



# UPSTATE

MEDICAL UNIVERSITY

## Academic Recovery Plan COVID-19 Upstate Medical University

### Executive Summary June 4, 2020

#### 1. Restarting On-Campus Operations

Upstate Medical University's plans embrace Chancellor Johnson's five guiding principles:

- Put safety first
- Protect the core academic areas of excellence
- Maintain SUNY's mission for the broadest possible access to world-class teaching, research and scholarship
- Sustain academic programs and achieve operational efficiencies
- Demonstrate agility in responding rapidly to workforce needs.

As an academic medical center, our plans also embrace Upstate's mission to improve the health of the communities we serve through education, biomedical research and patient care.

##### a. Campus Planning Task Forces

**Incident Command.** Campus planning for COVID started in January 2020 with readiness planning initiated by our Department of Emergency Management. This led to activation of our Incident Command leadership and coordination structure, which involved seven sections, multiple task forces and over 100 people. Incident Command held daily videoconference meetings and coordinated planning for COVID-19 in the hospital and clinics, the academic programs (education and research), the campus as a whole and the Syracuse and surrounding community.

From the onset, our university president, hospital CEO, director of Incident Command, director of Emergency Management, director of Government Relations and others have worked and continue to work closely with the Onondaga County Executive, the Onondaga County Health Department, the Mayor of Syracuse, Chancellor Johnson and the Governor's Office as well as

other organizations and entities (other Syracuse hospitals, nursing homes). We have also worked closely with neighboring SUNY and other higher education institutions, collaborating and supporting each other with supplies, research efforts, housing, etc..

The organizational structure of our Incident Command integrates functions from across the institution, working together to quickly address safety of students, faculty and all employees as well as campus and hospital visitors. As an academic medical center, we have benefitted from the expertise of infectious disease and public health and epidemiology experts. Data from the region is used to provide predictive analytics for spread of the virus in the community. The Academic/Campus section of Incident Command worked hand in hand with hospital operations, logistics, supply chain/procurement, and other sections.

**COVID Recovery Team.** Incident Command transitioned to a COVID Recovery Team on May 11, with many of the same leaders involved as well as a succession of other managers. The Recovery Team has a similar organizational structure but a focus on recovery and planning. The COVID Recovery Team continues to have daily huddle calls and has become focused and streamlined, continuing to coordinate clinical, education and research recovery efforts, primarily focusing on the clinical mission.

**Mission Specific Task Forces.** In tandem and collaborating with the central COVID Recovery Team above, Upstate convened a ten-person **Research Recovery Task Force** and a eight-person **Academic/Education Recovery Task Force** which worked collaboratively on joint issues, reporting through to the President and his leadership committee (University Executive Committee) as well as the university-wide COVID Recovery Team.

A list of individuals on these task forces is provided at the end of this document.

**b. Academic Program Planning**

The two task forces on Research Recovery and Academic/Education Recovery have each developed recovery plans. Below is a table summarizing safety measures that have been implemented to reduce the likelihood of exposure to SARS- COV-2. Upstate has taken a “Universal Precautions” approach, which means that we assume anyone coming in to the institution could potentially be infected and take precautions to prevent spread under that assumption. This has led to universal screening at all entrances and universal masking to prevent dissemination of virus through coughing, sneezing, etc. Specific measures to enhance safety are summarized below:

**i. Safety measures, including classroom population density**

Safety measure	Status
Screening for symptoms and fever	Ill students and employees should NOT come to work or school. Screening for symptoms and fever is required of all students, faculty and staff entering all buildings at Upstate, including academic buildings, via a set of questions and a no-touch thermometer. Visitors are permitted only in specific circumstances. Those who are unable to meet screening requirements are referred to Upstate’s screening for employees and students (315-464-THEM, the ChatBot, and the testing center at 800 Water Street), to Student Employee Health, or, in the case of visitors, to their own providers or SCHC for testing.
Personal Protective Equipment (PPE) for low risk settings: Ear-Loop Masks	At the time of entry each day, when screening occurs, a new ear-loop mask is provided each day to everyone who enters any building on campus. These must be worn all day in all locations other than private offices when no one else is present or you are able to reliably and consistently maintain physical distancing (> 6 feet apart). This applies to all academic, research and clinical sites. We now have an ample supply of ear-loop masks to support this practice.
PPE for high risk settings: N-95 masks, gloves, gowns, face shields	As an academic health center we prepare students to enter the health care work force and must prepare them to transition to care for patients with COVID and other contagious diseases. Only students in final year courses of specific programs are permitted in settings where they will see patients with COVID-19 or those who are COVID-suspect. This is voluntary and students may decline to participate in the care of COVID patients without penalty. Calculations of needed N-95 masks for each returning or starting cohort of students have been presented to the COVID Incident Command or Recovery Teams for approval to ensure the PPE supply is adequate.
Signage	Signage is being installed at entrances, in hallways, in common gathering spaces, and is available for departments and units to order for break rooms and conference rooms. These signs reinforce wearing masks, avoiding congregating in break rooms or sharing utensils and condiments, etc.. Signs at elevators indicate maximum capacity based on physical distancing.
Frequent and effective handwashing; no handshaking; how to best cough or sneeze	Students will have completed a set of “COVID Essentials” (see below) return-to-class educational modules and will attest to these before they can return to any educational setting. Handwashing, sneezing, coughing, handshakes, etc., are covered in these modules. These modules are also available to faculty and staff.
Classroom and conference room population density	Maximum classroom population density based on CDC guidelines has been determined for all classrooms, conference rooms and laboratories; this information has been provided to deans and educational program directors and staff involved with room reservations. Rooms are being marked to ensure appropriate physical distancing, and tables and chairs removed as required. Classroom, lab, computer lab and conference room density will be significantly decreased and all those present will wear an ear-loop mask.
Other physical distancing	<ul style="list-style-type: none"> <li>• Elevators are labeled with maximum safe occupancy with respect to physical distancing; everyone will continue to wear ear loop masks in elevators and hallways.</li> <li>• Hallways have signage for distancing and safe transit.</li> </ul>

	<ul style="list-style-type: none"> <li>In the clinical setting, care teams are asked to reduce the number of providers who enter the room of a patient at one time and to reduce large rounding teams in hallways.</li> </ul>
Environmental Services (Custodial Services)	Environmental services (EVS) has instituted frequent cleaning of “high touch” points (door handles, surfaces, etc.) and common spaces and will increase the frequency and method of cleaning according to specific needs (e.g., cleaning of manikins and task-trainers in the simulation center, cleaning of keyboards in computer labs). They will deliver cleaning baskets (“Blitz Buckets”) to all offices who want them, to include gloves, wipes and a cleaning agent reputed to be highly effective against COVID. In many classrooms, responsibility will need to be shared between and among faculty, students, and EVS staff for maintaining effective cleaning practices, e.g., when equipment must be cleaned between users and staff are not present. EVS leaders are available for consultation with faculty and staff for specific cleaning consultations.
Education regarding COVID 19, masks, handwashing and distancing	All students will receive a letter with a checklist of items they must complete before returning to or entering educational programs. They will be required to attest they have completed a 30-60 minute online education about COVID (“COVID Essentials”) before they return. This program was developed in the College of Medicine and has been adapted for the Colleges of Graduate Studies, Health Professions, and Nursing. It is now available in Blackboard sites. Completion will be monitored by college deans or their designees. “COVID Essentials” is available to deans for their faculty and staff if they choose to offer it. Faculty and academic staff receive daily COVID updates along with all employees, and COVID resources are available on Upstate’s website.
Library and Student Support Services	Remote access to comprehensive library services has been available continuously. Current plans are for the Library to physically re-open in July with accommodations for physical distancing and cleaning. All student support services remain available; many have transitioned into successful remote access and delivery, including academic support and student counseling.

A system-wide Space Planning Task Force has representation from Infection Control, Quality Improvement, Educational Communications, Marketing and Communications, faculty governance and others. The task force coordinates efforts across campus to maximize safety, including signage, decreased room occupancy, barriers, cleaning practices, and others.

Break Rooms, kitchens, cafeterias, departmental conference rooms could be “hot spots” for viral transmission. Congregating or sitting in break rooms, kitchenettes, cafeterias and conference rooms, and the use of common condiments is strongly discouraged except for storage of lunches etc. in refrigerators. Signage is available to reinforce these recommendations. All are expected to adhere to the practice of distancing at 6 feet or greater apart, decreased density based on room square footage and wearing of masks when holding office or conference room meetings.

## ii. Instructional Protocols:

- Most classes will be delivered via remote learning (video-streaming, videoconferencing, asynchronous activities) or in hybrid format (remote learning and reduced in-person contact). Smaller classes held in person will adhere to guidelines about decreased classroom density and all learners and teachers wearing masks.
- Upstate has provided unlimited access to Zoom and WebEx licenses and have provided robust support to faculty for distance learning.
- Clinical rotations will resume in a staged manner based on priorities determined by the deans and individual programs and the readiness of hospital services, ambulatory sites, research labs, simulation programs and other locations to receive students.
- Deans' office staff communicate with program directors, clinical coordinators and directors of clinical courses who in turn assess capacity of the individual services.
- There are sufficient supplies of ear loop masks and N95 masks to support the staged return of students into clinical rotations over a three-month period.
- SUNY has issued guidelines on modifications of assessments related to COVID. Remote proctoring for examinations is available. Modifications to other assessments are also in place, including a move to remote standardized patient assessments (see below).
- Courses requiring hands-on activity (e.g., gross and microscopic anatomy, microbiology, bedside clinical skills teaching, bedside therapeutics), which we call "close proximity" courses, will continue with modifications appropriate to their setting. Risk mitigation measures include use of masks, gloves, and goggles when dissecting, frequent handwashing, reduced cadaver partner numbers from 6 to 2, accommodating learners in the same space by decreasing numbers and increasing sessions, using evening and weekend hours; maintaining the same pairings in a class rather than changing partners with each activity, and shared responsibility of students, faculty and environmental services for cleaning equipment and surfaces according to specific needs of the space and class.
- The Standardized Patient Program has shifted emphasis toward virtual teaching and assessment, concentrating on the interview, communication skills, and the clinical reasoning process. In-person standardized patient encounters have been suspended since March. Students now participate in remote video-conferenced standardized patient assessments and the center plans increasing use of this modality in the coming year.
- The University Simulation Center plans to re-open with a focus on task-training activities for residents and students including point of care ultrasound where the density of learners can be limited more easily than with immersive simulation. Staff is working with Environmental Services to purchase specific noncorrosive cleaning agents and establish frequent cleaning protocols for task trainers and manikins.
- Consultation for risk assessment and modifications is available from Infection Control and Educational Communications, the Space Planning Task Force as well as from administration and peers working in similar settings.
- Principles guiding the return of visiting students from other regional colleges and universities are the same as those for our own students. We have worked with partners

to calculate PPE needs, distancing and numbers of students per unit in coordination with clinical managers at University Hospital.

**iii. Research Laboratory Protocols:**

- Research restart will be done in a phased approach that is keyed to building densities.
- The timing of our phased approach will be informed by the cognizant Local, State, and National Public Health Authority directives to shelter-at-home and implement social distancing, recognizing that SUNY and the University have the ultimate decision-making authority.
- Principle investigators must complete a prescribed laboratory operation plan, that will be reviewed by the Vice President for Research, prior to the phased re-opening of their laboratories.
- Research faculty, staff and students will be screened every day for COVID-19 symptoms prior to entrance to a research facility and will be provided with a fresh ear loop mask for that day.
- While in research facilities, all researchers must practice social distancing when coming in contact with other individuals and wear ear loop masks unless isolated from other building inhabitants.
- Enhanced cleaning protocols will be in place for all public areas.
- As described in the laboratory operation plan, lab personnel will be required to clean high contact surfaces, including shared instrumentation, and their work space, at entrance and departure for that day's work. High contact surfaces, such as shared instrumentation and shared computer stations, will be cleaned prior to and after each use.
- It is anticipated, that if regional pandemic conditions worsen, phasing could be reversed to achieve lower building densities or even to put research labs back into hibernation.

**c. Restarting On-Campus Operations**

- i. **Residence Halls-** Upstate does not have State-owned dormitories. Housing for students and residents is available at Geneva Tower, owned by a campus affiliated entity, and in other privately owned buildings in the city. At entry to Geneva Tower, residents and staff are screened and given ear-loop masks to wear in common areas. EVS provides high-touch cleaning in common spaces.
- ii. **Dining Services-** Upstate does not have traditional dining halls as it is not a residential campus. The hospital cafeteria is open and has increased its supply of pre-packaged food. It has been arranged to accommodate the requirement for reduced density and all occupants must maintain a 6 foot distance from each other when eating and drinking. At the present time and for the foreseeable future, there are no contracts for food services on the campus proper, including the 9<sup>th</sup> floor cafeteria, the 1<sup>st</sup> floor academic building café or the Campus Activities Building.

- iii. **Personal Protection Equipment-** see table above.
- iv. **Screening, Testing and Tracing-** Ill students, faculty and staff should NOT come to school or work. Screening for symptoms and fever at the time of building entry each day are addressed in the table above. Universal blood test screening using PCR tests for virus or serology testing for antibodies is not recommended at this time for students or employees. The reasons for this include but are not limited to; 1) low positive predictive value of antibody tests in low seroprevalence areas (positive test likely a false positive when seroprevalence is <5% like CNY); 2) low negative predictive value for PCR tests in people without symptoms (PCR tests are for assisting in the diagnosis of sick people, not screening healthy people, a negative test may have been performed too soon in the course of an actual infection and be a false positive); and 3) the potential to adversely impact physical distancing and other public health behaviors if someone believes they are not infected. As new and improved tests or testing strategies come on line this approach may be modified. SUNY is studying the issue of system-wide testing, and Upstate is represented on this system-wide task force by infectious disease and public health specialists. Testing is available at any time for all students, faculty and staff, if they have symptoms or if they simply want to be tested. Contact tracing for positives is managed though Student Employee Health and the County Health Department (see below).
- v. **Custodial services-** see above.
- vi. **Student Health Services-** Student Employee Health is available to students, faculty and staff at any time should they develop any symptoms or have any concerns, including for personal safety, higher risk or others. Testing is also readily available for students and employees. For positive tests, the County Health Department working with Student Employee Health has responsibility for contact tracing.

**d. Campus and local communities**

**i. Vision for “Town and Gown” interactions**

As the only academic medical center in central New York, Upstate Medical University has been significantly involved with city and county leadership, regional higher education institutions as well as the leadership of other hospitals. Our experts provide multiple interviews per week and briefings for local television, radio and newspaper. We plan to sustain these ongoing collaborative interactions for the health of the region.

**ii. Transportation, Mail and General Delivery Services**

Shuttle services for remote parking lots continue with appropriate distancing in shuttle buses. Shuttles are cleaned after each shift. Drivers and occupants are required to wear face masks or face coverings. Each shuttle may carry no more than 50% of its usual capacity. Mail is held for

those working from home and delivered or picked up when requested. Arrangements have been made to meet anticipated delivery trucks with research-related supplies.

## **2. Tracing and Monitoring after Re-Opening**

As noted in 1-c-iv above, any individuals who test positive for COVID by PCR will be considered to be infected. Student health, infection control, and the county Department of Health will be notified according to protocol. The individual should be evaluated by their primary health care provider or Student Employee Health. The individual will be further referred based on their clinical status. If they are able to be managed as an outpatient the Upstate outpatient transitions team may be linked with the individual to ensure they are closely followed. The individual will be expected to self-isolate according to the current guidelines provided by NYS and the county. The county will complete contact tracing for external contacts and the infection control group at Upstate will conduct internal contact tracing according to protocol. Depending on the risk of the contact the individual may be asked to self-quarantine. This will be determined on a case by case basis. It is assumed if people are following the guidance for physical distancing and universal masking there should be very few contacts of concern. Return to school or work determinations will be based on current guidance from NYS, the DOH, and Employee and Student Health in consultation with infection control.

## **3. Communication and Outreach Plan**

Upstate has used and continues to use a variety of methods to communicate with members of the Upstate community, including students, faculty and staff:

- a. Daily COVID Updates by email to the entire Upstate community
- b. Regular email communication from individual deans and program directors to students
- c. Weekly videoconferenced sessions by leadership
- d. A series of Town Halls for students on evolving plans and their concerns and suggestions
- e. A series of Town Halls for faculty on academic recovery (research and educational programs)
- f. Participation of Upstate leadership on a number of regional community-based COVID working groups
- g. Regular messaging to and education for the community through TV, newspaper, radio and other media
- h. An askcovid.edu email for questions
- i. As mentioned earlier, Upstate developed a ChatBot in collaboration with Microsoft early in the pandemic which has been used by over 20,000 users since it opened on March 20
- j. Our triage phone line (315-464-THEM) for all students and employees to call for symptoms and guidance has received over 18,000 calls since it opened on March 14.



#### **4. Resources Required to Re-Open**

The greatest resource need for re-opening has been our supply of personal protective equipment and cleaning supplies. We have finally acquired sufficient supplies of ear-loop and N95 masks that we can comfortably resume student clinical operations without any concern about compromising supplies available to employees. Disinfectant wipes are now available in ample amounts. To resume research lab activity, supplies and animals will need to be purchased. Upstate has adequate financial resources and reserves to support operations needs through the re-opening transition process, but may need additional support from SUNY to advocate for additional spending authority in the coming months necessary to process order and pay vendors for services provided.

#### **5. Time Required for Restarting On-Campus Operations**

Upstate plans a staged recovery for all its mission-related activities, including clinical operations, research and education. We have defined phases of recovery (5 clinical phases, 6 research phases, and staged reentry for students which is tied to academic calendars). These phases will unfold over a period of three months, and they have already begun. At any time, should data and predictive analytics indicate an increase in COVID activity, any of these recovery efforts can stay at their current phase or return to a previous phase including reduction to essential activities only with resumption of an Incident Command Structure.

Flexibility, good leadership and a strong operations structure designed to move quickly, along with structured and frequent communications, support Upstate Medical University's recovery plan and any need to pivot quickly should circumstance require it.

This plan has been informed by *Campus Restarting-Risks and Recommended Mitigation Measures*, The State University of New York (SUNY), May 25, 2020, by *Creating Safe and Resilient Campuses: Suggestions for Reopening and Reimagining Colleges and Universities in New York*, The Commission on Independent Colleges and Universities in New York, May 18, 2020 and by the CDC's *Coronavirus Disease 2019 Considerations for Institute of Higher Education*, updated May 30, 2020.

**Incident Command Team (now COVID Recovery Team)**- see organizational chart on page 10.

**Academic/Educational Programs Recovery Team**

Lynn Cleary, Vice President, Academic Affairs (lead)  
Tammy Austin-Ketch, Dean, College of Nursing  
Katherine Beissner, Dean, College of Health Professions  
Lawrence Chin, Dean, College of Medicine  
Mark Schmitt, Dean, College of Graduate Studies  
Leann Lesperance, Associate Dean for Undergraduate Medical Education  
Matthew Mason, Assistant Dean for Clinical Sciences  
Julie White, Dean, Student Affairs

**Research Recovery Task Force**

David Amberg, Vice President, Research (lead)  
William Brunken, Professor and Vice Chair, Ophthalmology and Visual Sciences  
Patricia Kane, Professor and Chair, Biochemistry and Molecular Biology  
Katie Keough, Director, Research Development  
Mehdi Mollapour, Professor of Urology, Biochemistry and Molecular Biology  
Kristopher Paolino, Assistant Professor, Medicine, Microbiology and Immunology  
Robert Quinn, Assoc. Vice President, Research Integrity; Director Animal Lab

**Resources**

Mark Schmitt, Dean, College of Graduate Studies  
Mary Lou Watson, Director, Clinical Trial Initiatives  
Ruth Weinstock, Director, Clinical Research Unit

**Members of the following units and others have contributed to recovery plans for all planning groups:**

Educational Communications  
Environmental Services  
Emergency Management  
Faculty Governance  
Finance/Administration  
General Counsel  
Government Relations  
Hospital administration  
Human Resources  
Infection Control and Infectious Diseases  
Logistics and Supplies  
Marketing and Communications  
Public Relations  
Space Planning  
Student Employee Health  
Student Affairs

**APPENDIX- Upstate Medical University  
Checklist for Restarting On-Campus Activities and Operations  
6/24/2020**

**1. Repopulation of the Campus:**

- **Capacity to maintain social distancing**
  - Return of faculty and students is scheduled in phases over the course of three months, from June through August 2020.
  - Physical distancing measures compliant with CDC guidelines are in place in all campus buildings, including reduction of maximum room capacity, seating in classrooms and auditoria to maintain six foot distancing, decreased elevator occupancy, floor marking, and signage.
- **PPE**
  - Each student and employee is given a new, disposable ear-loop mask each day.
  - Masks are required to be worn at all times and in all places unless alone.
- **Screening and Testing**
  - All students and employees are screened every day for symptoms and fever. At many entrances this is with live screeners and at less frequented locations we now have a self-screening app that is required to be completed. Any positive screens are referred to Employee/Student Health or the provider preferred by the individual for further evaluation.
  - COVID testing is available to all students and employees if they have symptoms.
  - Employee/Student Health will contact all positives and provide further instructions and direction.
- **Residential Living**
  - Upstate does not have State-owned dormitories. Housing for students and residents is available at Geneva Tower, owned by a campus affiliated entity, and in privately owned properties throughout the area.
  - Arrangements have been made with local hotels to house persons undergoing isolation or quarantine.
  - No modification to the code of conduct has been made.
- **Operational Activity**
  - Most programs are being delivered in hybrid formats, largely via remote delivery. Two programs were already fully online before COVID-19 (RN to BS and the DNP in the College of Nursing).
  - Some classes require in person pedagogy, such as those teaching human anatomy, bedside clinical skills and procedures, direct patient care, and coursework involving laboratory research.
  - For these courses, the density of student numbers has been significantly reduced by splitting classes into smaller sections that meet at different times, creating rotating shifts of people who are in the lab at any one time, use of additional PPE

in some settings (e.g., face shields) and meticulous attention to cleaning and disinfection between uses.

- **Restart operations**
  - No buildings were technically closed over the past several months of COVID-19 adaptations. Environmental services has continued to provide daily cleaning with frequent cleaning for high touch areas (doorknobs, handrails, etc.) and we have made arrangements for customized cleaning of unique classrooms between uses (e.g., manikins and task trainers in simulation centers).
  - Research laboratories are resuming activity in a phased approach described in detail in the Executive Summary, also maintaining physical distancing and enhanced cleaning protocols.
- **Extracurricular activities including intramurals**
  - Extracurricular activities will gradually resume as the fall semester commences.
  - The Campus Activities Building houses a small gymnasium and work-out equipment in exercise areas. These will only re-open when the governor's office approves this state-wide. We have had a site visit consultation with members of Infection Prevention, Physical Plant, Environmental Services and Educational Communications and have set plans for physical distancing, room occupancy, use of UV disinfection and enhanced cleaning.
  - The pool is closed indefinitely.
  - Student interest groups and student government will take advantage of remote technology for meetings and/or will adhere to room density limitations, physical distancing and use of masks when meeting in person.
- **Vulnerable populations**
  - Educational activities are designed or can be adapted to serve the needs of vulnerable populations.
  - Many of our programs require direct patient care. No student is required to see patients with COVID-19 and most students are not permitted to do so.
  - For those unable or not comfortable returning to campus, individual arrangements can be worked out with the program director or supervisor.
  - Meticulous use of PPE, frequent handwashing and social distancing are universal precautions in all health care settings.
- **Hygiene, cleaning and disinfection**
  - All classrooms and restrooms are cleaned daily by Environmental Health Services staff. More frequent rounds are made for high touch areas (doorknobs, rails).
  - "Blitz buckets" of wipes, disinfectant liquid and gloves are stocked in every classroom and in common spaces in the library, labs, core research facilities, etc. Users will clean/disinfect their space and equipment before and after every use.
  - The library will use UV light to disinfect returned textbooks.

## 2. Monitoring:

- **Testing responsibility**

- Upstate does not plan to test all students and employees with COVID PCR or antibody tests before or during the semester.
- Testing will be symptom and event driven; there is no plan for surveillance testing.
- The university has a testing site coordinated and staffed by University Hospital that serves all employees and students. The Department of Pathology is responsible for purchasing testing material.
- As described earlier, there is active screening on a daily basis for everyone entering the building for symptoms and fever through either entrance screening stations or a screening app or a combination.
- **Testing frequency and protocols**
  - Symptomatic individuals may be tested through the Upstate testing site (see above) or through their own provider's office, whichever they prefer. All students and employees are encouraged to contact Employee/Student Health or the COVID-19 Resource Line (315-464-THEM) to make arrangements.
  - Monitoring for symptoms of COVID-19 and influenza-like illness are described above.
- **Early warning signs**
  - As an academic health center, Upstate Medical University has the advantage of the relationship with experts in Infectious Disease, Public Health, Infection Prevention, and a system of collecting emergency room data.
  - Rates of new and hospitalized cases of COVID are tracked daily and distributed widely.
  - Upstate works closely with the Onondaga County Health Department to coordinate epidemiologic data.
- **Tracing**
  - Contact tracing for individuals with positive tests is managed through Employee/Student Health and the County Health Department.
- **Screening**
  - Ever since March 2020, Upstate has conducted daily screening for symptoms and fever at all open entrances.

### **3. Containment:**

- **Isolation**
  - Symptomatic individuals will isolate in their homes or apartments while waiting for test results.
  - We have agreements with a hotel close by the campus for those unable to isolate in their own residence.
- **Quarantine**
  - Exposed persons will quarantine in their homes or apartments, or in the hotel with whom we have an agreement if they are unable to quarantine in their own residence.

- The Office of Student Affairs is responsible for the support structure to students who are isolated or quarantined.
- **Students confirmed or suspected to have COVID-19**
  - Upstate is not a residential institution.
  - As noted above, we have an agreement with a local hotel which includes housing for those with COVID-19 if necessary, and we have a support structure in place to support students who are isolated or quarantined whether tests are pending, negative or positive.
- **Hygiene, cleaning and disinfection**
  - As an academic health center with a hospital serving COVID-19 patients, Upstate is experienced in cleaning and disinfecting exposed areas. Environmental services staff who staff the hospital as well as the campus are trained in appropriate cleaning and disinfecting procedures.
- **Communication**
  - All COVID-related policies are available online on Upstate's MCN system. All COVID protocols are on our website with a link from the main page. There are daily COVID Update emails to the entire campus which include new protocols and measures.

#### **4. Return to remote operations:**

- **Operational activity**
  - As with the previous ramp down, educational programs and research labs are ready to pivot once again to remote instruction or research lab hibernation. Clinical activities will support essential functions but elective surgeries and procedures could be halted abruptly. For each mission area (clinical, education, research) there are plans in place with clear organizational structures and key personnel to execute scale down or recovery.
- **Move-out**
  - Upstate is a non-residential campus and this is not applicable.
- **Communication**
  - Upstate can activate Incident Command for urgent, minute-to-minute and day-to-day management of crises and urgencies. This organizational structure served us well during the first two months of the COVID response, and it was followed by a phase of COVID Recovery with a similar organizational structure but focused on planning for resumption of activity. There are task forces for Education and for Research which can facilitate internal communications, planning and implementation.
  - Upstate is in regular communication with and has worked closely with Onondaga Health Department on coordinating the COVID response in our area.
  - Public Relations coordinates internal and external messaging. Examples include daily COVID email updates, weekly remote leadership forums, many communications with the press, radio and television, etc.

## **Addendum 8/10/2020**

### **Protocols for students traveling from states under a travel advisory and for students arriving internationally**

On 7/22/2020, returning and incoming students received a message from the Dean of Student Affairs requiring students to inform us whether or not they have or will travel outside of New York state in the 14 days prior to campus arrival. If yes, they were asked to indicate the state from which they are traveling into New York. If it is listed on the New York travel advisory list, they were instructed that they would need to seek diagnostic testing for COVID-19 within 24 hours of arrival to New York. They were asked to indicate their compliance with this requirement.

This protocol is based on a July 2 FAQ document from the NY Department of Health regarding quarantine restrictions on travelers which clarified that all students enrolled in NYS health care education programs who have traveled in or to any of the designated states requiring quarantine are required to adhere to the essential worker guidance upon arrival in New York. Essential worker guidance was adapted from a June 24 communication from the NY Department of Health which outlines a modified quarantine protocol that we have adopted in Upstate's policy about employees and students returning from designated high risk states (Policy COVID T-09). A copy of this policy is available on request.

Ninety-four students, 5.7% of our student body, indicated travel from restricted states and indicated their compliance with this requirement. Most students had already returned to Syracuse before the New York State online health form was required since their programs started in June, July and early August. International students received this same message and are included in the numbers above. The vast majority of our international students were on campus prior to enacted restrictions and most of them are from Canada. Those coming from other countries have had to defer admission to spring 2021 due to embassy closures and inability to obtain a visa.

All students coming from states under a travel advisory and all international students who will return or enter in late August and early September will be required to complete the NYS online health form which will be kept by the Office of the Dean of Student Affairs.