INDIANA UNIVERSITY

RESTART COMMITTEE RECOMMENDATIONS REPORT
MAY 15, 2020

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"In responding to the pandemic, Indiana University has had two overarching priorities: The health and safety of all students, faculty, and staff who comprise the IU community, and maintaining the continuity of instruction, research, and clinical operations."

Michael A. McRobbie
President, Indiana University

IU Restart Committee Charter

The Indiana University Restart Committee is charged by President McRobbie with recommending and advising through the university's Executive Policy Group (EPG) on when and under what conditions the university can restart, that is resume, in whole or part, normal face-to-face operations.

It is chaired by Executive Vice President (EVP) and School of Medicine Dean Jay Hess and has 13 members, including the two deans of public health, and other experts in various aspects of public health, epidemiology, virology and other relevant areas of the health sciences. The committee evaluates relevant research, modeling and clinical data to inform deliberations and recommendations.

The group meets regularly to review relevant reports, articles, data and other inputs from major and respected sources that can help inform integrated and aligned recommendations. Through EVP Hess, the committee reports regularly to the EPG.

Specific consideration is given to the impact on restarting and some form of continued social distancing to the:

- State of COVID-19's impact in the state's hospitals
- Contact monitoring and tracing
- Prospect for and the impact of widespread availability of:
    - » Treatments (antivirals)
    - » Serological/antibody testing
    - » COVID-19 virologic testing
    - » Vaccines

Once President McRobbie receives recommendations from the Restart Committee, he will consult the EPG and others and decide on how and whether these can be implemented and under what time frame. The recommendations will focus on the following university cohorts: faculty, staff and students.

In the case of the student body, there are five potential scenarios:

- Return to face-to-face teaching
- Hybrid – face-to-face and online Fall and Spring
- Fall on-line and Spring face-to-face
- Fall face-to-face back to Spring online
- Entire academic year online

The Restart Committee will issue a report on its work in May, and additional reports as conditions may warrant.

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Introduction

COVID-19 is a respiratory illness caused by the novel coronavirus (SARS-CoV-2). The virus spreads from person-to-person primarily through respiratory droplets and contact with contaminated surfaces. It is a particular threat for older patients and those with certain pre-existing medical conditions.[1] However, there is much to learn about the virus and to consider in the context of risk and risk mitigation for IU populations.

The Restart Committee drew on a wide range of resources in developing its recommendations. This included guidelines from the Centers for Disease Control and Prevention (CDC), IU Health, the Indiana State Department of Health (ISDH), the Indiana Governor's Office, Central Indiana Corporate Partnership and other government agencies and professional organizations. Committee members conducted scientific literature and data reviews, including COVID-19 case and hospitalization rates for Indiana. The committee has been in close contact with other academic institutions in the state including Purdue University and the University of Notre Dame and reviewed plans and white papers from other universities across the country.

In developing these recommendations, we are operating under the assumption that there will continue to be some degree of spread in the community during the Fall semester and beyond until (if) herd immunity is achieved either through vaccination or actual infection and recovery. While therapy and vaccine development are underway and early clinical trials have begun, to date no vaccine or prophylactic drugs with proven safety and efficacy exist.

Thus, as Indiana University (IU) reopens, the primary tools to limit the viral spread and harm are prevention through a combination of personal and public health practices, and supportive therapy. The Committee's recommendations, wherever possible, are evidence-based and intended to facilitate faculty, staff, and students returning to campus as safely as possible.

This involves balancing risk with benefit. The duration of this pandemic remains unclear, and the situation is dynamic and continues to develop. The Committee will regularly review public health guidance, scientific knowledge, and clinical best practices and update its recommendations as the need arises.

Restart Framework

The committee has aligned with the guiding principles outlined in the *Back On Track Indiana* guidance published by the State of Indiana on May 1, 2020. Four guiding principles frame the decision to move forward with stages to reopen various sectors of the economy.

1. The number of hospitalized COVID-19 patients statewide has decreased for 14 days.
2. The state retains its surge capacity for critical care beds and ventilators.
3. The state retains the ability to test all Hoosiers who are COVID-19 symptomatic, as well as healthcare workers, essential workers, first responders, and others as delineated on the ISDH website.
4. Health officials have systems in place to contact all individuals who test positive for COVID-19 and complete contact tracing.

As of the time of this report, a number of states, including Indiana, are in the early phase of reopening. Indiana moved from Stage 1 to Stage 2 in its *Back On Track Indiana* plan on May 4 and is scheduled to move to Stage 3 on May 24.[2]

Guiding Principles and Premises for the Committee

- » A phased approach is needed for the return to the campuses.
- » Herd immunity will not have been achieved at the time of return to campus.
- » Vaccines against SARS-CoV-2 will not yet be available at the time of return to campus.
- » Approximately 40-50% of individuals infected by SARS-CoV-2, and capable of shedding virus, are asymptomatic.[3]
- » A variety of risk mitigation and monitoring strategies need to be in place. Further strategies should be considered as technologies advance and more data becomes available.
- » In the event of a resurgence, criteria and procedures need to be in place for a campus or campuses to shut down rapidly.
- » If viral spread continues to decrease, restrictions may be relaxed in a phased approach.
- » Plans to return to campus may differ for the undergraduate, masters, and doctoral programs.
- » Special consideration must be given to the individual susceptibilities of vulnerable populations within the faculty, staff, and student community.
- » The variations among campuses must be considered and locations must abide by local health department guidelines.
- » Faculty and staff should continue working on a remote basis if feasible, or until directed to return to campus by human resources.
- » Clarity of roles and responsibilities of IU, IU Health, the Indiana State Department of Health and local health departments is important.
- » The "dose" of exposure matters so reducing the amount of exposure to the virus to the lowest levels possible is warranted.

Committee Recommendations

Timing of Restart: Modeling and Health Systems Capacity

1. Current data show a decrease in new hospitalizations and, in regularly updated modeling for Indiana, predicts a continued decrease through the end of May.

2. The data from the ISDH and IU Health indicate health systems in Indiana have had and will continue to have significant Intensive Care Unit (ICU) and ventilator capacity.

3. Ultimately the timeline for restarting activity depends on the extent of viral spread, which can and will change over time. These current modeling projections and health system tracking data support a phased return to campus, with risk mitigation, testing and tracking procedures to be described below:

   » Researchers, including graduate students, to return to labs beginning around June 1,

   » Athletes in training by mid-June (see Athletics section),

   » Students in clinical clerkships by the end of June,

   » Student body to return (in some proportion) for fall semester.

Risk Mitigation

Campus Screening

1. All individuals returning to campus will conduct self-screening for COVID-19 (and other illnesses such as flu to reduce overall illness risk and burden) with protocols provided by IU Health.

2. Adapt IU Health screening protocol for faculty, staff and students in special situations such as athletics theater and dance. Where physical distancing is difficult and closer, more frequent monitoring is warranted.

Physical Distancing

1. Maintain at least 6 feet between people/workstations. Place plexiglass or other barriers in workspaces where people must face each other or are unable to be 6 feet apart.

2. Consider placing barriers at high-visited areas such as reception desks and check-in points.

3. Provide signage at entrances indicating public health measures to be taken.

4. Large events significantly increase the risk of transmission of COVID-19. Decisions about whether to permit large gatherings need to be evaluated with respect to the importance to the university's mission, the extent to which physical distancing is possible, the risk to vulnerable individuals, and federal, state and local guidelines.

5. Outdoor events reduce the risks of viral transmission compared to indoor events.

Personal Hygiene and Prevention Measures

These recommendations will require additional measures on the part of all IU community members, as well as additional measures on the part of IU facilities and others.

1. Promote education and awareness. Post signs and symptoms of COVID-19 and what to do if symptomatic.

2. Cloth face coverings are to be worn in public spaces and in face-to-face meetings, while on campus.[4,5]

3. Provide face coverings to faculty, staff and students (2 masks/person), and make available throughout campus (e.g. at the bookstore, pharmacy, etc.). Include instruction regarding washing masks every other day.

4. Require hand hygiene and respiratory etiquette (i.e., no hand shaking, cough in elbow etc.).

5. Instruct all students, faculty, and staff to stay home if sick or if a household member is diagnosed with COVID-19.

6. All students, faculty, and staff must be prepared to isolate or quarantine when necessary. Everyone must be prepared to participate in any case investigation and contact tracing with state, local, or university health officials.

7. All students, faculty, and staff must self-monitor health for symptoms of COVID-19 and use IU Health's virtual screening protocol when symptomatic.

8. All students, faculty, and staff must notify close contacts when sick with COVID-19 in accordance with state and local contact tracing protocol.

9. Require an annual influenza vaccine for all members of the university community. Require the meningococcal B vaccination for on-campus students who meet the age range for the immunization. Have collection and tracking of immunization requirements be managed by health services.

Public Hygiene

Public hygiene measures are inexpensive and effective and should be enacted.

1. Increase regular cleaning and disinfecting of public spaces.

2. Increase regular cleaning and disinfecting of touch surfaces (mass transit, lobbies, classrooms, hallways, dining, sporting/gym areas).

3. Provide hand sanitizing stations at major entrances to buildings and in high-traffic areas.

4. Remove high-touch items such as magazines, common pens, etc.

5. Identify frequently touched areas (doors, cabinets, etc.) and investigate options to implement no/reduced touch options such as door removal, card access, foot-operated door pulls/pedals, or sensor-triggered doors.

Campus Housing

1. Double dorm room occupancy will be feasible if students are allowed to choose their roommates.
   » Allow students in vulnerable populations to request a single room.
   » Require all student vaccinations to include influenza and meningococcal B.

2. Assign students to specific bathrooms if there are multiple units on a floor.
   » Schedule times for grooming and showering to reduce simultaneous occupancy when possible.

3. Clean shared bathrooms at least two times per day.

4. Restrict events and social activities as per current physical distancing guidance. Establish allowable occupancy and develop plans to monitor and enforce.

5. Plan a phased/staggered move-in process to avoid crowding.

Greek and Other Off-Campus Housing

1. Recommend that housed Greek organizations, and where applicable, other off-campus housing organizations implement similar protocols for housing, dining, social gatherings, meetings and events.

Food Service

1. Provide pick-up, drop-off, delivery, and single meal service only.

2. Restrict self-service of food and/or beverages (buffets, salad bars, drink stations, condiment stations, etc.) and avoid using or sharing items such as menus, condiments, and food.

3. Clean and disinfect frequently touched surfaces (for example, door handles, workstations, cash registers) at least daily and shared objects (for example, payment terminals, tables, countertops/bars, receipt trays, condiment holders) between use.

4. Space in-person dining areas to allow for social distancing and prioritize outdoor dining areas, where feasible.

5. Limit number of indoor diners in accordance with state and local capacity guidelines and limit tables to six or fewer guests.

6. Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, other methods.

7. All lines need to accommodate and be marked for physical distancing.

8. Extend food service hours throughout the day to reduce crowding at mealtimes.

9. Eliminate reusable kitchen items and replace with single use options. Replace shared appliances with single-use or no-touch options.

10. Assign vulnerable workers to duties that minimize their contact with customers and other employees.

11. Enforce frequent handwashing, physical distancing, and the use of cloth face coverings for employees.

12. Rotate and stagger shifts to reduce the number of employees in the workplace at the same time.

13. Offer staff sick leave and add COVID-19 as reportable for food service employees.

14. Use touchless payment options as much as possible and encourage preorder and prepayment options.

15. Place physical barriers, such as sneeze guards and partitions, at cash registers, or other food pickup areas where maintaining physical distance of 6 feet is difficult.

16. Until local public health conditions permit, in-person cooking classes should be moved to a virtual format.

17. Conduct daily health checks of employees prior to shift.

18. Post signage on how to stop the spread of COVID-19 and promote everyday protection measures.

19. Align with and implement Central Indiana Corporate Partnership and Restaurant Association guidelines.

Classes: Instruction and Learning Environments

1. Organize classes to minimize risk.

    » Adjust schedules to avoid traffic.

    » Minimize class sizes to achieve physical distancing of at least 6 feet.

    » Cloth masks should be worn on campus and in classes.

    » Implementation of a hybrid mode of face-to-face and online instruction will likely be necessary for the foreseeable future.

    » Implement close monitoring and tracking of in-person attendance to facilitate contact tracing in the event of an exposure.

Facilities

1. Post and promote hygiene prevention strategies.

    » Provide hand sanitizer upon entry to all buildings.

    » Increase visibility (signage) and availability of handwashing facilities and hand hygiene products.

    » Provide face covering and social distancing reminders.

    » Place appropriate signage at entrances and within buildings indicating pathways and positions for standing, waiting, etc., where applicable.

2. Investigate options to implement no/reduce touch options such as door removal, card access, foot-operated door pulls/pedals, or sensor-triggered doors.

3. Outbreak management measures in facilities include:

    » Utilize crowd sourced cleaning and disinfection in public areas by providing wipes and signage in common areas to increase frequency of cleaning.

    » Allocate space within buildings through layout and design to allow for physical distancing where possible.

    » Post educational signage.

    » Prohibit non-essential vendors and deliveries.

    » Conduct activities outdoors when possible (classrooms, dining, events, etc.).

    » Consider streets or parking lots that can be closed to cars in order to maximize space for walking through campus.

    » Provide physical barriers, i.e. plexiglass, at high-traffic point-of-sale, service, reception or other locations where frequent face-to-face interaction must occur.

    » Increase environmental cleaning and disinfection to twice a day (morning, evening, or after times of heavy use).

    » Increase visibility (signage) and availability of handwashing facilities.

    » Ensure handwashing facilities are fully stocked and operational.

    » Empty trash at twice the current frequency.

    » All touch points should be sanitized at least two times per day.

Transportation: On and Off Campus

1. Physical distancing may not be feasible when using campus transportation (vans, buses), so passengers should keep risks to a minimum by following CDC guidance[6] and using the following risk minimizing strategies:

    » Encourage walking and biking as much as possible.

    » Wear cloth masks on all transportation.

    » Increase environmental cleaning and disinfection.

Travel

1. Non-essential travel should be minimized.

    » Restrict non-essential non-local travel initially and revisit at regular intervals for reconsideration depending on the current outbreak status.

    » Consider restricting use of university funds for business travel, internationally or domestically, unless deemed necessary by an approving body.

    » Anyone coming to campus from international locations should self-quarantine for 14 days as per current CDC guidelines. Therefore, they should arrive early to campus to allow sufficient time for this to occur.

    » Discourage personal travel as much as possible through the semester.

    » Continue to base travel restrictions on the CDC Travel Alert Level 3[7] and State Department Travel Advisory Level 4.[8]

2. Travel guidelines and restrictions for visitors:

    » Consider alternatives before extending invitations to visit campus.

        • Limit to only most critical visitors.

        • Implement an approval process.

        • Implement pre-conditions for campus visits including self-screening, self-temperature checks.

        • Provide a mask if necessary.

3. Structure the academic calendar, where possible, to minimize travel associated with breaks.

Vulnerable Populations

1. Certain populations are more vulnerable for severe COVID-19 infections and may need special considerations to reduce their risk of exposure. "Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at a higher risk for severe illness from COVID-19."[1] CDC identifies "older adult" to be 65 years of age or greater.

2. Individuals with higher risk of severe illness, or living with an individual of higher risk, should consider risk-reducing strategies such as telework, and online course delivery, where feasible. Specific work situations should be discussed with campus health services and human resources to determine the most appropriate resolution.

Students in Specialized Programs

1. Health Sciences Students

   » Continue to follow guidelines established by the health sciences deans which are aligned with their respective professional organizations for students.

   » Students will not work with known COVID-19 patients.

2. Music, Dance and Theater Students

   » Abide by recommended risk mitigation strategies, including maintaining physical distancing and attempt to increase distance between people when there may be singing, yelling, heavy breathing, etc. Further guidance on specific activities will be forthcoming.

   » Consider outdoor activities and continued virtual instruction, where possible.

   » Consider routine daily screening of teachers, staff and students involved in rehearsals and performances.

Employee Certification for Return to Work on Campus

Prior to returning to work, employees must acknowledge the serious nature of COVID-19, the importance of each individual's knowledge of the risks presented by the virus, their monitoring of their own health, their need to notify appropriate personnel if they are symptomatic and/or exposed and be tested if necessary.

1. Encourage employees to take their temperature daily.

2. Provide employees with appropriate education about COVID-19.

Faculty and Staff

1. Extend sick leave to essential and high-contact staff who do not currently have sick leave (i.e. food service staff, facilities, etc.).

2. Review and update leave policies specifically to COVID-19.

3. Review attendance policies as related to COVID-19.

4. Require university community to stay home and cooperate with efforts to notify their close contacts when diagnosed with COVID-19.

5. Require employees to participate in all case investigations and contact tracing needs of state, local, and university health officials.

6. Encourage telework, distance learning, stagger return of on-campus community and work schedules, where feasible, until "outbreak management" is achieved.

7. Consider special accommodations for faculty and staff in the vulnerable population. Involve Human Resources as necessary.

Co-Curricular Activities

Athletics: As all athletes are students, university guidelines should be applied universally.

Because athletics presents challenges with social distancing and minimization of groups, particularly with contact sports, special considerations should be made to protect the student-athletes, coaches, athletic trainers, and strength staff.

Consider requiring routine symptom screening on a daily basis of all coaches, athletic trainers, strength staff and student-athletes. IU Health's virtual screening and monitoring tools could be used to do this (see Monitoring, Testing and Case Tracking).

Decisions about holding particular athletic activities (organized and informal) and events and under what conditions need to be made on a case-by-case basis. These must take into consideration the degree to which the risk can be mitigated by physical distancing, hygiene and must be in accordance with federal, state and local guidelines. Further guidance will be forthcoming.

Gyms, Pools and Fitness Centers should abide by recommended risk mitigation strategies along with state[2] and local health department guidelines.

- » Class sizes and equipment must be spaced to accommodate physical distancing (at least 6 feet between people and equipment).
- » Limit users to 25% occupancy initially, to be revisited as outbreak conditions change.
- » Continue to offer virtual workout options.
- » High-risk employees should minimize their contact with other guests and employees.
- » Consider the use of outdoor exercise classes.
- » Clean and disinfect the facility often including common touch surfaces.
- » Clean and disinfect equipment after each use.
- » Consider expanding crowd-sourced cleaning.
- » Use approved disinfectants and contact times rated to be effective against SARS-CoV-2.
- » Screen employees for health and temperature at the start of each shift.
- » Employees must wear face coverings.

Childcare facilities on campuses should follow risk mitigation strategies here along with in-state Family and Social Services Administration (FSSA) guidance and CDC Business Plans guidance, which includes some of the following:

- » Give priority of care to essential workers.
- » Advise those faculty and staff in COVID-19 vulnerable populations about the potential enhanced risk of providing care.
- » Maintain physical distance and not allowing more than 20 children within one classroom or area.

» Recommend maintaining children in consistent groups with the same caregivers to minimize mingling.

» Allow one hour a day for cleaning and disinfection without children present.

» Require anyone over the age of 2 to wear face coverings.

» Implement daily health and temperature screenings.

Students employed in roles deemed to be essential and with a higher risk of exposure to COVID-19, employee/volunteer (e.g. nursing home) should follow guidance of respective professional organization.

Monitoring, Testing and Case Tracking

The ability to accurately identify university faculty, staff and students infected with SARS-CoV-2 and isolate them along with tracing their close contacts is critical for limiting the number of COVID-19 cases and safe campus reopening. A Master Service Agreement for IU Health to provide the university with services for self-screening, symptom checking, virologic testing and daily monitoring of symptomatic individual has been signed. An IU Health testing protocol will include the campus medical director or an appropriate alternative as the ordering physician.

Thermal Monitoring and Surveillance

1. Faculty, staff and students should have ready access to thermometers.

2. Provide a thermometer to COVID-19 positive patients for monitoring.

3. Remote body temperature monitoring is not currently recommended given the number of university locations and other complications.

4. Additional future considerations:

   » Survey of randomly selected individuals when testing capacity allows.

   » Vulnerable populations.

Testing

1. Administer diagnostic testing for COVID-19 to symptomatic individuals and those potentially exposed to infected individuals.

2. Diagnostic testing of symptomatic individuals will be coordinated with the medical director of each campus' student health center.

   » Establish the medical director to automatically be the ordering physician for needed COVID-19 testing. The medical director will also receive the test results.

   » Care should be taken to ensure the testing locations are accessible to students and have the ability to prevent symptomatic COVID-19 patients from mingling with other patients.

   » IU Health's testing locations, including drive-up facilities, will be available to university faculty, staff and students.

   » While waiting for COVID-19 test results, the symptomatic student will be quarantined in his/ her rooms. During this time, they will not be permitted to have visitors and should stay in the room as much as possible. This will necessitate food delivery and identification of designated bathroom facilities for the student. Symptomatic faculty and staff should stay at home.

3. In addition to testing, encourage individuals to conduct self-screening for COVID-19 (and other illnesses such as flu to reduce overall illness risk and burden) with protocols provided by IU Health.

   » Utilize IU Health's virtual symptom checking protocol.

   » Based on information collected from the individual, IU Health's virtual system will provide response driven guidance regarding self-isolation and seeking appropriate care (including connecting the individual to the IU Health Virtual Screening Clinic and a same day appointment scheduling team to engage an IU Health provider). If the individual is deemed to have symptoms consistent with COVID-19, they will be directed to a COVID-19 testing site.

4. Polymerase chain reaction (PCR) testing is currently the method of choice for diagnosing acute infection. Testing will be done only on symptomatic patients, as the test has a high false negative rate for pre-symptomatic or asymptomatic individuals, potentially resulting in a false sense of security.

5. Serology Testing: At this time, the committee does not recommend employing large scale serologic testing in managing the phased reopening of the university. Such testing will be useful in research and to establish baseline population data in Indiana and perhaps in a representative sample of university students, faculty and staff. As this testing evolves, it will be reviewed and assessed for possible broader implementation.

Isolation and Quarantine

After testing for COVID-19, the individual will quarantine. Roommates/close contacts will quarantine. If the test result is positive, this arrangement will continue for 14 days for roommates/close contacts. The COVID-19 positive individual will remain in isolation for 10 days after the onset of symptoms and 72 hours after being fever free without fever-reducing medications improving symptoms.

1. If the test results are negative, per CDC guidelines, the individual and close contacts, housemates/roommates/floormates continue to monitor symptoms and be tested if symptoms arise. If symptoms arise in any of the people, they should seek care through the IU Health Virtual Screening Clinic. Normal activities may be resumed as long as test results are negative.

2. An isolation facility for COVID-19 positive patients is needed for each campus.[2] Bathrooms for isolation rooms should only be used by COVID-19 positive patients.

   » Compliance with isolation and quarantine requirements needs to be monitored and enforced. This could be done in part by utilization of the university's abilities to track locations of individuals through facility and internet access. Agreement to this precaution will be a requirement for faculty and staff and will be a requirement for admission and returning to campus for students.

   » Faculty, staff and students living off-campus should quarantine and isolate in their homes. If there are extenuating circumstances, review arrangements with health services on a case-by-case basis.

» Ensure COVID-19 positive patients and their university affiliated close contacts have access to a thermometer for self-monitoring.

3. Utilize Twistle, IU Health's platform, to support daily monitoring for individuals who have tested positive for COVID-19 and those in quarantine. Faculty, staff and students with a positive or pending test result will receive a daily message for self-evaluation of symptom severity. This supports faculty, staff and students by providing daily assurance and engagement with those who are symptomatic.

4. Discontinuation of Home Isolation. People with COVID-19 who have isolated at home may leave home when all of the following conditions are true: no fever for at least 72 hours without fever-reducing medication, other symptoms have improved, and at least 10 days have passed since the onset of symptoms.

Contact Tracing

The ISDH is responsible for contact tracing and has contracted with Maximus for this purpose.[9] This commenced May 11.

If symptom checking indicates further attention is needed, a virtual visit with a nurse will include questions to assist with contact tracing. These contact data will be shared with ISDH and local health departments.

Once additional tools become available, i.e. an electronic app, consideration should be given to use of the technology to identify individuals who have been in close contact. Faculty, staff and students would be given the opportunity to opt out of the contact tracing app.

Vaccinations and Therapeutics

1. Require an annual influenza vaccine for all members of the university community and the meningococcal B vaccination for all on-campus students who meet the age range for the immunization. Collection and tracking of immunization requirements to be managed by health services.

2. Vendors with employees located on campus, e.g. Chartwell employees must also abide by this requirement.

3. Vaccinations should be administered by student health services or proof of vaccinations elsewhere provided.

4. Begin planning for procedure for offering COVID-19 vaccination, if it becomes available.

Mental Health

During the pandemic, mental health services will be more important than ever.

Telemental health has provided a path for mental health providers to continue providing services to students during the pandemic. In-person visits should be limited to those clients who would most benefit from such interactions.

This is a critical time to provide virtual training and resources to faculty, staff and students on how to identify those in distress and how to effectively intervene and refer appropriately.

Additional Considerations Deemed Important

The ongoing extent of viral spread on all of the campuses, the capacity of the health systems, and isolation facilities along with testing and tracking capacity will need to be monitored. A centrally administered dashboard should be developed along with criteria for easing or restricting public health measures.

1. COVID-19 IU Monitoring Dashboard should include, for example,

   » Number of people using virtual screening

   » Number of tests administered and number positive

   » Number of persons in quarantine and in isolation

   » Test turnaround times

   » Hospital ICU capacity

   » Isolation facility capacity

   » Personal protective equipment (PPE), including masks, supply levels

It is important that all individuals on campus understand their responsibility for their personal health as well as other members of the campus community and the risks associated with participating in various types of campus activities. This will necessitate a robust education and communication process.

1. Education and Training

   » Self-monitoring symptoms protocol

   » Known risk factors – personal and situational

   » Self-monitoring if COVID-19 positive

   » PPE, including masks

   » Physical distancing requirements and facility flows – dormitories, lecture halls, classrooms, laboratories, cafeteria

   » Personal hygiene protocol

   » Post travel (domestic and international) protocol

   » Quarantine and isolation procedures

2. Communications

   » The restart plan and guidelines

   » Education and training materials and expectations

   » Expectations and consequences of non-adherence to restart guidelines and requirements

Community Engagement

Collaborate with local health departments, local communities, and businesses by sharing ideas and plans to ensure the university's community is continuing to practice healthy and safe behaviors off campus.

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