nation nothing can be done but to be grateful that things are not as bad here as elsewhere (as far as I am aware, we have not yet had one of our house officers die of COVID).

Two experiences to share: One one instance, I called OHS to report severe fatigue and a temperature of 100.2. They said I did NOT need a test and that I could come to work whenever I felt up to it because I didn't have a true fever. I was not even offered a test even if I wanted one. One another instance, I received an email stating that a patient 'I'd seen in clinic 2 days prior had tested positive for COVID. This patient was <2 yrs and had not been wearing a mask. My email said I was to receive testing at days 5 and days 14 following exposure. When I called OHS to schedule both tests, I was told that just 1 hour prior to my call, they changed the policy and that I now only needed ONE test anywhere between that 5 and 14 day post exposure window. When I stated that I really wanted BOTH tests that were part of the prior policy, they refused to let me have both. I had the first test at day 5, and then called OHS again and insisted on getting the day 14 test as well, though they continued to give me resistance. I do NOT feel we should have to be fighting for these tests so much, especially with KNOWN exposures! I really feel OHS for have a MUCH lower threshold for us to be able to obtain tests if employees have concerns.

- Testing should be available to house officers and all staff regardless of symptoms. Otherwise we are just avoiding families and loved ones for fear of the unknown. - I was tested through OHS and the wait time was several days and I had to drive to Brighton while sick, unacceptable. - I remain concerned that there is inadequate space for house officers to take lunch and work at the same time due to cramped workrooms at baseline.

I am concerned about being in the operating room performing aerosolizing procedures as an anesthesia resident while currently in my last month of pregnancy. I doubt they will change my assignment to something not directly involved in aerosolizing procedures.

OHS staff is very nice and helpful however wait times are very long to the point that you just hang up because you have work to do. I work in the ORs and we are now just allowing the anesthesia providers to wear N95s. This should have been allowed a long time ago. Also, patients who are admitted only need one COVID negative test and don't need to get tested again while admitted (for example I took a pt back 5 days after their COVID test) however patients are interacting with healthcare workers and can get COVID while in the hospital. I think pts should be tested similar to patients coming in for surgery the same day(I believe it is 96hrs). Regardless of the timing, pts can still get COVID in between the time of a negative test and then come for surgery and expose healthcare workers. We should all be allowed to wear N95s during aerosolizing procedures and it was unsafe to all of us when we weren't allowed.

Despite me raising concerns to my faculty members in my program I find that very little efforts to social distance in our resident work spaces are observed. The room capacities are not observed and no sanitation supplies are provided.

there NEEDS to be asymptomatic testing for your healthcare workers. the fact that you do not provide it shows how little you value us. not only do we put our families at risk by not being able to be asymptomatically tested, but we put our patients at risk as well. at the beginning of the pandemic it was understandable as tests were in such short supply and their accuracy so uncertain...but it's not that way anymore. you have no more excuses.

I have had multiple patients get through various levels of screening (phone call, front desk, nursing staff) but reveal to me once I am in the room that they have several symptoms that meet criteria for COVID testing. I feel this puts numerous members of the healthcare team at risk. It would also be helpful to have extended hours for OHS to answer questions related to need for COVID testing since the resident workday and need for answers is longer than 9-5. Thanks!

Please share any comments or concerns related to your job or training and C...

OHS was extremely difficult to interface with after a high risk exposure. I was notified of this high risk exposure third-hand when the patient was transferred back to a related service. OHS never reached out to me directly. After an extremely long wait on the OHS phone line I was asked two questions and deemed to be a low risk exposure. Only after pushing to provide additional information about the nature of the exposure did the OHS RN realize it was a high risk exposure and even at that point they were hesitant to allow testing. Out of fear for exposure to my partner at home I arranged testing outside of Michigan Medicine, which was available prior to the date OHS stated testing was available. OHS did eventually test me but the entire experience exposed large gaps in the infection tracking process. I firmly believe asymptomatic testing should be available to all House Officers at any point, free of charge from the University and Michigan Medicine.

Many residents are waiting hours on the phone with OHS to discuss getting tested after high risk exposure and are told no. Residents are being made to not work for days at a time awaiting testing and results from OHS and other residents are being jeopardized.

OHS sent me to the ED to get a tests, the ED basically didn't take my concerns seriously but reluctantly did the test anyway.

I went to work with a temp <100.4 but chills because OHS said I didn't qualify for testing then. I went to the ED to get tested through OHS because it was a weekend and there only space was the room where PUIs were being quarantined tightly together. My teamroom consistently has more people in the room than the sign outside our door says we can safely have and still socially distance. Medical students on my team were talking about going to bars after work or on the weekend and I was told I couldn't ask them to leave the room.

I had the symptoms in April or May, (shortness of breath, cough, sore throat, diarrhea) but no fever so they did not test me and told me to come to work anyways wearing a mask and would not get tested. My program director luckily told me to stay home anyways

Making patients and their visitors wear masks. They aren't wearing masks. It needs to be enforced. Also I don't think any visitors, except for pediatric patients, should be allowed. It is too difficult to hold them accountable.

I would like routine covid testing for employees like admitted patients. There should be clear public guidelines on what happens if you develop new symptoms or are exposed to covid at work or in the community. There should be clear systems in place so I do not worry about my colleagues being short staffed. Residents are a valuable resource.

I do not feel that my residency program has been serious about lowering risk of transmission in our workplace. We were required to attend in person meetings for educational sessions despite the pandemic. These sessions were often held in rooms that were not large enough for appropriate social distancing. It required a resident speaking out about this concern and saying she felt unsafe for this to be discussed. I feel that residents are put at increased risk within our department. When one resident asked to conduct teaching over zoom The tone was as if she was being over cautious. Overall I didn't want to speak up in times because of fear of being thought that I cared too much or was being over cautious as well.

I'm worried I'm going to be pulled from my training, forced to work in a covid unit and contract the disease or even worse, bring it home to my loved ones unknowingly. My family is at very high risk of dying if they contract the disease.

Please share any comments or concerns related to your job or training and C...

I have had several exposures to co-workers and patients with positive COVID-19 results and have been denied testing by OHS because my exposure was not "high-risk." In multiple instances, I had an exposure and then began working in a new area (new rotation) with an entirely different group of co-workers and patients, all of whom I could have been exposing inadvertently due to not being able to obtain a test myself following exposure to known COVID-19 positive individuals. In addition, I have needed to travel to visit (and cohabitate) with family members and was required (by state mandates) to obtain COVID-19 testing prior to travel. I was denied testing for this reason by OHS, despite actively caring for known COVID-19 positive patients. I had to seek testing at an outside facility, which was not only a major time inconvenience given my work schedule, but also came at personal financial cost, as the testing for this reason is NOT covered by our Premier Care insurance plan, per personal discussion with the plan representatives. I feel that, as an employee of this hospital actively caring for COVID-19 patients, I should be able to obtain a test for COVID-19 if this is a) required for me to travel for necessary personal business and to protect my vulnerable family members; or b)if I am concerned about a possible exposure (regardless of whether it is technically classified as "high risk") in order to protect myself, my family members, my co-workers, and all of the patients with whom I interact. Apart from testing, I have also found that employee adherence to masking and room occupancy rules are poorly enforced, particularly in resident team rooms. These spaces are frequently overcrowded and far exceed the stated capacity. There are often multiple individuals unmasked simultaneously (occasionally for eating/drinking), and this includes residents and attending physicians who are in positions of authority over me. I find it difficult to speak up to encourage adherence to these policies due to fear that it will negatively impact my professional development (e.g., negative evaluations, poor rapport etc.) and I would appreciate additional institutional support in enforcing these policies and also in finding solutions for residents to continue to meet work obligations while following these regulations. For example, many nursing conference rooms have plexiglass barriers so that individuals can remove masks and eat and drink while maintaining physical barriers. These do not exist in resident team rooms. Because of demands on residents' time, it is often not practical to step away from a team room or leave the floor to eat or drink. Finding a solution that would permit individuals the time to eat and drink in non-shared spaces would be a positive step to protect many members of medical teams. Finally, I feel that the shared resident work spaces are not supplied with adequate cleaning supplies. There is often no hand sanitizer available, there are many spaces where worksations are used by multiple individuals throughout the day, and there are not cleaning supplies readily available to disinfect these spaces in between users. It would be helpful to have the resources to keep our work areas as clean as possible.

I developed a sore throat two days after spending two hours in a patient's room while we extubated and extensively suctioned a covid+ patient. My chief resident and ohs both said to come to work and ohs said I didn't qualify for a test. I was very nervous to be at work, interacting with colleagues, patients and their families not knowing whether I was spreading covid or not. I also felt like my colleagues were nervous to be around me once I developed obvious symptoms like runny nose, congestion and cough, but I wasn't able to reassure them that I was covid negative until I got tested at rite aid on my own. Ohs was very polite and responsive, but said that my symptoms didn't meet criteria for testing. I found it frustrating that we apparently have testing capacity for the football team to get tested on a daily basis and to screen 6000 asymptomatic individuals on a weekly basis, but we don't have capacity to test symptomatic health care providers so they can go to work knowing they will not spread the virus to vulnerable patients or colleagues.

It's hard to know if a headache and fatigue are symptoms of Covid, or just usual resident exhaustion. I don't want to call in sick and jeopardize a colleague, only to find out my test was negative and I could have worked. There should be a rapid testing option and at-work "quarantining" in PPE until test results are back for house officers, nursing, really any staff who are expected to cover the hospital 24/7. Also the OHS hours are limiting.

There are days happen that I would have a soar throat or myalgia but I don’t know if I should go for a test or just go to work and wait to see if it resolves. Also as a surgical fellow or resident there we almost never call sick unless we are almost dying!! There is no protocol or clear guidelines for surgical residents or fellow calling sick and what is the limit and when should we count ourselves symptomatic and isolate ourselves and go for a test.

OHS has been very helpful to me. However, each department has different requirements. Depending on the department head, how COVID-like symptoms are handled differ. Any house officer going through rotations should not be rotating as it unnecessarily exposes them to the risk of contracting COVID. Given the insidious nature of the rise of COVID, more care needs to be taken in how house officers are being treated in these times.

Inadequate or complete lack of hand sanitizer and cleaning wipes in work areas. Worse at the VA. In general, work areas for HOs are not ventilated well. We do not have safe places to eat and drink that are easy to get to

I got billed for the OHS ordered covid test after a exposure at umhs

I’ve walked into several unmarked rooms where a patient’s COVID test has been pending and we hadn’t been notified and were not wearing PPE.

unclear guidance about what steps we should do once we leave the hospital. if we work on a service with lots of covid patients, are we at higher risk despite PPE? should we quarantine regardless of symptoms? especially since we don't have routine asymptomatic testing, this has become quite stressful

Please share any comments or concerns related to your job or training and C...

I feel like information related to covid protocols is hard to come by, and the response to work exposures has been inappropriate and fraught with ignorance and misinformation from occupational health. OHS has altogether done a poor job during this pandemic with care for employees for other health-related i sauces and spreading information about clinic hours and such

Asymptomatic testing for staff needed.

I've been exposed several times but because they were "low" risk I was not tested. What if some of us are asymptomatic super spreaders? We should be tested more routinely to ensure residents/fellows aren't inadvertent super spreaders.

Why isn't everyone walking in getting temp screened?

The university is offering asymptomatic testing to students and just emailed out that there were many unrolled appointments/encouraged students to get tested. I on the other hand had possible symptoms (the list of symptoms is broad and non-specific to covid) and an exposure and still couldn't get a test from OHS so continued to come to work. Residents can't just not come to work every time we have myalgias or an exposure, we need to be able to get access to testing. If the university cares so much about spread on campus among students, then they should care about spread in the hospital.

I think asymptomatic testing should be readily available to HOs (ie at the hospital - going elsewhere isn't often possible with our work schedules). The fact that football players are being tested regularly and HOs or other frontline workers can't even get tested after an exposure is, frankly, unsafe and disrespectful.

OHS still denies asymptomatic testing despite high risk exposures. OHS also denied me a second test two weeks after the first when I once again became symptomatic, claiming I was only eligible for one COVID test per month. I am also concerned that the N95s at St Joseph Mercy are not the ones we were fit tested for and are a new brand.

1. I feel like we are residents are in a constant state of fear about infection. We don't know if any of our co-workers are sick (an anonymous email five days after someone tests positive for the entire unit does not count). We work much closer than 6 feet apart because there is simply not enough space. 2. I feel like if there is low clinical volume of infected patients the exam should be done by the attending. I am a pediatrics residents and our numbers are low enough this would not be burdensome for the attendings. Yes, only one MD needs to examine a patient per day, but that MD should be the attending and not the resident. 3. We need assurances that we will not need to do extra time at the end of our residencies if we need to take time off for infection. Currently, there are no assurances from my program that we can do virtual work instead of having to take a leave of absence and making up time at the end of our residency for something that we likely caught while in the line of duty.

Safety is a huge concern. I feel that we are not provided with adequate PPE. The masks handed out are flimsy and don't fit securely. The continual changes in policy regarding N95s has created immense distrust among residents. We do not feel that our health and safety is being taken seriously. When attendings can access N95s but we're told not to wear them and they are hidden from us we feel like our lives don't matter as much. We are also told to social distance while we eat etc but are not given the space or time to do so and must choose between not eating for 14 hours or being less than 6 feet from people without our masks on.

Labor and delivery is absolutely horrifying. Once a mother is admitted to their room, the bedside nurse will routinely allow the mother and her partner take off masks even when the test is PENDING! This is completely assanine to me because the nurses are placing themselves at risk which then puts co-staff at risks. Up on L&D I am more afraid of the nurses than the patients in terms of risk of exposure. The nurses need to enforce mask rules.

I was turned away by UH main OR admin. The front desk that is in charge of distributing N95's. from getting an N95. I told them I feel uncomfortable taking care of a previously positive patient who has not been retested regardless of how long it has been. My request was turned down.

There should be unused N95 masks at our disposal at all times. There have been times when there were not N95s available. There should also be concrete rules about exposure to patients. It seems like residents are expected to expose themselves to COVID patients far more than they should be and certainly far more than attending physicians.

Please share any comments or concerns related to your job or training and C...

I think that the threshold needs to be lower for testing with mild or no symptoms but exposure to close family contacts (live in same home) with a positive diagnosis of covid. Myself and multiple colleagues have called with mild symptoms and a positive close contact and have been told that testing is not recommended with symptoms that are too mild, however we know that there is a significant risk of asymptomatic transmission. Our own institutions asymptomatic positive rates have increased dramatically in the past few weeks and residents in particular work many hours and are unable to social distance while at work. Asymptomatic and mildly symptomatic testing of residents and in fact all employees with close family contacts should be an institutional priority to prevent widespread asymptomatic transmission of covid to the whole healthcare team and our patients.

My senior resident has been out sick for a week after coming to work with covid symptoms. I have been told that she is not allowed to return to work due to her symptoms; however, I have never been told whether she has tested positive for COVID. Given our close contact I called OHS regarding testing protocol and they said unless I can confirm she tested positive or I start to develop symptoms they cannot test me. They weren't very helpful in providing alternative testing locations or any additional help. It should not be our job to be our own contract tracers for work related exposures. Additionally the peds side is now getting a significant higher number of covid admissions. Covid patients are now being scattered among the peds floors and teams. There is no specific covid unit or team caring for these patients, which is increasing risk for provider exposure.

I worry that OHS is not concerned about asymptomatic transmission. After a high risk exposure (my child was covid +), they said I should continue working as long as I was asymptomatic and did not need to be tested, but there is a very reasonable chance that I contracted covid and was walking around work as an asymptomatic carrier, with OHS's blessing.

I feel that it should not be as difficult as it is to have quick testing for medical providers. Unless there was a high risk exposure at the hospital, it feels like OHS just shunts you elsewhere.

Thankfully I have not yet had to deal with this.

Testing needs to be more available, scheduled for patient care providers

Visitors should not be allowed in any longer. We have had patients whose family have brought in COVID to them, and by extension all the team members going in to provide care.

I feel that there should be weekly testing implented to employees that are regularly performing aerosolizing procedures. For example anesthesia is intubating pts who have neg Covid tests from 4 days prior multiple times a day.

I think U of M is doing a great job up to this point. I feel unsafe because of general my job requires patient facing care, but agree with precautions taken thus far.

As a chief I've had residents who have had high risk exposure been told to stay at work waiting on testing for days post exposure. We've also had exponentially long wait times that have resulted in us utilizing sick call resources to pull high risk residents from clinical roles in order to wait to make contact with an overwhelmed OHS

OHS denied testing in the past, finally when I had a high risk exposure they were obligated to test me. It was a 2 hour wait on the phone to schedule and once I got to scheduling they never sent me an appointment time or address where to go, they said I would get an email or phone call and it never happened.

Early during the pandemic I became febrile at work, called OHS who said I was low risk for COVID and to shelter at home until symptoms resolved, this advice was given even after informing them that my wife was pregnant. This was done before we knew more about COVID but the fact is that we all knew it was going to get bad and their approach was very haphazard and not reassuring by saying testing was not warranted though I was symptomatic and risking exposure to my wife and unborn kid(assumed I was to not get tested due to resource limitations as they were limited early kn based on my inference, I took it as I was not important).

I feel like we should be allowed to test asymptomatically.

-long phone wait times -denied testing for reasonable symptoms - told to work while asymptomatic after an exposure and awaiting test results-no designated place for those awaiting results to eat(ie unmasked)

Please share any comments or concerns related to your job or training and C...

OHS needs to only use the short turn-around time PCR test. We all know that severity of symptoms does not correlate with likelihood of having COVID so why do they require multiple symptoms to even get tested? The people I talked to were friendly, they are hindered by unscientific and dangerous policies.

In the email I received from OHS after discussing steps following a high risk exposure and currently asymptomatic, they stated that for this situation, MM employees would be expected to return to work while campus employees and research employees were to quarantine for 2 weeks. It concerns me that for the same level of exposure, they are giving significantly different recommendations. As a MM employee, I am at higher risk of asymptomatic spread to vulnerable populations compared to campus employees, and it seems irresponsible to recommend I not quarantine or wait for test results given the high risk patient populations I work with on a daily basis

I have been troubled by the lack of available testing for MM employees, and for the quarantining process. I have been dismayed by the widespread firing or reduction in midlevel support staff, thus unduly placing additional burden on house officers.

I think we have adequate PPE. I think it's taken a very long time to get easily accessible testing and I think we JUST got asymptomatic testing approved for us but unclear hours I also wonder why patients arent being asked to wear masks in their rooms (i think i saw a recent email asking them to but not at the VA)

I think the OHS needs to have 24 hour availability to screen employees for testing. M-F business hours are inappropriate for healthcare works who work 24/7, 365. Additionally, there should be concrete and known specific sites dedicated solely for healthcare workers for testing testing as well as ease of looking up that information. The OHS website has not been helpful to gather information and the fact you can't reach anyone over the weekends for guidance is inappropriate.

OHS will not provide testing for employees exposed at work. This is a huge problem.

Must state you have symptoms in order to get tested. Even if you'd had an exposure, OSH won't offer testing unless you state you've had symptoms. Asymptomatic rapid testing should be offered to residents, as it is at MANY other academic medical centers.

I think everything that u of m is doing is overkill and expensive.

High risk exposure, waiting on test for 5 days then waiting 48 hours for result. I'm working with immunocompromised patients. The Michigan dep of health said I should have been at home for 2 weeks because of my exposure but I worked the entire time. Feels unsafe.

OHS was great at answering my questions and concerns. However, the wait time to speak with someone was quite long; I waited 45 minutes to ask if my symptoms warranted testing.

It is a struggle to get the test for the exposure. I think even if we are deemed "not high risk" ie <15 minutes without a mask, we should Still have a right to get testing through OHS. They had told me that those deemed low risk are not eligible for testing and I would have to call my pcp (who is through u of m anyway) or go to the HHS website and find my own testing and get it on my own if I want peace of mind. In addition, if we want asymptomatic testing before travel, OHS does not test, which seems unfair given we are always possibly exposed in a work setting even with a mask on. Lastly, the idea of being tested after an exposure at day 5 is fine, but the guidelines are unclear on whether we should quarantine even after a negative test. I called OHS about that and they did not give me a clear answer. Also, my colleagues and I got different answers on whether we would be tested even after the same exposure, so I am not sure why this was the case.

I have been satisfied so far. Asymptomatic testing is critical, and so I'm glad we have that option now. My only concern is that we are still reusing PPE like n 95s. If we are supposed to not be reusing them this needs to be more explicit

Thank you for being quick with testing and results and for being helpful and knowledgeable. I know this is hard but OHS is doing a great job. They are always kind.

It is impossible to contact OHS, unrealistic wait times and their unwillingness to test. I am performing high risk aerosolizing procedures multiple times per day, on known covid patients and yet I still cannot get tested. We've had false negatives turn positive and they don't consider a high AGP high risk if you were wearing a surgical mask (even though you need N95 for protection). They don't seem to understand our protocols and why we feel that we should be tested based on that exposure. I'm afraid of spreading to my family, coworkers, and patients. We are on the front lines. How do undergrads have mandatory weekly testing, yet those of us on the front lines don't have access to testing when we have exposures? I feel we should also be entitled to testing even without high risk exposure if we want it. Such as before holidays and seeing my parents, I wish I could get tested. Instead I'm not seeing my parents because I can't get tested and I feel I'm high risk because of my work related exposures.

Please share any comments or concerns related to your job or training and C...

Have worked with multiple people who have had significant work related exposures requiring testing, but they keep working until their test is back thus potentially exposing all of us. Nursing staff and other staff frequently come into our work spaces and take off their masks or do not wear them appropriately. Visitors don't wear masks when they're alone in the room with the patient, thus exposing the patient who could then also expose us if they develop covid after being tested on admission. Not having PPE easily available means the code team never has N95s or other PPE when starting a code because otherwise you just stand around and watch someone die while waiting for a mask. If you truly didn't take off your mask unless you were six feet from someone no one would eat or drink all day because there are no spaces available for us to do that. Having visitors in the hospital exposes us all significantly especially since the family member of someone with covid has a high likelihood of having it as well if they live together.

I had a workplace exposure a while ago. The contact was an employee. My program director reached out to me to let me know of the exposure after a few days. I reached out to ohs and I was informed I was not eligible for testing as both myself and contact were wearing non-surgical masks. This is contrary to cdc recommendations. I reached out to ohs and received no response. At the VA, not all patients coming for procedures are tested which is concerning. Also, in cases where testing is being done on morning of procedure, fellows have been asked to consent patients in person before the results of covid testing are available. This is highly concerning to me.

Concerned about an impending lack of N95 masks

With the rise in cases we are being told that attendings are only seeing patients who medically necessitate being seen in person, while house officers are seeing patients and being exposed for the context of learning on patients who don't medically need to be seen in person. If a patient can be seen virtually, it seem irresponsible to expose trainees while allowing attendings to continue full virtual care.

- Access to TIMELY testing following exposures or with symptoms; we should be getting rapid testing when they do offer it

I am concerned about exposures to COVID-19 in the hospital, and would like to be tested before being around my older parents, but OHS will not offer testing unless I have confirmed exposure to someone who tests positive. It seems that it would be much safer if all house officers could be tested.

I've tried TJ get fit tested for N95 and the process has been difficult so I stuck with a PAPR. I've found OHS unresponsive

I'm not overly concerned about my health or safety and have not personally contacted OHS regarding COVID symptoms. Furthermore, I've been pretty satisfied overall with the steps taken by my department to keep residents safe since March of this year. My primary concern is that the triage policy outlined by OHS for COVID testing is short-sighted and not aligned with what we know about the virology and epidemiology of SARS-CoV-2. As someone transitioning into a chief resident role next year I've been involved in helping the acting chiefs in my program answer various COVID-related questions from our residents regarding whether they should be tested when they develop a couple symptoms of COVID. Invariably, we tell the resident to contact OHS and approximately 80% of the time OHS tells them there's no need to test and that they can continue coming to work. As we're all well aware, there is enormous variability in the severity of SARS-CoV-2 infection and having only several mild symptoms by no means rules-out an active infection. In my opinion OHS has set the threshold far too high regarding when they think employee testing is warranted.

Need asymptomatic testing available to employees

Many areas of the hospital are not serious about patients and staff wearing masks and using them appropriately, especially on AIMH, main floors, and in the ED at the VA. U of M should be testing residents regularly with or without sx and have contingency plans in place. It truly feels like the admin would rather not know if I am COVID positive so I can continue to work,

I don't think there are enough resources to stay safe in certain environments (ie cafeteria, locker room) - not enough hand sanitizer or oxivir in these locations where I think we would be more likely to spread the virus. I also have concerns about access to COVID testing for house officers.

I contacted OHS because my husband tested positive. I was told to continue working while awaiting test results. OHS would not test me until I was 5 days post last exposure, which meant I was supposed to work an entire week even though I had a high risk exposure. I understand that there are no exposure-related work restrictions, but that recommendation should change given some exposures have higher risk (aka living with my COVID positive husband vs a 20 minute encounter with a COVID positive patient).

Asymptomatic testing would be great!

I think if we get an exposure we should be able to get tested if we feel that a reasonable amount of time has passed since the exposure. This should include family members who also live with me

Please share any comments or concerns related to your job or training and C...

Working in PES there is not enough space for patients or staff to socially distance. Also state mandates COVID tests should be available at any time for healthcare workers yet when I have asked OHS about this I was told it was not available through UofM.

I think rapid testing should be available to all house officers regardless of symptoms. There also needs to be reinforcement from the top down that house officers with symptoms (or even the question of symptoms) should get tested before coming to work. There have been two times that I have had HOs come to work with mild symptoms who ended up getting tested after their shift was over. Thankfully both were negative but we all understand the pressure we are under to be a “good” house officer which usually means come to work no what. This isn’t necessarily a healthy mindset in normal times and is worse during a pandemic.

Health care workers need easy access to timely screening, even if asymptomatic. While we may be heading in this direction, my personal and professional life was impacted by an asymptomatic positive pcr test. Earlier access to screening through OHS would have prevented unnecessary expense and potential work related exposures

We need access to asymptomatic screening upon request, waiting until we have symptoms is not acceptable since we know we are at risk for exposure daily. I worry that we are not given easy access to asymptomatic screening to decrease the number of residents who have to quarantine after a positive test. Other hospital systems, like Spectrum, offer screening to their employees.

There has to be a clear system for being tested when you’re on clinical duty. If a house officer has symptoms and is recommended to be tested, and are directly caring for patients, they should be tested in an expedited manner so they can return to work if negative and feeling better or so plans for coverage can be made. HCW shortages are going to become a much larger problem in the coming weeks and months, and if HCWs are out for days awaiting test results, patients will suffer.

Needs to be some plan for where people can safely eat. I am lucky to have an office to myself where I can eat, but I don’t feel comfortable with others eating in team work rooms.

I was concerned I was exposed, so I notified my current attending. She was upset because I was not able to come to work the next morning. Additionally, she told me that I should’ve notified her right away next time so I could’ve gotten the “behind-the-scenes PCR testing that would’ve resulted in hours rather than one day.” I try to do my part to avoid getting sick, but if I were, I would feel immensely guilty and frustrated because of potential? Stigma about calling in sick.

The fellow workroom in my department is very small. There is no way to socially distance. There are usually multiple fellows in the room at a time. There is no designated place where we can work while maintaining social distancing. We are told that we are not allowed to work from home, even though we are not engaged in clinical work that requires our physical presence at the hospital. However our attendings are allowed to work from home. Our program director says that ACGME doesn’t allow us to work from home. I feel that our health is being placed at risk. Also, OHS is requiring fellows to report to work even if they have a confirmed direct exposure, unless they develop symptoms, and OHS is declining to offer the Covid test until 5 days after the exposure, and the fellow is still expected to report to work, even while waiting to be tested. This seems very risky, and I think it is putting many people at risk for being exposed.

An attending I worked with was turned away for testing because she only had 1 symptom (but her kid had COVID). Few days later she developed more and was tested. Then we were all notified we were exposed. Seems like a pretty backwards way to keep your employees safe.

OHS hours are ridiculous. They work a quarter the hours of residents. By the time they got back to me I had already returned to work and been there for HOURS.

I feel we should be tested semi-regularly, especially with more and more employees being infected.

My insurance was billed the first time I had a covid test through OHS, which I found concerning as the potential exposure was from work. I also think it is absurd that the university is encouraging people with known exposures to come to work with the potential of exposing others. Social distancing is also a significant concern for me particularly in our clinics. We are often assigned to go to clinic with another coresident only because our attending insists on it. Given that seeing patients in clinic, where people haven’t been tested is (in my opinion) extremely risky, i think this should be discouraged. Thanks for collecting data!

I had to ask OHS multiple times for testing while endorsing symptoms after high risk exposure and finally they okayed my getting tested in the ED.

Please share any comments or concerns related to your job or training and C...

I feel that residents (and all employees) should be offered more regular testing and for any type of exposure since we are often in close contact caring for COVID patients. Weekly testing is required of nursing home health care workers already and there are optional screening programs, but a guaranteed regular test would allow greater confirmation that our personal PPE and distancing practices are working and make us feel safer this winter. Symptoms based testing only misses asymptomatic individuals who may be shedding virus and so far only symptoms or very high risk exposures have flagged us for testing. I am concerned about community spread, daily exposure, and possibly having the virus but being asymptomatic and therefore not getting tested. Furthermore, I was on hold for over an hour when I called OHS to find out what to do when I had an exposure. This is an unacceptable wait time.

It seems like you have to jump through hoops (ie have multiple symptoms, be exposed for longer than a certain period of time, etc) to be tested by OHS. The most important thing is to be tested to know your status. OHS should not be turning people away! If we call for a test, please grant us one without question. The well-being of Michigan Medicine depends on it!

We need to have a robust system for routinely and quickly testing healthcare workers. It’s crazy to see how the football team and undergraduate campus can be tested regularly, yet healthcare providers have no such plan in place.

Was exposed when attending who had staffed every case in clinic tested positive (via campus asymptomatic testing surveillance program, developed symptoms the following day). Since everyone wore masks, OHS refused to test any of the residents in clinic that day. I did not get the impression that OHS was thinking about the actual situation where the exposure occurred and how it had the potential to bring down the entire clinic--this person interacted with everyone in clinic that day, and was in a tiny exam room doing procedures with me all afternoon at much less than 6' distance, handling shared equipment constantly. But OHS followed its flow chart that there was not >15 min of unmasked exposure and therefore would not consider testing unless anyone became symptomatic. If this exposure was to a COVID+ PATIENT, we would wear N95 and full PPE. I do not understand why exposure to a COVID+ employee is any different, where despite wearing droplet masks only and being in extremely close proximity for prolonged periods of time, this exposure is somehow considered low-risk. For all the effort that is being made to ensure we wear eye protection, it seems that N95 use in clinic (where patients are not tested, unlike on the inpatient side) would go a lot farther in preventing infection. Patients, family members, and coworkers wear masks improperly. They repeatedly wear them below the nose, remove them to speak, etc. Because mask wear is so variable, I do not feel comfortable working without an N95, but these are impossible to obtain. I feel that Michigan Medicine is missing the mark with its policies and do not feel safe at work. Furthermore, the Ann Arbor VA long ago stopped providing masks for employees at entrances, and recently stopped screening at employee entrances. It is up to us to find masks in clinic, and many people are wearing their own ill-fitting cloth masks to care for patients or re-using masks for multiple days. The lack of standardized PPE there again makes me uncomfortable as I interact with people with less than ideal masking. I am exhausted and do not feel that the current policies provide an adequate level of protection, to the point that I have regrets about matching here.

The rapid tests that every patient gets on admission should be available to all employees for free whenever they want to have one. A lot of us have had significant exposures to COVID positive patients - such as being in a room with regular PPE with them for an extended period of time to have them test + for COVID at a later time. We have to have symptoms to qualify for a test but by that time we've gone home to our families and worked with other patients. Sometimes I'll just have had a mild sore throat but don't have the 2 symptoms necessary to get tested, and I think we should be allowed to in those cases.

Would appreciate expanded COVID testing availability and access to N95s. I think this is necessary even when HOs are working on what might be considered “low risk exposures”, because HOs might be immune suppressed or pregnant and still expected to work, even if OHS doesn’t think exposure or workplace is high risk.

I tested positive for COVID and found OHS was helpful and supportive and checked in with me during my recovery .

I think we should do regular asymptomatic testing

I needed to get tested before seeing a high risk family member, not because I had symptoms.

There aren't many protocols in place for someone who has to stay home from work while awaiting results. I had a sore throat and headache which isn't unusual for me but ohs said I was unable to be at work until results returned. I had full clinics that others were scrambling to find other providers to see. If I would have been out for longer there aren't protocols on who is going to cover my clinics. Because of this I didn't want to miss with and felt I was causing stress to my cofellow who had to pick up all my work as well

Please share any comments or concerns related to your job or training and C...

I think that we should be tested weekly for COVID as Michigan Medicine employees, and in clinics where we ask patients to take their masks off to evaluate them (think ENT, derm, etc) we should be wearing N95s. Every time I ask the patients to please not speak when the mask is off, they blurt things out in my face as I'm up close evaluating. I have siblings who are in dental school and they get tested weekly for COVID, as providers why haven't we been tested at all? Just makes sense to help decrease the spread and keep our workforce healthy during this difficult time, especially given that my department has already had some positive cases (and though they claim 'it definitely came from an outside of work exposure' how do they actually know if nobody else was tested?!). People are also not following the rules of not eating in group settings or combined work rooms, and I really think that we should all be wearing N95s in the workplace for protection. Things are only going to get worse again and I can't imagine that there are still shortages in supply because it's been nearly a year since this pandemic started. Thank you for coming to my TED talk and apologies for how long this was, but this was a very timely questionnaire because I have definitely been getting more anxious about my health and safety these past few weeks. Thanks for taking good care of us, HOA!

Had high risk exposure after covid positive lung transplant, was told by OHS to still come to work (however email states that non-medicine employees should NOT come to work and should quarantine). Concern for exposing colleagues, numerous patients and family while awaiting results of covid test.

It's unacceptable that we still don't have rapid testing available to all employees. We should be tested weekly regardless of symptoms. Also unacceptable that we don't find out about exposures until days later if at all. Lastly, the entry health screening survey is completely pointless, there should be objective vitals collected at the door if they actually cared to find out who's sick.

I had symptoms early on in March. I called OHS 3 days in a row and was told I was okay to go to work with a low grade temp and fatigue after going to the ED for shortness of breath the day before. I was tested after having a 101 fever. I know this has improved since then. I am still afraid about mask shortages. I keep all my N95s just in case I need one. My attending also bought the residents N95s. I know we don't have it that bad comparatively, but this experience has definitely jaded me. I know I, as well as my attendings, aren't valued in the bottom line.

Operating in a N95 sucks but is likely necessary. Biggest risk may be from shared resident spaces. Difficult situation to address other than by making masks culturally normal

Taking care of these patients in the hospital is part of my job and I do feel we are supported while providing that care, but being able to feel safe about my own health and the health of my outpatients is also important. I have gotten enormous push back on requests for testing due to unrelated or no symptoms after possible exposures, and busy schedules often prevent us from going elsewhere for testing - plus with new regulations on which tests "count" and which don't, that's too much to keep track of for monitoring my own risk. Separately, the new idea of opening EAA to respiratory patients - and specifically filing them through the same waiting room and hallways as well patients - is raising serious concerns among staff, never mind other patients who are already afraid to come to the office.

We don't have proper space to maintain social distancing at work. We are crowded together in small work spaces at the hospital and in our clinics. We are don't have places to spread out to eat safely now that it is cold outside. Patients aren't being screened properly prior to coming to clinic, and allowed to come in to clinic with symptoms that are not reported, exposing clinic staff. We are responsible for taking care of COVID positive patients on inpatient medicine service and then transitioned within days to clinic or labor and delivery service. We have also had majority of elective time and learning opportunities cancelled, and because we cannot get clinic numbers, are told to scribe for attending or shadow nurses to get patient numbers for graduating, which causes unnecessary exposure and poor learning experience.

OHS should have expedited testing for any worker with any symptom. They should support us while we're working for them in a pandemic

During the first wave, it was understandable that all of us were working under less-than-ideal circumstances but we were coming together to care for patients. Now it''s been over 6 months and we STILL don't have adequate testing, turnaround times, or safety policies in place to keep up safe. We've had the time, there's just been a complete lack of institutional investment in the resources to keep us (and by extension our patients) safe. It's profoundly disappointing.

My attending and I had the same exposure. They offered her Covid testing since she was a "university employee" and not me since I'm a fellow. I think that is fundamentally wrong

I think we should have option for asymptomatic testing. Many other hospital systems have this for all hospital employees

It seems absolutely absurd the level of difficulty in obtaining test particularly for exposures. The rules are not particularly clear and are not aligned with what many of our peer institutions are doing. Residents have provided a lions share of work this year and in general I think the lack of access to testing is generally reflective of how the administration has treated residents this year.

Please share any comments or concerns related to your job or training and C...
I feel our test should be run faster to protect our families and not deplete our work force
Wish there was asymptomatic or more reliable (in terms of scheduling or availability) screening tests available to all MM staff without requiring screening questionnaire or need for confirmed COVID contact or symptoms
Confusion over testing, long turn around time, at times variable return to work guidelines
I have a newborn, and I am very nervous about exposing my spouse and family to covid
It would be nice to have better access to testing, even if we're asymptomatic. I've been taking care of covid patients, and feel very uneasy interacting with my loved ones.
Worked from home while awaiting test results

End of Report