

# PUBLIC HEALTH TASK FORCE REPORT

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# SUMMARY OF OPERATIONAL UPDATES & CONTINUED PUBLIC HEALTH MEASURES

The following is a summary of general public health measures that the Task Force recommends remain in place until further notice to prevent further spread of COVID-19. Also included are updates on services and operations that will return to pre-pandemic processes and procedures. Per UT System, we want to continue to follow the best science and data, particularly as we monitor the development and spread of variants, such as the Delta variant – now present in over 96 countries (see Appendix E).

**COVID-19 VACCINATION:** We strongly urge all students, staff, and faculty to be vaccinated against COVID-19 as soon as possible. Current scientific evidence clearly points to the protective efficacy of vaccines against COVID variants. This remains our best defense. On-site vaccine clinics will continue to be available to the Roadrunner community as well as vaccine clinics offering booster doses should these become necessary.

**SEASONAL FLU VACCINATION:** Since many of the symptoms of COVID-19 and influenza overlap, we strongly recommend that all students, staff, and faculty also be immunized with the seasonal flu vaccine each year, as soon as it becomes available. Further information about seasonal flu vaccine resources is available on the Roadrunner Roadmap website. Check this site frequently for information regarding on-site flu vaccine clinic schedules.

**FACE COVERINGS/MASKS (AS DEFINED BELOW):** Face coverings/masks are recommended in indoor public and common spaces, especially for those individuals who are high risk and/or not vaccinated.

**DAILY HEALTH CHECK:** On a daily basis, students, staff, and faculty are recommended to (1) monitor for COVID-19 symptoms; (2) use a self-screening tool for assessment; and (3) consider immediate testing if symptomatic.

**TESTING:** Roadrunners have numerous options for COVID-19 testing, including on-campus through Livingston Med Lab, or off-campus at a variety of accessible testing sites throughout Bexar County. UTSA also offers a free proactive testing program to students residing in UTSA-managed housing. This voluntary testing program allows the University to monitor and address real-time trends and prevalence and make timely decisions for intervention and response. Refer to the Roadrunner Roadmap website for information on testing options.

**EVENTS:** Events are proceeding per pre-pandemic processes and procedures. All events, virtual and in person, must be entered into 25Live (space request) and RowdyLink (event details submission form) to allow for comprehensive tracking and oversight. Further event guidelines are available on the Roadrunner Roadmap website.

**MEETINGS, OFFICE HOURS, AND WORK MODALITIES:** Meetings and office hours can be held in person but should have a virtual option where practical. Additional best practices include virtual and coordinated in-person work schedules, especially for individuals at higher risk or who live with or care for individuals at higher risk for severe illness from COVID-19.

**ATHLETICS:** Athletics will continue to follow recommendations and requirements from the NCAA and Conference USA.

**CAMPUS RECREATION:** Campus Recreation is operating per pre-pandemic policies and procedures.

**INTER-CAMPUS TRANSPORTATION:** All vehicles will be cleaned daily. Buses plan to operate with some windows open to promote ventilation with exterior air. Shuttle operations and safety protocols may be adjusted at any time based on local public health conditions and guidelines issued by relevant authorities – please visit the Campus Services website for the latest information.

**LIBRARY:** Primarily pre-pandemic operations with some adjustments, see p. 16

**ON-CAMPUS HOUSING & RESIDENCE LIFE:** Primarily pre-pandemic operations with some adjustments, see p. 17

**ON-CAMPUS DINING:** Primarily pre-pandemic operations with some adjustments, see p. 18



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# I. OVERVIEW

As of early 2020, humanity has been confronting a pandemic of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes coronavirus disease, hereafter referred to as COVID-19. This virus appears to be a new human pathogen that emerged in 2019 and rapidly spread around the globe. COVID-19 has affected millions of people, triggering unexpected changes within social systems, healthcare, and the global economy. Several countermeasures have been implemented to control the spread of COVID-19, from campaigns aimed to improve personal hygiene practices to community approaches like social distancing and quarantines.

In late May 2020, UTSA President Taylor Eighmy established a Public Health Task Force, composed of experts and stakeholders from across the University, to advise on our response to the COVID-19 pandemic. This group was charged with gathering input from an external Expert Advisory Group on appropriate best practices for relevant topic areas, including protection and prevention policies associated with health considerations, facilities, and student life. A copy of the original Task Force Charge is available in Appendix A. An updated charge, issued in March 2021, is available in Appendix E. Based on an exchange with experts as well as research conducted by members, the Task Force has developed this overarching guidance document with recommendations for the campus community as we move through planning and implementation for a phased reopening. This is the fifth report of the Task Force, primarily focused on operations for Fall 2021.

The results of this report serve as guidance for the [Recovery Operations Committee \(ROC\)](#) that was formed to implement the recommendations of the Public Health Task Force and Tactical Teams (see Appendix D).

This UTSA Public Health Task Force reflects one of several groups working together to take public health best practices into account as we plan to move forward with the highest level of safety and consideration of our campus community. The University and the Public Health Task Force have continuously integrated input from many organizations, including but not limited to the U.S. Centers for Disease Control and Prevention (CDC), the Texas Higher Education Coordinating Board (THECB), The University of Texas System (UT System), the Governor's Office, the National Collegiate Athletics Association (NCAA), the San Antonio Metropolitan Health District (Metro Health), and others as relevant to this topic. All input has been woven into recommendations here to guide our campus reopening and operational efforts for Fall 2021 and beyond.

We will continue to update this report as additional guidance is made public and more is learned about this novel virus's spread and impact to San Antonio, including direct risk to our campus community.



## II. DEFINITIONS

Definitions for key terms used throughout this document are provided below:

- » **“Campus”** refers to the physical facilities and grounds of UTSA. This is inclusive of the main and downtown campuses as well as the Institute for Texan Cultures and the Park West Athletic Complex.
- » **“CDC”** refers to the Centers for Disease Control and Prevention.
- » **“Contact tracing”** is used by health departments to prevent the spread of infectious disease. In general, contact tracing involves identifying people who have an infectious disease (cases) and people who they came in contact with (contacts) and working with them to interrupt disease spread. This includes asking people with COVID-19 to isolate and their contacts to quarantine at home voluntarily.
- » **“COVID-19 Response Team”** is a group chaired by the Chief Medical Officer and made up of representatives from Student Health Services, Occupational Health, Athletics, Housing, Counseling, Contact Tracing, and Administration and Operations, which meets daily to monitor and address suspected or confirmed cases of COVID-19 as well as review community and campus public health indicators.
- » **“Face Covering/Mask”** refers to non-medical and medical grade disposable face masks and cloth face coverings that completely cover an individual’s nose and mouth, fit snugly against the sides of their face and do not have gaps. When possible, masks should have two or more layers of washable, breathable fabric; and have a nose wire to prevent air from leaking out of the top of the mask. Face coverings should not be made of material that makes it hard to breathe (e.g., vinyl), or that have exhalation valves or vents. Gaiters or bandanas are not recommended. UTSA recommends following [CDC guidance for face coverings/masks](#).
- » **“Fully vaccinated,”** per the [CDC](#), refers to those individuals who are at least two weeks out from having received the second dose in a two-dose vaccine series product or at least two weeks out from having received a single-dose vaccine product.
- » **“Herd immunity,”** per the [CDC](#), refers to the point when enough people in a community are protected from getting COVID-19 because they have already had it or they have been vaccinated. Herd immunity makes it hard for a disease to spread from person to person, and it even protects those who cannot be vaccinated.
- » **“Isolation”** refers to the separation of sick people with a contagious disease (such as COVID-19) from people who are not sick.
- » **“Quarantine”** refers to separating and restricting the movement of people who, while not yet ill, may have been or were exposed to a contagious disease to see if they become sick.
- » **“Residential pod”** refers to two or more students who may have a shared bedroom or a common living area within a unit or hallway.
- » **“Social distancing,”** also called “physical distancing,” means keeping a safe space between yourself and other individuals who are not from your household.
- » **“University/campus community”** refers to UTSA students, staff (to include on-site contractors), and faculty.

### III. GUIDING PRINCIPLES ON RETURNING TO CAMPUS

The Public Health Task Force has developed a list of five guiding principles to frame this document, our continued review and assessment of the pandemic, and its impact on our campus.

- 1 We will fulfill the UTSA mission in the face of adverse events associated with COVID-19.** As an institution of access and excellence, UTSA embraces multicultural traditions and serves as a center for intellectual and creative resources, as well as a catalyst for socioeconomic development and the commercialization of intellectual property – for Texas, the nation, and the world. Even though many activities may need to be virtual or hybrid, we remain committed to superior research, teaching, and community engagement. We will focus not only on academics, but also on providing a safe and healthy environment for campus life, athletics, research, and broader support services.
- 2 We will engage in an approach of shared responsibility (see Appendix B) as a campus community, which is necessary to succeed in safely meeting our UTSA mission.** We will launch an aggressive COVID-19 public health awareness campaign, rooted in the philosophy of shared responsibility. We expect all UTSA community members – students, staff and faculty – to work together to ensure each other's health and safety. Everyone should expect to participate in disinfection protocols regularly, to be tested when appropriate, and to facilitate contact tracing as needed.
- 3 We will conduct all business in a manner that supports the health and safety of everyone in our community, while always being mindful of our institutional mission.** The pandemic's trajectory must be considered along with the public health measures that can be undertaken to mitigate its effects: hygiene, distancing, and isolation as appropriate (see Appendix C). Specific guidelines concerning testing, contact tracing, and quarantining are included herein.
- 4 We will follow pertinent guidance from relevant public health and higher education authorities (e.g., [CDC](#), [UT System](#), [THECB](#), [SA Metro Health/City of San Antonio](#)) while remaining flexible to adapt our plans as new information becomes available and as new guidance is released.** Our decision-making will be rooted in the most recent scientific research with a data-driven approach. Within these parameters, we will be as creative as needed to meet the UTSA mission (Guiding Principle #1), while working to further safeguard the health and safety of the university community (Guiding Principle #3).
- 5 We will respect and consider the diversity of our campus populations and present inclusive and equitable solutions.** The Task Force itself represents diverse groups and our recommendations must consider all of these constituencies and more.

# IV. PROTECTION AND PREVENTION POLICIES AND PROTOCOLS

## A. Contact Tracing and Positive Test Reporting

### Contact Tracing:

- » San Antonio Metro Health investigates COVID-19-positive individuals and their contacts utilizing a robust internal case investigation and contract tracing team. They also may contract with a community organization to deploy case tracers for the City of San Antonio and Bexar County if an increase in case numbers are reported. The University is assisting Metro Health in contact tracing, identification, and quarantine processes for students, staff, and faculty who are not yet vaccinated and have been potentially exposed to COVID-19. To further support Metro Health and the City, the University has developed a [contact tracing program](#). The College for Health, Community and Policy will continue leading a group of students—in a Special Topics course—to become contact tracers to facilitate contact tracing among the Roadrunner Family. UTSA has also hired trained staff to work with these student contact tracers/case managers. This undertaking has been developed in concert with UTSA's Chief Medical Officer and Metro Health.

### Positive Test Reporting:

- » UTSA offers streamlined reporting processes to help prevent potential COVID-19 exposures.
- » A system is under development that will combine the self-report tool, case management, contact tracing and vaccine scheduling. With the implementation of that system, a comprehensive process will be available for faculty and supervisors to report if a student or an employee informs them that they are positive, have been exposed or have symptoms. This system should be in place by mid-summer.
- » Until the above-referenced system is in place, students, faculty and staff should utilize the self-reporting tool available on the “[COVID Reporting](#)” website. Through this self-reporting portal, individuals may securely report symptoms, positive results, and close contact(s). Supervisors, faculty members and event organizers can use the [COVID-19 Case Referral](#) to report when a student or employee informs them that they have tested positive for COVID-19.
- » Students who are sick with COVID-19 should, as with all illnesses, inform their instructors and follow [HOP 5.09 Class Attendance and Participation](#), which highlights processes for student absences related to illness. Students can also refer to the [Student Ombuds](#) for assistance. Staff or faculty who are sick should, as with all illnesses, inform their supervisors and follow the necessary protocols for their position and/or discuss with the [Faculty and Staff Ombuds](#).





- » Information of any student, staff or faculty member who reports symptoms to the University, including a positive test result or interactions with someone who had COVID-19 in the last 14 days, is handled in a medically professional and respectful manner. Their privacy is assured as required by both the [Health Insurance Portability and Accountability Act \(HIPAA\)](#) and the [Family Educational Rights and Privacy Act \(FERPA\)](#) as well as other applicable federal and state privacy and confidentiality laws.
- » The University publishes a [COVID-19 Confirmed Cases Dashboard](#), which is updated weekly. Procedures have been outlined in a [Pandemic Management Plan](#). Test results from UTSA are reported to Metro Health.

**COVID-19 Response Team:** All reports of suspected or confirmed COVID-19 positive individuals as well as reports of close contact are managed by the COVID-19 Response Team. This team includes the Chief Medical Officer as well as representatives from Student Health Services, Occupational Health, Athletics, Housing, Counseling, Contact Tracing, and Administration and Operations. The team meets daily to review reports and determine next steps for case management, investigation, and, ultimately, an appropriate course of action, e.g., disinfection, contact tracing, quarantine, increased testing, and so on.

## **B. Quarantine and Isolation for the General Campus Population**

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**Quarantine After Close Contact:** [Per guidance from San Antonio Metro Health](#), UTSA students, staff, faculty, or campus visitors with [known close contact](#) with a person who is lab-confirmed to have COVID-19 must not return to campus until the end of a 14-day self-quarantine period, initiated on the last date of exposure. Exceptions will be made for fully vaccinated individuals.

- » Current [CDC guidance](#), on self-quarantine timelines and procedures will be followed.
- » For fully vaccinated individuals who (1) do not live in a group setting, and (2) come into close contact with someone who has COVID-19, the [CDC has recommended](#) that there is no need to stay away from others or be tested as long as the fully vaccinated individual remains asymptomatic.

### **Return to Campus After Isolation due to Suspected or Confirmed Case of COVID-19:**

- » Based on the [CDC's strategy](#), **students, staff, faculty, and campus visitors with symptoms suggestive of or a confirmed case (even if asymptomatic) of COVID-19 infection must not return to in person classes or campus facilities, or end isolation, until they have met the CDC's criteria for discontinuing home isolation:** (1) at least 10 days have passed since symptoms first appeared or, for a person without symptoms, since the COVID-19 test was performed; (2) have had improvement in symptoms; and (3) at least 1 day (24 hours) has passed since recovery (resolution of fever without the use of fever-reducing medications). Retesting after having a positive COVID-19 test as the isolation or quarantine period is ending is not recommended.

- » If a student, staff, faculty, or campus visitor has signs or symptoms of COVID-19 and wants to return to campus before completing the above self-isolation period, the individual must either (a) obtain a medical professional's note clearing the individual for return based on an alternative diagnosis or (b) receive two separate confirmations at least 24 hours apart that they are free of COVID-19 via acute infection tests at [an approved COVID-19 testing location](#).

### **C. Accommodations for Individuals with Special Needs or Disabilities**

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UTSA is committed to diversity and a campus culture of inclusion that is necessary for a rich learning environment and essential in preparing students to work, live, and contribute to an increasingly complex society. As part of this effort, UTSA is committed during the COVID-19 pandemic – as always – to the full inclusion of individuals with disabilities and continually improving the accessibility of our campus, programs, and activities. [Resources](#) are provided to support students, staff, faculty, and campus visitors to request accommodations through [Student Disability Services](#) or through [Human Resources](#).

### **D. Travel**

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Current UTSA travel guidelines can be found on the [Roadmap website](#).

**Domestic:** All UTSA **domestic** travel policies and approval processes have reverted back to pre-pandemic operating standards. Please follow university travel guidelines, policies, processes, and approvals per your division's established operating procedures.

- For those fully vaccinated: CDC domestic travel recommendations for fully vaccinated people include wearing a mask when utilizing public transportation during travel and following all state and local recommendations and requirements, including mask wearing and social distancing. After travel, the CDC advises the individual to self-monitor for COVID-19 symptoms while continuing to follow all state and local recommendations or requirements. Testing or self-quarantining is not necessary if the individual is fully vaccinated or if the individual has recovered from COVID-19 in the past 3 months.
- For those not fully vaccinated: CDC recommendations for those not fully vaccinated include obtaining a viral test 1-3 days before travel, wearing a mask when utilizing public transportation, avoiding crowds and practicing social distancing of at least 6 feet, and practicing hand hygiene often. After traveling, the CDC recommends obtaining a viral test 3-5 days after travel and self-quarantining for 7 days. If the individual chooses not to test, then it is recommended to self-quarantine for 10 days. This information may also be found on the [CDC website](#).

**International:** All official University travel to **international** locations must still be reviewed and approved by the [International Oversight Committee](#). Current [CDC guidelines](#) strongly discourage most international travel which also includes individual evaluation on a case-by-case basis of study abroad programs. Any approved international travel should follow state and local health department recommendations and requirements for quarantine upon return to San Antonio. There are additional airline and country-specific regulations and requirements that must also be followed. If planning international travel, [CDC international travel guidance](#) should be reviewed for the most up to date information and recommendations.

- **For those fully vaccinated:** If traveling out of the United States, pre-travel testing is not recommended by the CDC. Mandatory testing is required before flying back into the United States, along with getting a viral test 3-5 days after travel and self-monitoring for COVID-19 symptoms. Wearing a mask, social distancing, and hand hygiene practices during travel and at the individual's destination continue to be recommended. Self-quarantine is not necessary following travel for fully vaccinated individuals.
- **For those not fully vaccinated:** The CDC recommends getting a viral test 1-3 days before international travel, continuing the use of facial masks, social distancing, and hygienic practices, obtaining a mandatory test before flying back to the United States and getting tested 3-5 days after returning. Self-monitoring for COVID-19 symptoms must continue after returning along with self-quarantine for 7 days with a negative viral test or for 10 days without obtaining a test.





# V. HEALTH CONSIDERATIONS

## A. Higher-Risk Populations

Older adults and people of any age who have certain underlying medical conditions may be at higher risk for severe illness from COVID-19. The CDC periodically updates the [list of underlying medical conditions](#) that increase a person's risk of severe illness from COVID-19. Severe illness here is defined as hospitalization, admission to the intensive care unit (ICU), intubation or mechanical ventilation, or death. Evidence to inform this list was determined by CDC reviewers based on available evidence about COVID-19 at the time of review. Updates to the list are based on published reports, scientific articles in press, unreviewed pre-prints, and data from CDC-led investigations. Conditions are categorized as (1) supported by meta-analysis/systematic review; (2) supported by mostly cohort, case-control, or cross-sectional studies; (3) supported by mostly case series, case reports or, if other study design, the sample size is small (and no systematic review of meta-analysis was available to review); or (4) supported by mixed evidence. See the [CDC website](#) for study design/categorization definitions and list of applicable references.

Some vulnerable individuals may need to observe ongoing social distancing for prolonged periods, even when many others have returned to campus. UTSA must consider flexible working and learning conditions for those individuals at higher risk or who live with/care for individuals at higher risk, including extended telework/tele-education accommodations.

## B. Vaccines

The U.S. Food & Drug Administration (FDA) has approved many vaccines under Emergency Use Authorization. The situation is changing quickly and it is recommended that the University community obtain and monitor the most recent information about this on the [FDA website](#) and [CDC website](#).

**We urge all students, staff, and faculty to be vaccinated against COVID-19 as soon as possible.** All vaccines approved for emergency use in the United States have been shown to be highly effective against hospitalization and death from COVID-19; that is, if an individual contracts COVID-19 once vaccinated, the case of COVID-19 they have will be much milder than if they were not vaccinated. Do Your Part to understand the [facts versus the myths](#) surrounding COVID-19 vaccinations, according to the CDC. Vaccinations will help protect each individual but will also help protect those around us who cannot be vaccinated for medical or religious reasons. The sooner the Roadrunner community can be fully vaccinated, the faster we will approach [herd immunity](#). While individuals may have some side effects after receiving a vaccine, the benefits of vaccination far outweigh these side effects—and the [side effects](#) are far less consequential than severe cases of COVID-19.

Booster vaccinations may also be necessary in the near future. Multiple trials are underway testing the booster administration of the same vaccine given originally 6-12 months prior versus the administration of an experimental booster vaccine more specifically covering COVID-19 variants.

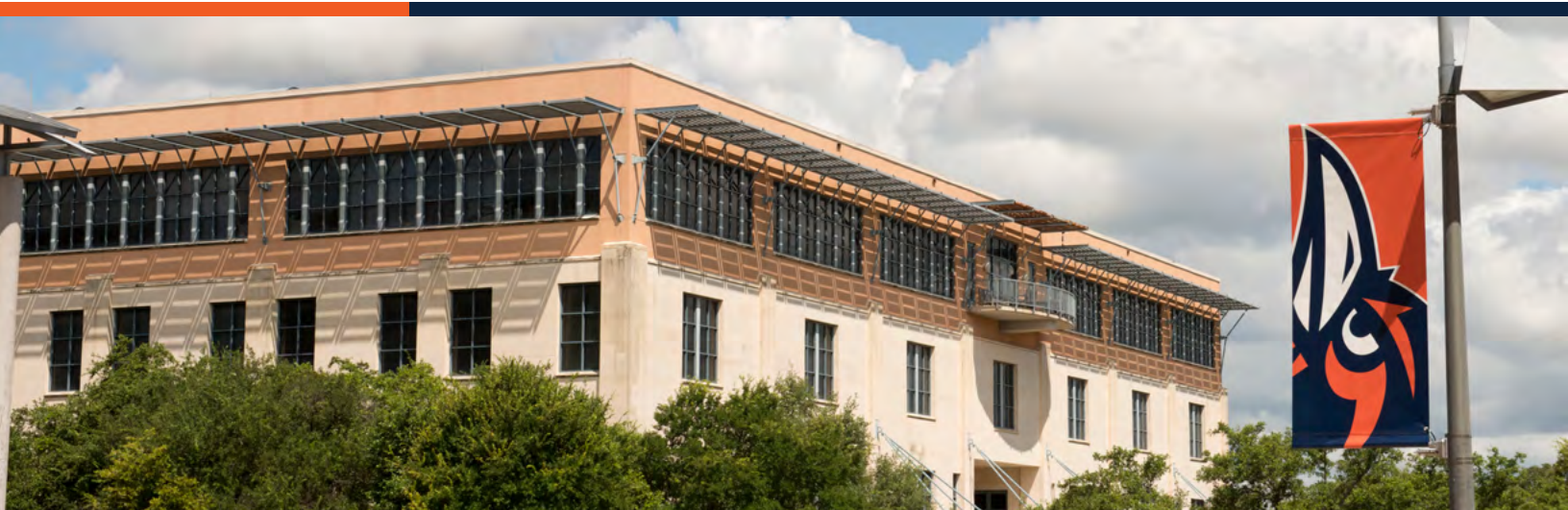
### **C. Phased Levels of On-Campus Activity**

UTSA needs to consider the relative likelihood of [new and existing variants](#) spreading throughout our community, which could impose increased restrictions on interactions. With this possibility, UTSA must prepare for a return to more restrictive mitigation measures and social distancing.

**COVID-19 Indicators for the City of San Antonio:** Progress and warning indicators have been developed and data for the San Antonio community are updated on a daily basis by the [City of San Antonio and Metro Health](#). These data are and will continue to be closely monitored to determine UTSA's response to the COVID-19 pandemic.

**UTSA COVID-19 Indicators Monitoring Team:** Each week, a team comprised of the UTSA Public Health Task Force co-chairs, [Recovery Operations Committee \(ROC\)](#) members, and the Chief Medical Officer meet to evaluate local public health indicators/conditions (i.e., current COVID-19 case load, hospital stress scores, vaccinations, etc.) and UTSA public health indicators (i.e., on-campus cases, operations, etc.). Based on this evaluation, the team provides a recommendation to the Senior Leadership Team regarding the current level (or “phase”) of campus activity and operations.

New information regarding COVID-19 is regularly being integrated into testing and treatment structures. Given the possibility of fluctuating COVID-19 cases, UTSA is prepared to remain flexible in its level of remote working and learning activities to best support the public health efforts that control further spread of COVID-19 in our community.



**Phased Levels of On-Campus Activity:** The following chart provides a high-level overview of on-campus activity levels paired with a color-coding scheme recommended for campus media and communications.

PHASED LEVELS OF ON-CAMPUS ACTIVITY	
<b>SPRING/SUMMER/ FALL 2020</b>  <i>Level 4</i>	<b>MOSTLY VIRTUAL OPERATIONS</b> <ul style="list-style-type: none"> <li>» All classes online</li> <li>» Campus facilities predominantly closed with the exception of essential personnel to sustain infrastructure, facilities, academic, and research operations</li> <li>» Housing available for students with exemptions</li> </ul>
<b>SPRING 2021</b>  <i>Level 3</i>	<b>LIMITED ON-CAMPUS ACTIVITY</b> <ul style="list-style-type: none"> <li>» Limited classes identified for in-person modality; all others virtual</li> <li>» Dining, library, and other academic support services have limited on-campus activity</li> <li>» Campus facilities open</li> <li>» Few campus events permitted with restrictions</li> <li>» Visitors highly discouraged</li> </ul>
<b>SUMMER 2021</b>  <i>Level 2</i>	<b>MODERATE ON-CAMPUS ACTIVITY</b> <ul style="list-style-type: none"> <li>» Increased proportion of classes delivered in person; all others virtual</li> <li>» Events and academic support services continue to evaluate operations</li> <li>» Visitors for business and personal functions permitted on a limited basis</li> </ul>
<b>SUMMER 2021</b>  <i>Level 1</i>	<b>MOSTLY ON-CAMPUS OPERATIONS</b> <ul style="list-style-type: none"> <li>» Limited proportion of classes and operations conducted online</li> <li>» Classroom near or at capacity</li> <li>» Academic and campus support services return to near-normal activity</li> <li>» Visitors for business and personal functions permitted with minimal restrictions</li> </ul>
<b>FALL 2021</b>  <i>Level 0</i>	<b>NORMAL CAMPUS OPERATIONS</b> <ul style="list-style-type: none"> <li>» Classrooms at capacity.</li> <li>» Academic, campus support services, and research activities resume all on-campus operations.</li> <li>» Visitors for business and personal functions permitted per pre-pandemic processes/ procedures.</li> </ul>





## **D. Mental Health Services**

All national guidelines recommend that counseling services and spiritual/religious services offered at institutions of higher education be available remotely, when not possible in person, particularly for students, staff, and faculty who are in isolation or quarantine.

[UTSA's Counseling and Mental Health Services](#) provides support and resources for students and other members of the UTSA community via phone or video (telehealth visits) at 210-458-4140, option 2. A crisis helpline is available 24/7 at 210-458-4140, option 3. Video conference groups and workshops can provide psychoeducation and support to students without the risks of in-person interaction. The availability of face-to-face counseling with pre-visit screening and masking will be determined by the counselor, and according to the activity level on campus. Additionally, outdoor “walk and talk” meetings will be offered to students, if appropriate for their concern and consented to by the student. The University will continue to make available and publicize its efforts that encourage help-seeking.

All employees are encouraged to use [UTSA's Employee Assistant Program \(EAP\)](#). Benefits-eligible staff and faculty are also encouraged to seek assistance from providers through Blue Cross Blue Shield, should they need additional support. UTSA should create direct messages and marketing efforts to remind employees about available mental health resources.

## VI. FACILITIES

The proper use of campus facilities plays an important role in minimizing or preventing the spread of infection, maintaining the health and well-being of the UTSA community.

### A. Teaching and Learning Spaces

**Personal Hygiene:** Students and instructors in classroom settings are strongly encouraged to wear face coverings to reduce viral transmission. Hygienic measures that students and instructors must follow, to include frequent hand sanitization, are encouraged, as well as the use of cleansing wipes to disinfect surfaces.

**Classroom Entry/Exit:** Students and instructors should not congregate in groups around classroom doors or in hallways (to the extent possible). Before and after class, students (and instructors) are encouraged to wait in a well-ventilated area (outside a building when possible) to allow the previous class enough time to exit the room, as well as to allow the room to be adequately ventilated. Students should refrain from moving around the classroom.

**Student/Instructor Consultation:** Student/instructor consultations before or after class should take place outside the classroom (preferably outdoors), to allow adequate time for the next class to get situated and for appropriate air exchange between classes. Appropriate distance should be maintained.

**Heating, ventilation, and air conditioning (HVAC):** HVAC systems move filtered, conditioned air continuously seven (7) days a week. All the air in UTSA classrooms is replaced several times per hour and a buildup of contaminants is eliminated by introducing outside air. Classroom doors must remain closed during class for this system to operate optimally.

### B. Offices and Common Spaces

Alcohol-based hand sanitizer is available from dispensing stations dispersed throughout the University in accessible, common spaces. Custodial staff regularly sanitize common touchpoints such as elevators, handrails, water fountains, door handles, and restrooms; employees are required to regularly sanitize their own workspaces (i.e., mouse, keyboard, personal belongings). Departments are responsible for disinfecting common touch points and shared spaces in their areas (e.g., lobbies) in between daily custodial services, and can request additional supplies at [CareKit@utsa.edu](mailto:CareKit@utsa.edu). Department managers should determine their own internal protocol for disinfecting these common touch points and shared spaces on a regular schedule outside of custodial services.

## C. Libraries

Online and physical library access must be ensured to support the highest-quality education for students. Physical access to all libraries will resume, unless otherwise communicated through Library media/marketing. Standard disinfection procedures will be closely observed. The Libraries will also resume in person and continue virtual services for students, staff, and faculty unless otherwise communicated through Library media/marketing. Computer lab services are available with proper hygiene measures in place. Refer to the [Roadrunner Roadmap website](#) for ongoing updates.

- » **Main Campus:** Floors 1, 2, and 4 of the John Peace Library will reopen unless otherwise noted through Library media/marketing. JPL elevators will be opened to provide access to those floors, with ADA accommodations provided through use of the staff elevator. Entrance and exit will be available via the main second floor Sombrilla entrance and the JPL elevator bank. Due to Phase 1 of a JPL renovation project, the 3rd floor JPL will be closed and outside access around JPL may be limited.
- » **Downtown Campus:** The Downtown Library will reopen unless otherwise noted through Library media/marketing.

## D. Laboratories and Research Facilities

Research activities must follow the guidance as outlined in this document, this includes research conducted on campus as well as research in the community and field. Sanitizing equipment and supplies are available through Care Kits provided by the Office of Facilities ([CareKit@utsa.edu](mailto:CareKit@utsa.edu) or [request form](#)).





## VII. STUDENT LIFE

### A. Student Housing and Residence Life

Based on [CDC](#) and other public health authority guidance, UTSA is requiring all residents and staff to follow requirements and behavioral considerations for (1) monitoring of symptoms and exposure, (2) personal preventive measures, and (3) disinfecting protocols. **An informational communication regarding public health practices will be shared with residents and staff prior to move-in.**

**Infection Prevention and Control Measures:** UTSA has and will institute infection prevention and control measures in student housing areas, as needed. This includes:

- » Hold 50 beds for isolation/quarantine space, as needed;
- » Limiting occupancy of bedrooms to that for which they were designed;
- » Posting signs with guidance on how to maintain personal hygiene (see Appendix C);
- » Strongly encouraging vaccination for those who qualify;
- » Routing disinfection of shared and common areas;
- » Providing hand sanitizer stations and disinfecting wipes in shared areas;
- » Encouraging use of personal totes in shared sink/bathroom spaces, as the CDC notes that sinks could be an infection source;
- » Providing extra cleaning supplies and [additional instruction](#) for disinfection of areas like common-area bathrooms and laundry rooms;
- » Where necessary, modifying HVAC systems in rooms and common spaces to allow for increased circulation of outside air.

**Residence Life Activities:** In person residence life activities are permitted and defined by capacity of space. Residence life staff are encouraged to consider alternate methods of delivery and participation (i.e., outdoor gatherings, virtual communications, gatherings, or check-ins). Front desk and other residence services should have virtual or contactless options, and considerations should continue to be made for individuals with special needs or who require accommodations.

**Monitoring for Symptoms and Close Contact:** All residents must regularly monitor for any [COVID-19- related symptoms](#). If residents experience symptoms or come in close contact with someone infected with COVID-19 they must stay within their room and immediately contact their healthcare provider as well as submit a [self-report](#). Housing and Residence Life has designated the Executive Director of Housing Operations as point of contact for COVID-19 concerns. If call volume becomes excessive, a separate hotline will be implemented. Positive or suspected cases of COVID-19 should be reported as referenced in Section IV.D. of this report.

**Quarantine and Isolation Areas for COVID-19 Exposed or Positive Residents:** Those individuals who contract COVID-19 will be isolated. If feasible, residents will be given the option to isolate off-campus. Housing and Residence Life has identified specific spaces where residents

can isolate/quarantine as well as specific protocols for isolation and quarantine to include accommodations for classes and meals to allow for continuation of academic studies. Isolation for individuals who have private bedrooms and/or who live with fully vaccinated individuals will be considered on a case by case basis. Fully vaccinated individuals who come into close contact with someone who has COVID-19 do not have to isolate as long as they remain asymptomatic.

**Evacuation for Campus Closure:** Housing and Residence Life has created an evacuation plan in the event of an abrupt campus closure. This plan includes considerations of accommodations for students who do not have evacuation options such as former foster-care students, international students, and those in other special circumstances.

**Testing Prior to Campus Return:** It is recommended all residents who are not fully vaccinated be tested for COVID-19 a day or two before arriving on campus. It is recommend all residents who have traveled internationally test for COVID-19 a day or two before arriving to campus. If residents test positive or are in close contact with a COVID-19-positive individual, they should follow guidelines regarding isolation and quarantine.

- » **For fully vaccinated individuals or those who have recently recovered from COVID-19 (within last three months):** After travel, the CDC advises the individual to self-monitor for COVID-19 symptoms while continuing to follow all state and local recommendations or requirements. Testing or self-quarantining is not necessary.
- » **For those not fully vaccinated:** CDC recommendations include obtaining a viral test 1-3 days before travel, wearing a mask when utilizing public transportation, avoiding crowds, practicing social distancing of at least 6 feet, and practicing hand hygiene often. After traveling, the CDC recommends obtaining a viral test 3-5 days after travel and self-quarantining for 7 days. If the individual chooses not to test, then it is recommended to self-quarantine for 10 days.

## **B. Campus Dining Facilities**

The [CDC](#) has provided considerations for campus food services and dining facilities. The number of persons allowed in indoor, shared dining spaces will be monitored and adjusted, as needed, based on public health recommendations. Outdoor dining is encouraged when possible. Technology to support customer self-pay or check-in has been installed in all dining facilities to avoid handling cash, IDs or credit cards.

UTSA Dining has arranged food delivery in collaboration with Housing and Residence Life staff for students in quarantine or isolation and other applicable cases. Most dine-in food service will be served to customers or pre-packaged. Self-service stations will operate in a limited capacity, dependent on local conditions. Hand sanitizer will be available in dining areas.



## **C. Student Health Services**

In preparation for increased on-campus activity, [Student Health Services \(SHS\)](#) has addressed patient care, facility, and administrative/staff considerations as recommended by the [American College Health Association \(ACHA\) Reopening Guidelines](#) and the [CDC](#). **Student Health Services recommends vaccination for all students who are eligible.**

UTSA Student Health Services will maintain a masking mandate for all UT Health clinical areas based on the recommendation of Texas Department of State Health Services Commissioner, John Hellerstedt, MD.

## **F. Child Development Center**

The Child Development Center is operating under modified procedures unique to its mission and purpose. In compliance with [National Association for the Education of Young Children \(NAEYC\) accreditation standards](#), [Texas Health and Human Services-Child Care Licensing](#) (THHS-CCL), the [Center for Disease Control Guidance for Operating Child Care Program during COVID-19](#), and this Public Health Task Force. The Center is designated as a restrictive area and continues best practice to ensure a quality safe and healthy learning environment for all children. For further information about the Child Development Center operations, you can visit the [Center website](#), [social media](#), or contact 210-458-6364..





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## IX. APPENDIX A: PRESIDENT EIGHMY'S CHARGE TO THE UTSA PUBLIC HEALTH TASK FORCE

UTSA continues to use (1) sustaining the health and wellbeing of the Roadrunner community, and (2) minimizing impact to the academic progress of our students as much as possible as our two guiding principles as we plan for future operations of UTSA during this pandemic environment.

Using these principles, we must consider how best to reopen our campuses appropriately and safely this summer and fall using currently available best practices for protecting public health so that planning by the tactical teams can commence later this month. Given the complexities around scenario planning for the fall, your input is needed as soon as possible. We recognize that the situation is fluid as we learn about the COVID-19 virus and its impact to human health. To date, much guidance has been provided by many organizations to higher education and we anticipate further guidance will be received in the weeks and months ahead.

We know that guidance from the CDC, the Texas Higher Education Coordinating Board (THECB, and their public health experts), the Association of College Health Administrators (ACHA), the NCAA, and others will particularly helpful in guiding us. Further, consistency is helpful across our efforts (e.g., our operational efforts to open research this summer, our current draft plans to bring student athletes back to campus this summer). We expect further guidance revisions from the CDC, further input about fall opening strategies from the THECB, and input from UT System and our Board of Regents—all likely after the work of you task force is complete. Rather than wait for further guidance, we intend to conduct a thorough examination of all the available guidance now and move forward to commence planning knowing that flexibility will be required as further knowledge about the virus is generated and additional guidance is received.

The Excel spread sheet provided by your co-chairs to you reflects the current availability of guidance from 12 sources across 26 public health best practices. To the extent practical, the Task Force should look to identify those practices where there is (1) “general consistency” amongst the sources and (2) “no general consistency” amongst the sources. You should turn to the Expert Advisory Group to help frame a consensus for those practices where there is “no general consistency.” Your focus should rely more on the CDC and THECB guidance as you develop consensus for each of the best practices. Over the next week or so you may identify other sources to include. You also may add to list of best practices.

The Task Force should submit to me a report of your recommendations of consensus public health best practices based on your evaluation of your sources and the input from the Expert Advisory Group. The Task Force should submit the report by June 10th. I will work with the co-chairs and Expert Advisory Group to review your work and then transmit the recommendations to the tactical teams. As noted, additional guidance received later may also be used to inform the tactical teams.

Thank you in advance for your efforts and collaborations on this important task.



## X. APPENDIX B: STATEMENT OF SHARED RESPONSIBILITY & ACKNOWLEDGEMENT OF UNIQUE CIRCUMSTANCES

As you know, we are living in unique and uncertain times. None of us can know what the future holds for sure, but we are committed to a safe and healthy return to campus. We are working hard and are confident that whatever shape our academic curriculum and non-academic activities take, we will continue on our path to our destinations: (1) UTSA will be a Model for Student Success, (2) UTSA will be a Great Public Research University, and (3) UTSA will be an Exemplar for Strategic Growth and Innovation Excellence.

We have adopted these Guiding Principles as we move into planning and implementation phases of reopening:

1. We will fulfill the UTSA mission in the face of adverse events associated with COVID-19.
2. We will engage in an approach of shared responsibility as a campus community, which is necessary to succeed in safely meeting our UTSA mission.
3. We will conduct all business in a manner that supports the health and safety of everyone in our community, while always being mindful of our institutional mission.
4. We will follow pertinent guidance from relevant public health and higher education authorities while remaining flexible to adapt our plans as new information becomes available and as new guidance is released.
5. We will respect and consider the diversity of our campus populations and present inclusive and equitable solutions.

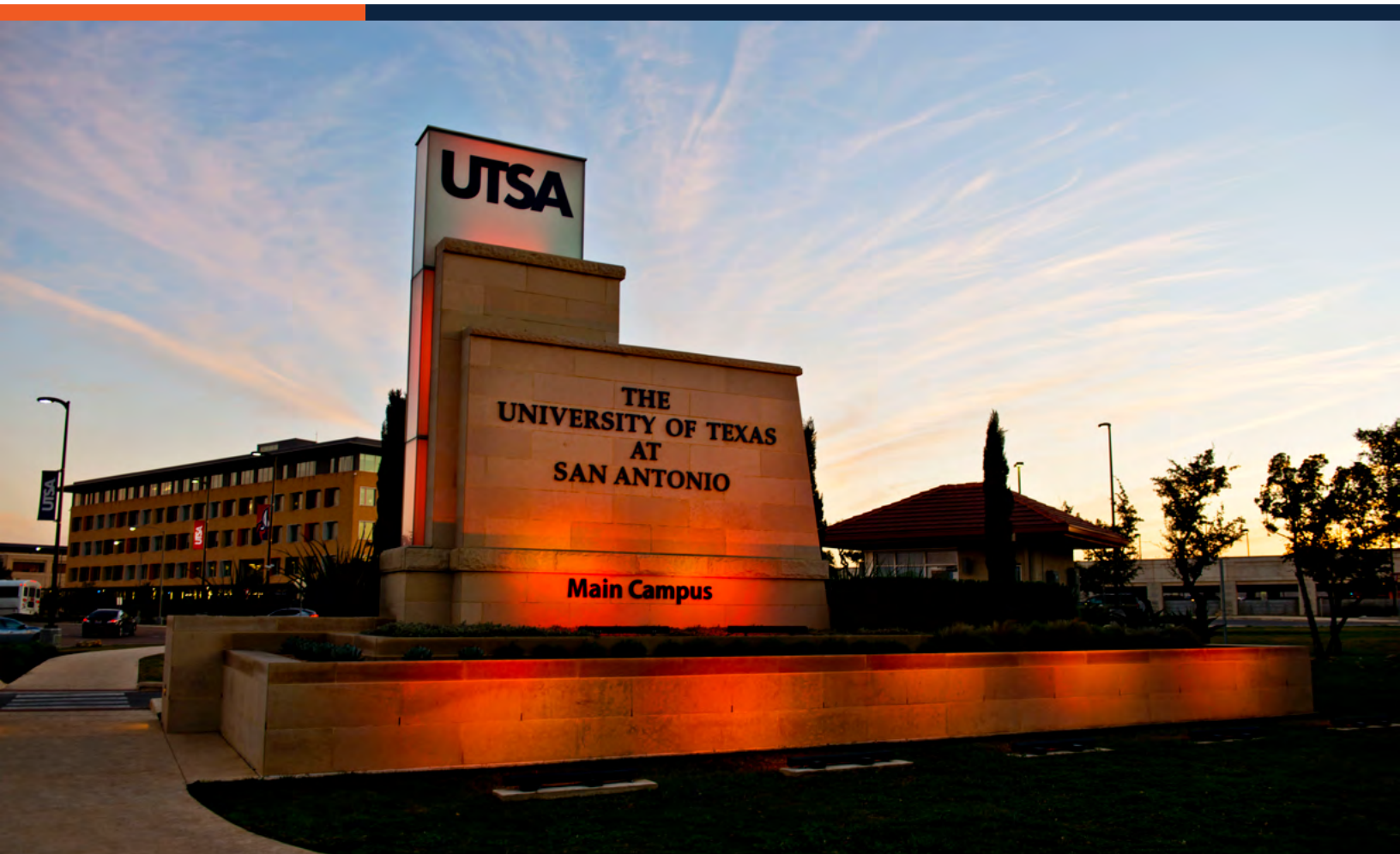
We recognize that you are seeking certainty; we all are. We are closely monitoring the COVID-19 outbreak globally and are receiving guidance from the City of San Antonio, Bexar County, State of Texas, the San Antonio Metropolitan Health District (Metro Health), Texas Higher Education Coordinating Board and The University of Texas System, in addition to other government and health agencies.



As soon as we can make a decision about the specific nature of fall 2020 activities, we will inform you. Please understand that ***whether on campus or remote, a few things are certain:***

- » UTSA holds as paramount the health, safety, and welfare of every member of our community.
- » Having said that, none of us can guarantee what shape the COVID-19 pandemic will take, and none of us can guarantee a COVID-19-free environment. This is simply not feasible, and it would be disingenuous to suggest otherwise.
- » We have a shared responsibility to take steps to minimize the risk of COVID-19 infections (or any other spread of disease) on our campus. ***Every member of our Roadrunner community – including you – must do their part.***

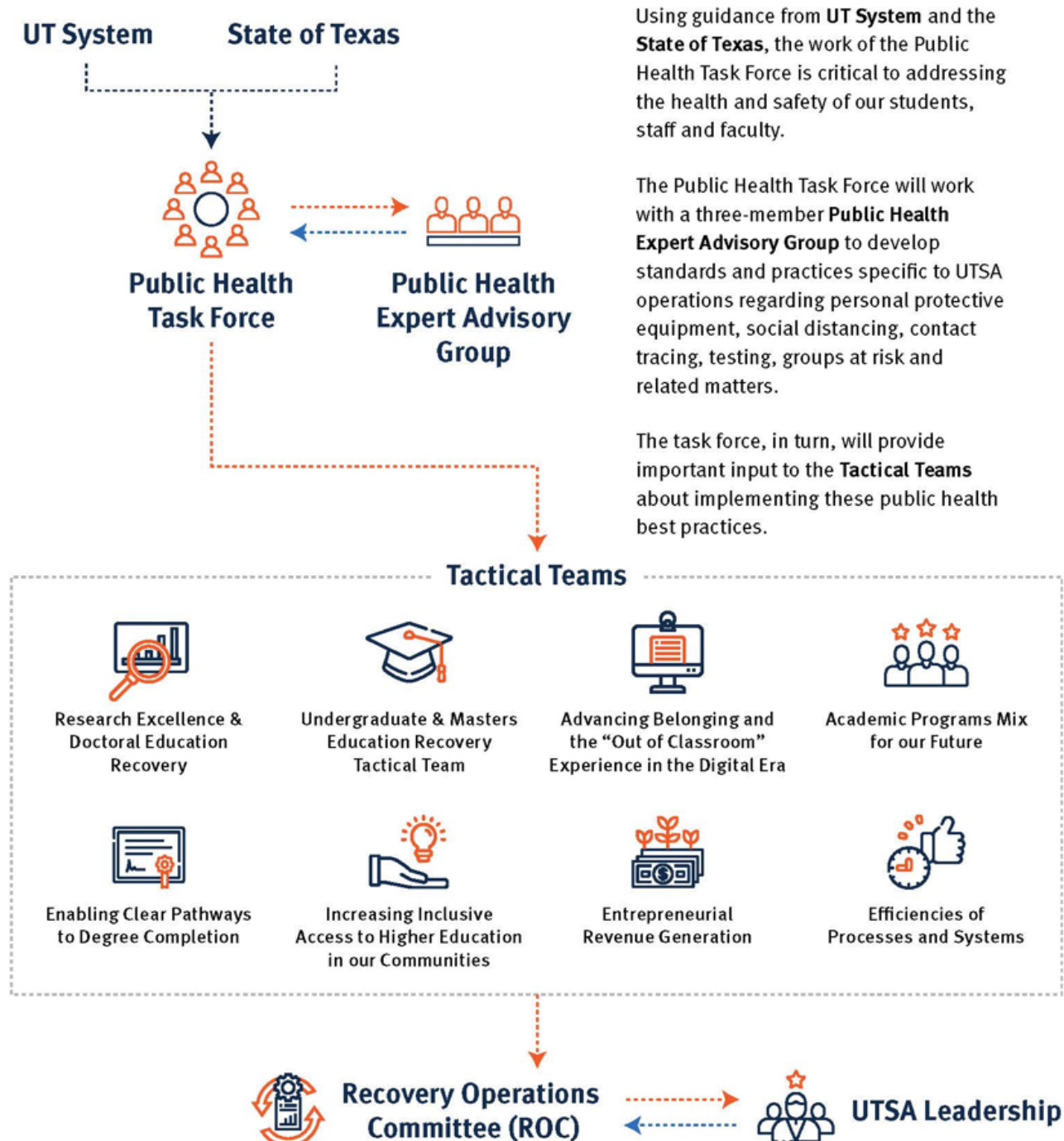
***You agree to do all of this not just for yourself but for the safety of others, and because this is consistent with our Roadrunner spirit.***



# XI. APPENDIX C: PUBLIC HEALTH TASK FORCE, TACTICAL TEAMS & OPERATIONS

## Public Health Task Force

This task force will help to guide the tactical teams as they explore how best to protect the health of the UTSA community as an integral part of the planning for re-opening UTSA's campuses this fall.





## XII. APPENDIX D: PRESIDENT EIGHMY'S MARCH 2021 CHARGE TO THE UTSA PUBLIC HEALTH TASK FORCE

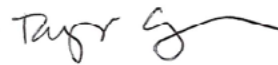


FROM THE DESK OF

President Taylor Eighmy

### Memorandum

To: Dr. Lynne Cossman, Dean, College for Health, Community and Policy  
Dr. Bernard Arulanandam, VP for Research, Economic Development  
and Knowledge Enterprise

From: Taylor Eighmy 

Date: March 2, 2021

Subject: New Charge for Public Health Task Force

UTSA continues to utilize the recommendations of the Public Health Task Force (now [version 3.0](#)) to guide University operations to (1) sustain the health and wellbeing of the Roadrunner community and (2) minimize the effect to the academic progress of our students as much as possible. As vaccine rollout continues this spring and summer, additional evaluation of the anticipated public health environment for this coming fall will need to be carefully considered. Considerations include, but are not limited to:

- A) Progress and warning indicators for San Antonio and the State;
- B) Vaccination coverage locally and throughout the State;
- C) Possible impacts of virus transmission from vaccinated individuals;
- D) Impacts of COVID-19 variants in our community;
- E) Anticipated development of herd immunity; and,
- F) Pairing of vaccination efforts with public health protection measures such testing, distancing and masking.

Given the complexities around scenario planning for the fall, your input is greatly needed.

We are anticipating additional guidance from UT System, the State and the Centers for Disease Control and Prevention (CDC) and will continue to lean on our external Public Health Expert Advisory Group.

Via this memo, I am charging the Task Force with preparing and submitting updated recommendations of consensus public health best practices for the fall based on (1) the considerations above, (2) evaluation of your sources, and (3) input from the Expert Advisory Group. These recommendations will form the basis of Public Health Town Halls (to be scheduled in April). These Town Halls will both inform our Roadrunner

One UTSA Circle | San Antonio, Texas 78249-0671 | TEL (210) 458-4101 | FAX (210) 458-4655

Dr. Lynne Cossman  
Dr. Bernard Arulanandam  
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March 2, 2021

community about the current state of the COVID-19 pandemic as well as serve as a forum to gather stakeholder input and feedback.

The knowledge gathered from the spring Town Halls will help guide further work of this Task Force and, in turn, the Recovery Operations Committee (ROC), towards a safe reopening strategy for the anticipated extensive in person campus experience for Fall 2021. Additional Town Halls will then be scheduled (in June) to further inform the University community as we prepare for the fall semester.

Thank you in advance for your efforts and collaborations on this important task.

# XIII. APPENDIX E: UT SYSTEM DELTA VARIANT LETTER



THE UNIVERSITY of TEXAS SYSTEM  
THIRTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

Office of Health Affairs  
210 West 7<sup>th</sup> Street  
Austin, Texas 78701-2982  
512-499-4224  
[WWW.UTSYSTEM.EDU](http://WWW.UTSYSTEM.EDU)

July 9, 2021

Dear UT Institution Presidents,

Thank you for your ongoing work throughout this COVID pandemic to keep the people you serve safe and healthy while continuing to fulfill your university's mission. Your efforts have been exemplary and have resulted in minimal disease related to COVID on our campuses.

As we prepare for the fall semester, we want to continue to follow the best science and data as we set our policies. Like you, we are closely watching the emergence of the various COVID variants. Of particular interest is the emergence of the Delta variant, otherwise known as B.1.617.2. This variant has proven to be more transmissible than previous versions of the virus, and infection by this variant seems to result in more severe infection.

Initially emerging from India, the Delta variant is now present in over 98 countries. The Delta variant quickly displaced all other variants in the United Kingdom in a matter of weeks. Published data from the UK indicates that the Delta variant is 40-60 % more transmissible than the Alpha (or UK variant), which itself is about 50% more transmissible than the original strain of COVID. Put another way, while the original COVID virus had a R-naught ( $R_0$ ) of 2.5, the Delta virus has a  $R_0$  between 5 and 8. The  $R_0$  represents the number of additional people that become infected from a single case. This variant is now estimated to account for approximately 52% of all new COVID cases across the United States. The Delta variant also seems to be more severe than previous strains, resulting in an approximate doubling in the risk for hospitalization compared to the Alpha variant.

The good news is that the vaccines we currently have in the United States are still effective, especially for severe disease. Data for the Pfizer vaccine, for example, indicates it is still approximately 93% effective in preventing severe disease and hospitalization from the Delta variant. Its effectiveness in preventing all symptomatic infections from the Delta variant decreases to approximately 64 to 83%, depending on the study.

This means that the best defense is still any of the approved COVID vaccinations. Therefore, we are asking all UT institutions to do the following in preparation for the upcoming fall semester and increased occupancies in all UT owned, managed, and occupied facilities:

The University of Texas at Arlington · The University of Texas at Austin · The University of Texas at Dallas · The University of Texas at El Paso  
The University of Texas Permian Basin · The University of Texas Rio Grande Valley · The University of Texas at San Antonio  
The University of Texas at Tyler · The University of Texas Southwestern Medical Center  
The University of Texas Medical Branch at Galveston · The University of Texas Health Science Center at Houston  
The University of Texas Health Science Center at San Antonio · The University of Texas MD Anderson Cancer Center

- 1) Continue to strongly encourage your students, faculty, and staff to be fully vaccinated against COVID before the beginning of the semester.
- 2) Make receiving the COVID vaccine convenient on your campuses. Provide multiple opportunities and locations for COVID vaccination on your campus.
- 3) Encourage individuals who have received one dose of a two-dose vaccination regimen to receive their second dose.
- 4) Encourage those who are not vaccinated to continue to wear a facial covering/mask in indoor public settings.
- 5) Continue to encourage ill students, faculty, and staff to stay home.
- 6) Continue to facilitate quick and efficient COVID testing on your campuses.
- 7) Continue to follow this situation closely, including data and advice from your local health department.

Again, we deeply appreciate all the hard work and adjustments you and your teams have made during the pandemic. We are committed to working with you as we continue the fight to end this pandemic.

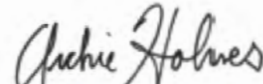
Sincerely,



David Lakey, M.D.  
Vice Chancellor for  
Health Affairs and Chief  
Medical Officer



John M. Zerwas, M.D.  
Executive Vice Chancellor  
for Health Affairs



Archie L. Holmes, Jr., Ph.D.  
Executive Vice Chancellor  
for Academic Affairs

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