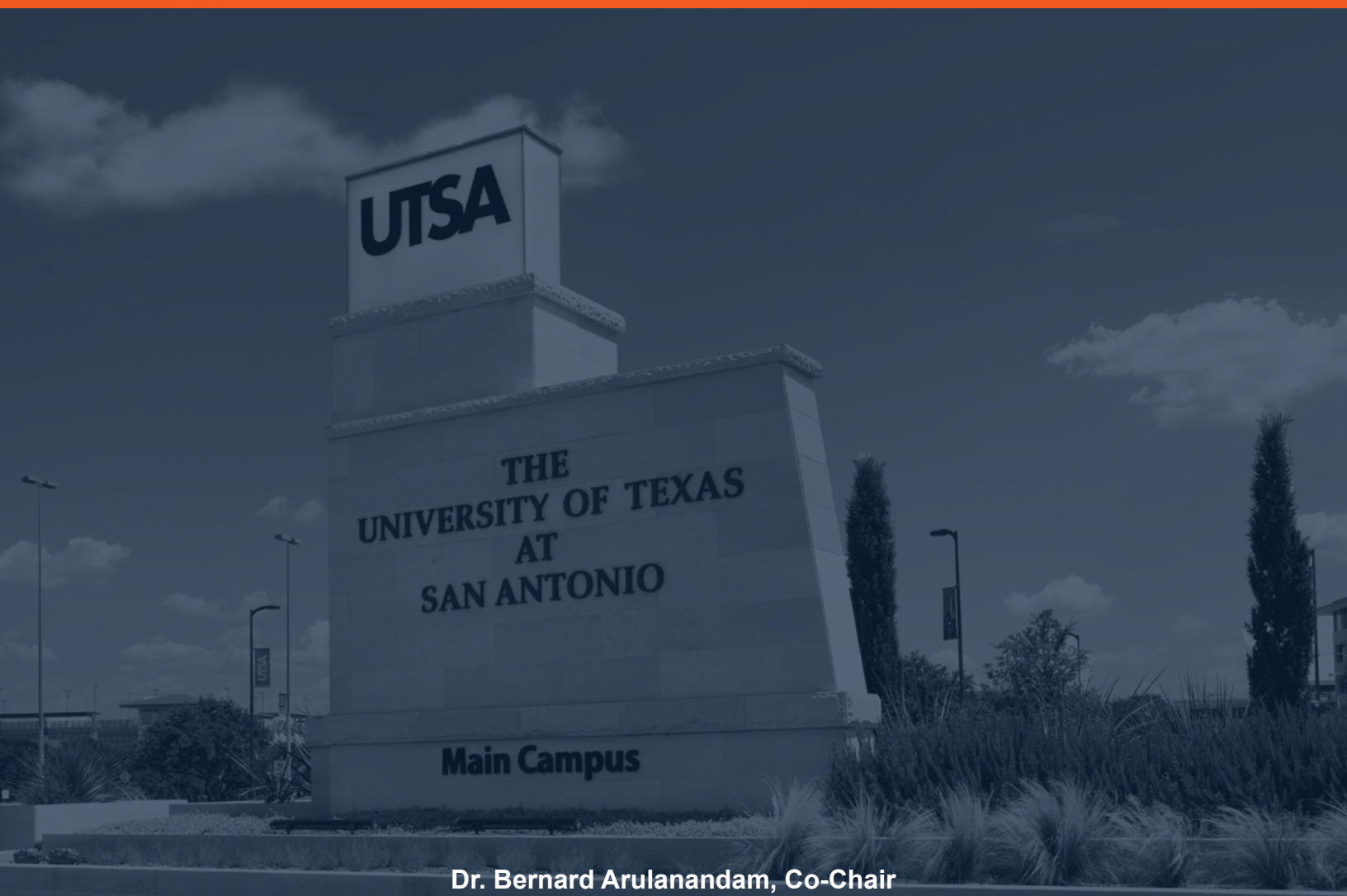
UTSA

PUBLIC HEALTH TASK FORCE REPORT



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I. OVERVIEW

As of early 2020, humanity is 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, which 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, in response to the COVID-19 pandemic. This group was charged with gathering input from an external Expert Advisory Group on appropriate best practices for a number of relevant topic areas, including protection and prevention policies associated with health considerations, facilities, and student life. A copy of the Task Force Charge is available in Appendix A. Based on this exchange, the Task Force has developed this overarching guidance document of recommendations for the campus community as we move into planning and implementation phases of reopening.

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 students, staff, and faculty. The University and the Public Health Task Force expect to continue integrating 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 of this input will be woven into recommendations guiding our tactical teams' planning efforts for the 2020-2021 Academic Year.

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

II. 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) 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.

III. PROTECTION AND PREVENTION POLICIES AND PROTOCOLS

A. Personal Protective Equipment (PPE)

Face coverings (medical or non-medical grade) are required in all public and common spaces. It is our shared responsibility to mitigate the spread of COVID-19 through the use of face coverings. This act of public good also helps safeguard our higher-risk populations (Section IV). If an individual has a medical reason that would prevent him/her from wearing a mask, accommodations will be assessed and approved through Student Disability Services (students) or HR Employee Relations (employees and contractors).

A mandatory compliance training module for all students, staff, and faculty on appropriate public health measures will be implemented by the University as reflected in Section B. UTSA will work closely with student, staff, and faculty organizations to develop and promote a COVID-19 awareness and public health campaign.

Indoor: Face coverings are required in campus buildings when six (6) feet or more of distancing cannot be maintained. Face coverings are optional if alone in an enclosed space, e.g. laboratory, studio, office, practice room.
Outdoor: Face coverings are required only when social distancing of six (6) feet or more cannot be maintained.

B. Disinfection Protocols

Enhanced cleaning is required in all common areas and on high-touch surfaces (e.g. door handles, light switches, tables, chairs, work surfaces, elevators, restrooms) using a disinfectant recommended by the Environmental Protection Agency (EPA) that is effective against COVID-19. Hand sanitizer stations will be positioned in each building at multiple locations. Departments/ offices will have desk sanitizers available for employees and students.

Training on appropriate cleaning, disinfection, and hygiene will be provided by the University for all students, staff and faculty. The Research Excellence and Graduate Education Recovery Task Force developed a training module that research-engaged personnel are required to complete prior to returning to campus. A similar compliance training module will be developed for the UTSA community as a requirement to return to campus. The training module will conclude with a personal commitment to COVID-19-related health and safety.

In the event an area is exposed to a person with a potential and/or confirmed case, the Office of Risk and Emergency Management has a plan to follow, which includes notifications to key departments with responsibilities for disinfection and safety, temporarily closing facilities impacted to mitigate transmission, and disinfection protocols. The University will provide guidance on disinfection necessities, closures, and other procedures including timelines.

C. Testing and Reporting

Students, staff, and faculty are required to (1) monitor for COVID-19 symptoms, which may include the following: fever, cough, shortness of breath, chills, muscle pain, new loss of taste and/or smell, vomiting and/or diarrhea, and sore throat; (2) use a self-screening tool for assessment; and (3) consider immediate testing if symptomatic.

COVID-19 is likely present in pre-symptomatic and asymptomatic individuals. Testing specific cohort groups, such as incoming athletes, is one strategy to mitigate the rapid spread of COVID-19 in specific communities. While it is recommended that campuses should have access to immediate viral testing for all students, staff, and faculty with symptoms on-site (i.e. on campus), it is not feasible or practical to implement mass testing at this time. Testing is available through Metro Health.

Based on the CDC's strategy, members of the campus community with new signs or symptoms suggestive of COVID-19 infection cannot return to class or work until they meet the following criteria: (1) 10 days from onset of illness and free from the onset of symptoms **and** (2) three days without a fever and respiratory symptoms.

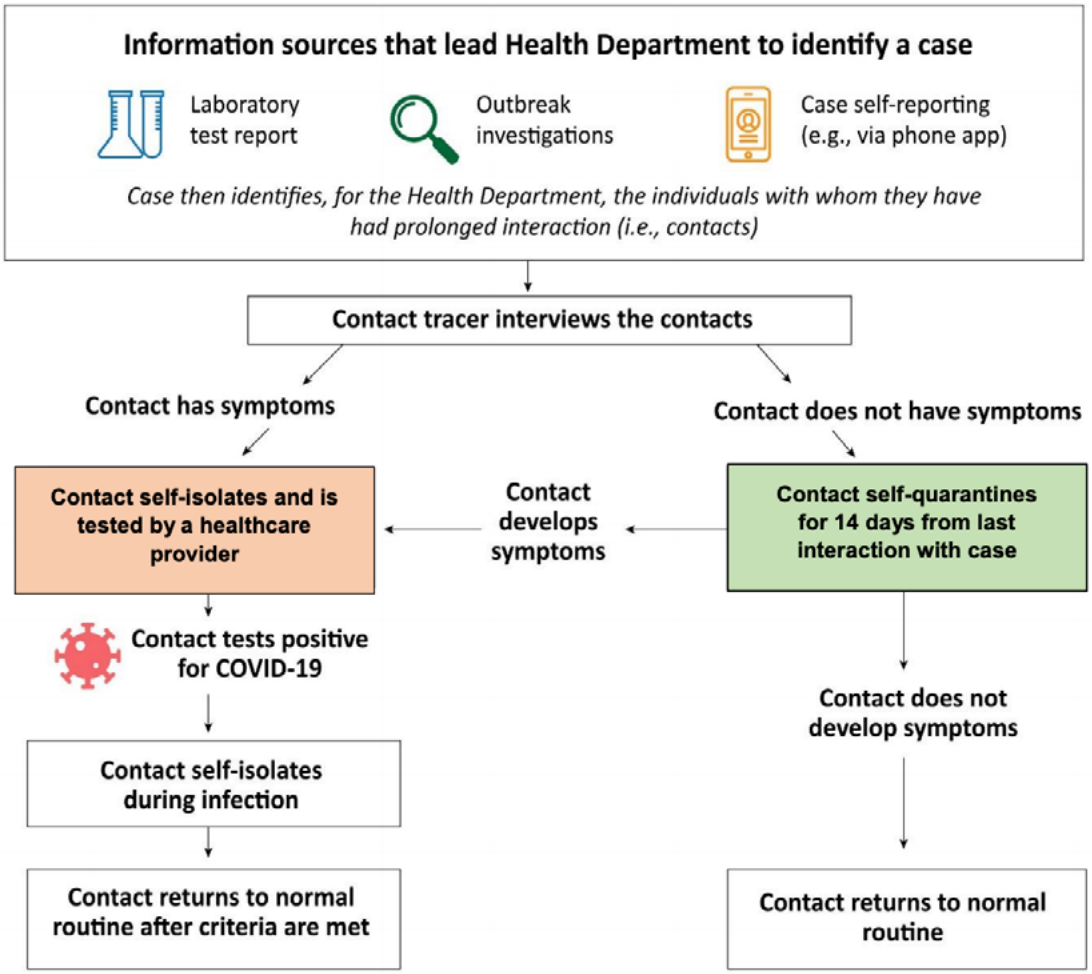
UTSA will develop an online COVID-19 symptom assessment tool, which will be integrated into a mobile application. When this is available, all students, staff and faculty will be strongly encouraged to use it on a daily basis. Self-screening tools are currently available on the CDC's website and through the City of San Antonio. In the meantime, a symptom monitoring log from the Texas Department of State Health Services can be used. Student Health Services staff should remotely monitor students in campus-based isolation or quarantine on a daily basis, to include temperature checks and symptom screening. Student Health Services should transfer students to an appropriate treatment site for a clinical evaluation if symptoms advance or at an individual's request.

D. Contact Tracing

UTSA will ensure that those who have symptoms of COVID-19 or who have come in contact with someone who has been diagnosed with COVID-19 are identified and tracked in a timely and efficient manner. San Antonio Metro Health investigates COVID-19 positive individuals and their contacts and plans to begin contracting with a community organization to deploy case tracers for the City of San Antonio and Bexar County as cases are reported. The University will also assist Metro Health in contact tracing, identification, and quarantine processes for students, staff, and faculty potentially exposed to COVID-19. Should Metro Health become overwhelmed with contact tracing activities within the community, the University will develop a contact tracing program to support the City.

The Texas Department of State Health Services also offers an online contact tracing system, Texas Health Trace, that allows an individual to securely report symptoms and/or positive results. Policies will be put in place to isolate anyone exhibiting new or worsening signs or symptoms of COVID-19. Student Health Services will report all new diagnoses made at UTSA facilities to Metro Health.

According to The Governor's Report to Open Texas, contact tracing is a vital process for health departments to identify cases following the below diagram.



E. Quarantine and Isolation

Information of any student, staff or faculty who report symptoms, including a positive test result or interactions with someone who had COVID-19 in the last 14 days, must be handled in a medically professional and respectful manner. Their privacy must be 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. Ill students, staff and faculty must not return to in-person classes or campus facilities, or end isolation, until they have met the CDC's criteria to discontinue home isolation.

UTSA must proactively identify and reserve appropriate residential spaces in the event of needed isolation or quarantine of a student(s), particularly for students who do not have a local residence in which to self-isolate or quarantine.

F. Accommodations for Individuals with Special Needs or Disabilities

The University of Texas at San Antonio 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, faculty, staff, and visitors to request accommodations through Student Disability Services or through Human Resources.

G. Travel

All travel must adhere to university guidelines and abide by guidance from the domestic travel oversight committee and international oversight committee. When feasible, individuals should travel alone or via methods that allow for social distancing. Multiple travelers going to the same location should have separate rooms.

International: Current CDC recommendations include postponement of study abroad programs until further notice. We are awaiting further guidance from CDC and will continue to review spring and summer study aboard programs on a case by case basis. Fall 2020 study abroad programs have been canceled.

Students, staff, and faculty returning to campus from an international location or domestic hot-spot, and who travel back to campus via means that do not allow physical distancing (i.e., air or commuter bus), must self-isolate following CDC guidelines.

IV. HEALTH CONSIDERATIONS

A. Risk Assessment and Management Plan

UTSA is conducting a risk assessment prior to reopening, as outlined in this document, to create an appropriate and informed Risk Management Plan.

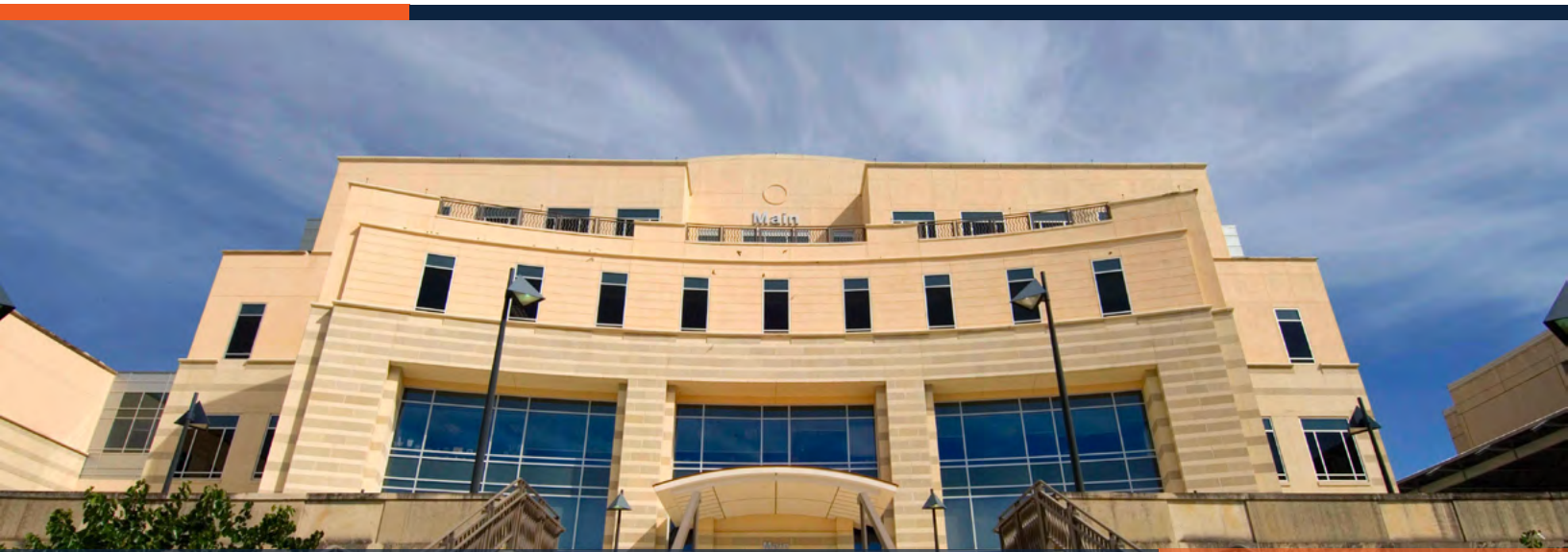
B. Higher-Risk Populations

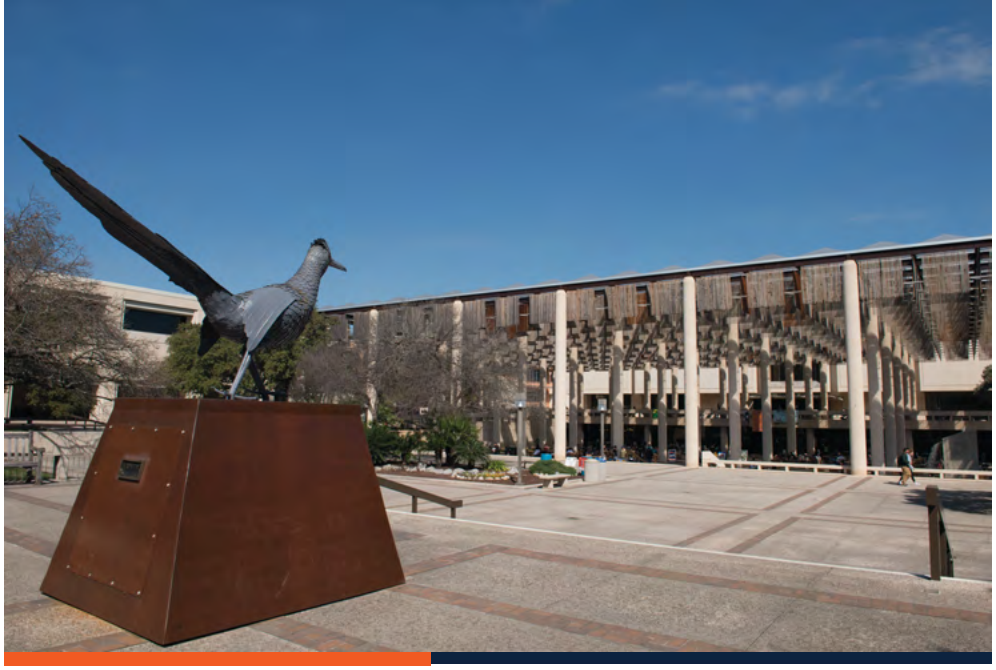
Older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

According to the CDC, those at higher-risk for severe illness from COVID-19 include:

- People 65 years and older
- People who live in a nursing home or long-term care facility
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
  - People with chronic lung disease or moderate to severe asthma
  - People who have serious heart conditions
  - People who are immunocompromised
  - People with severe obesity (body mass index [BMI] of 40 or higher)
  - People with diabetes
  - People with chronic kidney disease undergoing dialysis
  - People with liver disease

Some vulnerable individuals may need to observe ongoing physical distancing for prolonged periods of time, 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 or care for individuals at higher-risk, including extended telework/tele-education accommodations.





C. Therapeutics and Vaccines

There are currently no Food and Drug Administration-approved drugs for the treatment of COVID-19, although remdesivir as emergency use authorization (EUA) is showing some promise. Current recommended clinical management of patients with COVID-19 includes infection prevention and control measures and supportive care, including supplemental oxygen and mechanical ventilation support when indicated. As in the management of any disease, treatment decisions ultimately reside with the patient and their health care provider.

Since many of the symptoms of COVID-19 and influenza overlap, it is strongly recommended that all students, staff, and faculty be immunized with the seasonal flu vaccine as soon as it becomes available. Communication strategies emphasizing the importance of this vaccination will be developed. On-site vaccine clinics will also be available, through Student Health Services (students) and Occupational Health Services (employees).

While there are currently no licensed vaccines for COVID-19 supported by large controlled studies, UTSA will develop plans for future mass immunization with a COVID-19 vaccine, when available, including identifying the needed supply chain. UTSA's Office of Risk and Emergency Management has collaborated with Metro Health's Point of Dispensing (POD) plan, where UTSA will serve as a POD site, as appropriate.

D. Tests for Prevalence and Immunity

There is currently no clear consensus on whether and at what level the presence of COVID-19 antibodies confers protection against reinfection with this virus. In lieu of a better understanding of immunity, antibody testing is unlikely to provide definitive answers at this time. Antibody testing can, however, be utilized to estimate prevalence in the community.

E. Anticipating Additional Waves of Infections

UTSA needs to consider the relatively high likelihood of successive waves of infections associated with fewer restrictions on interactions. With the high likelihood of a rebound, UTSA must prepare for a return to more restrictive mitigation measures and physical distancing—perhaps for several waves over time.

Progress and warning indicators developed and updated on a daily basis by the City of San Antonio and Metro Health will be closely followed in determining UTSA's response to COVID-19 rebounds, including:

- Evaluate the number of COVID-19 positive tests over time, looking for a decrease in the number of cases over two weeks to indicate progress toward containing progression of transmission
- Assist Metro Health in performing effective contact tracing
- Test for and determine the asymptomatic rate in our community
- Evaluate changes in the Health System Stress Score

The availability and incorporation of new information regarding the virus and COVID-19 will be integrated into testing and treatment structures. Given the possibility of rebounding COVID-19 cases, UTSA must be prepared to return to remote work and learning that will support the necessary social distancing to control further spread of COVID-19.

F. Mental Health Services

All national guidelines recommend that counseling services and spiritual/religious services offered at institutions of higher education be available remotely, 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. Face-to-face counseling with pre-visit screening should continue to be available on an extremely limited basis for the protection of both the client and the counselor. The University will increase marketing efforts that normalize feelings of distress and 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 extra support. UTSA should create direct messages and marketing efforts to remind employees about available mental health resources.

V. FACILITIES

The proper use of campus facilities plays an important role in minimizing or preventing the spread of infection, maintaining the health and wellbeing of the UTSA community. Evidence suggests that physical controls such as social distancing, face coverings, barriers, and frequent hand washing/ sanitizing are effective in preventing the spread of infection. Through shared responsibility (see Appendix B), we will succeed in creating a safe and healthy environment.

A. Teaching and Learning Spaces

The CDC categorizes general settings for institutions of higher education into three categories.

- **Lowest Risk**: Employees and students engage in virtual-only learning, activities, and events.
- **Medium Risk**: Small in-person classes, activities, and events. Individuals remain spaced at least six (6) feet apart and do not share objects.
- **Highest Risk**: Full-sized in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

While virtual learning achieves the lowest risk of infection, it may not accomplish all learning objectives. In-person instruction achieves those objectives but introduces some risk of infection. However, with proper physical controls, and with guidelines and enforcement to support those physical controls, risk of infection can be mitigated.

Courses/sections that require in-person instruction will consider options to reduce class size to achieve six (6) feet of separation between individuals. Options may include additional sections, small classes in larger classrooms, and hybrid classes that have a virtual foundation with rotating in-person student groups.

Face coverings (medical or non-medical grade) that fully cover both the nose and the mouth must be worn at all times by students, staff, and faculty while in the classroom. Exceptions must follow university guidelines. If a barrier is available in the classroom, it may be acceptable for faculty to remove face coverings during lecture. Students, staff, and faculty are encouraged to carry a backup face covering, and to wash or replace their face coverings on a frequent basis.

Students, staff, and faculty shall use proper hygiene including: (1) frequent hand washing/ sanitizing, (2) coughing/sneezing into a mask or cloth, and (3) limiting contact with surfaces to the maximum extent possible (see Appendix C). In addition to soap and paper towels in all restrooms, the university will have hand sanitizing stations dispersed throughout facilities, clear plastic barriers in strategic locations, cleaning of high-touch surfaces during the day, and sanitation of classrooms every evening. Students, staff, and faculty are encouraged to serve as role models for one another and assume shared responsibility regarding public health protective measures.

Heating, ventilation, and air conditioning (HVAC) systems in classrooms are designed with supply and return air. All of the air in a classroom is replaced at a minimum of three times per hour. Classroom doors should remain closed during class for this system to operate optimally. HVAC experts are still reviewing the impact of HVAC systems on COVID-19 spread.

B. Events and Social Gatherings

Restrictions on events and social activities will be observed per current social distancing guidance. Any in-person events must be considered on a case-by-case basis with plans in place to maintain appropriate health protocols. Particular consideration includes adequate communication to guests prior to the event, points of entry/exit and other relevant signage, seating arrangements to accommodate appropriate physical distancing of six (6) feet separation, queuing, disinfecting protocols pre/during/post event, removal of non-essential furniture, and a single point of responsibility for managing health protocols. UTSA will further reduce risk by limiting nonessential visitors, volunteers, and activities involving external groups or organizations to campus.

Event organizers will post signs in highly visible locations (e.g., building entrances, restrooms, and dining areas) that promote everyday protective measures and describe in clear language how to stop the spread of infection.

C. Offices and Common Spaces

Meetings: Meetings and office hours should be held virtually rather than in-person, where practical. Additional measures to reduce interactions and exposure include enhanced telework capabilities, especially for individuals at higher risk or who live with or care for individuals at higher risk for severe illness from COVID-19.

Offices: Social distancing must be maintained and face coverings must be worn in shared offices. Face coverings are not required when working alone in an enclosed space. The university will disinfect high-touch points in offices (i.e. door handles and light switches), but employees will be required to regularly sanitize their own workspace (i.e. mouse, keyboard, personal belongings).

Campus Services: Each unit in the University is examining campus services and developing strategies for virtual operations, delivery/curbside pickup, if possible, alternative or extended hours of operation, social distance markings, barriers, and/or enhanced signage.

Elevators/Stairs: Maximum occupancy in elevators is recommended at three, with one person standing against each of the three walls, excluding the doors. People who have physical disabilities will be given priority for elevator use at all times. Convenience stairs (not fire egress stairs) will be designated as either ascending or descending, when multiple stairwells are available. Appropriate signage concerning occupancy and use will be posted at every point-of-entry.

D. Libraries

Online and physical library access must be ensured to support the highest quality education for students. Physical building access will be phased as safety measures are implemented for students, staff and faculty. Standard disinfection procedures and social distancing policies must be closely observed. University Technology Solutions (UTS) will determine protocols for providing computer lab services in collaboration with the Libraries Working Group. The Tomás Rivera Center (TRC) will guide safe reopening of the tutoring services in the John Peace Library.

E. Laboratories and Research Facilities

Laboratory and research facilities must follow the guidance as outlined in this document and per the recommendations of the Research Recovery Task Force. Furthermore, in the research laboratory setting, the director or supervisor of the laboratory or their designee (i.e. designated lab director) are responsible for ensuring that all personnel are abiding by occupancy and social distancing regulations. Laboratory supervisors should utilize the social distancing tool provided by UTSA and the occupancy and usage guidance checklist. Laboratories should adhere to stringent disinfecting protocols. Signage encouraging the use of protective measures will be posted.

F. Protective Barriers and Dividers

Protective barriers/dividers (e.g., Plexiglas or Lexan) will be placed in spaces where proper social distancing cannot be achieved (e.g., high traffic service areas, circulation and information desks, food service counters, administrative lobbies, and other common spaces). Other spaces will be assessed on a case-by-case basis.

VI. STUDENT LIFE

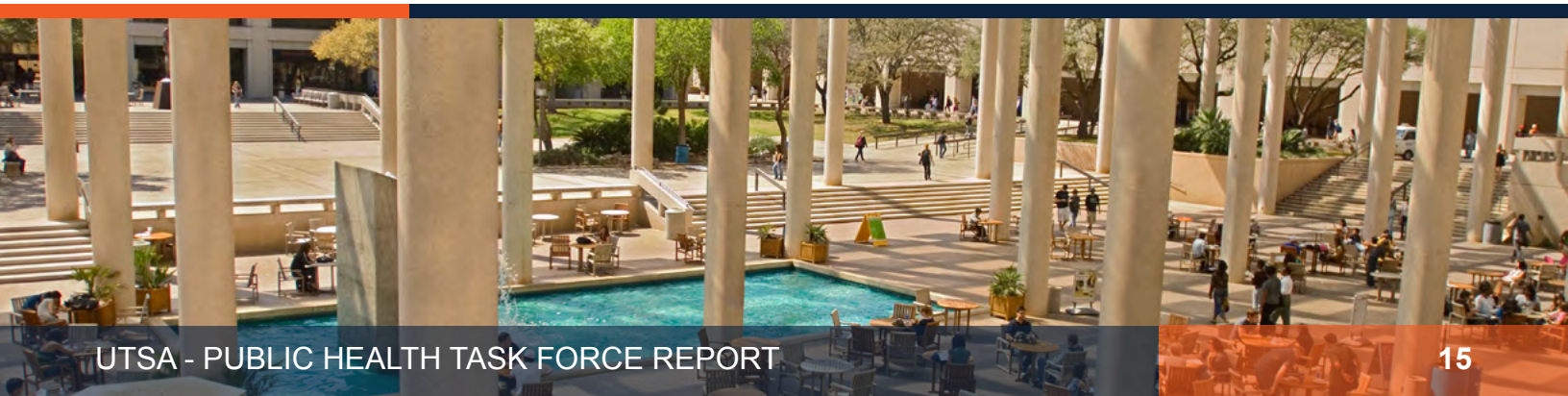
A. Student Housing and Residence Life

Based on CDC and other public health authority guidance, UTSA will require 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 orientation/ training will be developed and required for residents and staff to complete prior to move-in.** UTSA will schedule move-in and move-out in a manner that allows for appropriate social distancing.

UTSA will institute physical distancing and other infection prevention and control measures in student housing areas. This should include:

- Installing physical barriers (i.e. for reception areas, shared sink/bathroom spaces)
- Posting signs with guidance on how to maintain personal hygiene (see Appendix C)
- Removing or relocating furniture to discourage prolonged close contact
- Limiting non-essential visitors or staff from entering facilities
- Increasing disinfecting of shared areas to multiple times a day
- Providing hand sanitizer stations and disinfecting wipes in shared areas
- Temporarily closing shared community areas, where possible (i.e. recreational areas, pools, TV lounges, water foundations, activity rooms and other spaces that allow for close contact)
- Limiting capacity of shared areas that must remain open (i.e. laundry facilities, shared kitchens, shared bathrooms, elevators)
- 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 providing additional instruction for areas like bathrooms and laundry rooms
- Modifying HVAC systems in rooms and common spaces to allow for increased circulation of outside air
- Replacing fixtures with touchless options, where possible

All non-essential in-person residence life activities, events and informal gatherings within these facilities should be temporarily discontinued or modified, with considerations for alternate methods of delivery and participation (i.e. virtual communications, gatherings, or check-ins). Individuals with special needs or who require accommodations must be considered.



Residents will be grouped into “family units.” A family unit is two or more students who share a bathroom or common living area. Residents within family units will be responsible for maintaining personal hygiene and utilizing CDC-recommended cleaning standards throughout their unit, including their bathroom. Family units are encouraged to remain together during their daily activities (e.g. dining, studying and other social activities), limiting close interactions with outside groups. While congregating solely as a family unit, residents are exempt from social distancing rules, but all other on-campus interactions would require wearing of face coverings and social distancing. Family units will need to engage in shared responsibility (Guiding Principle #2, Appendix B).

All residents should 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 or UTSA Student Health Services. Housing and Residence Life will designate a staff member as a primary point of contact for COVID-19 concerns. If call volume becomes excessive, a separate hotline will be implemented.Cases should be reported per the Office of Risk and Emergency Management Plan. Those individuals who contract COVID-19 will be isolated. If feasible, residents will be given the option to isolate off-campus. Accommodations for classes and meals will be made to allow for continuation of academic studies.

B. Campus Dining Facilities

The American College for Health Associations (ACHA) provides key guidelines for campus dining services and the CDC has provided considerations for shared use facilities. The number of persons allowed in shared dining spaces will be limited and chairs/tables arranged in such a way to ensure social distancing measures. For students on a campus meal plan, dining services should arrange food delivery in collaboration with Housing and Residence Life staff, especially for students in quarantine or isolation. For in-person food services, it is highly recommended that meals be individually packaged. Buffet style dining will be limited or eliminated where possible.

Dining facilities will install technology to support customer self-pay or check-in, where feasible, to avoid handling cash, ID’s or credit cards. Check-in or queue areas must be arranged to allow for physical distancing. Dining staff and customers must wear face coverings when moving throughout facilities.

UTSA will develop procedures for the use of and educate/inform employees and students about (1) disinfecting high-touch areas, (2) not sharing items (i.e. dishes, glasses, cups, utensils) and (3) the importance of social distancing when using shared dining spaces. Reminders of safety measures will be posted in full view of dining staff and customers. Dining facilities will supply additional disposable utensils and cleaning products in these areas. Alternate options (e.g., pre-packaged meal pick-up, “to- go” style dining, food trucks, other local retail options, and meals delivered to individual resident rooms from the meal plan) will be encouraged. Protocols will be in place to ensure that residents in quarantine or isolation can dine in their rooms, when needed.

C. Student Health Services

In preparation for a return to campus, Student Health Services (SHS) will address patient care, facility, and administrative/staff considerations as recommended by the American College of Health Association's reopening guidelines.

Patient care considerations involve incorporating strategies that decrease in-clinic exposure to COVID-19 infection that include the following:

- Advise patients to make online appointments through SHS myMed portal or call before coming to SHS for nursing or provider visits
- Utilize telemedicine visits with option for virtual telephone visits when appropriate
- Develop on-line or telephone processes for the completion and submission of forms for check-in
- Update screening forms to include exclusive sections for COVID-19 symptoms
- Review and update triage protocols for all visits
- Require face coverings for patients and personnel, with additional PPE as appropriate for health care personnel
- Develop protocols for management of patients with respiratory symptoms
- Develop procedures for communication with local emergency rooms for patient transport
- Develop communication plans that may include messages to the university community regarding access to care, use of telemedicine services, to include social media with messaging to all university stakeholders

SHS facility considerations are designed to decrease risk of exposure and include the following:

- Segregate waiting room areas for ill vs. well patient visits, with placement of seating to maximize social distancing
- During peak times of clinic use, establish the ability to call patient from an outside location to enter and begin their visit immediately
- Signage should be prominent and in multiple locations to give guidance on entrance to clinic areas
- Increase general in-clinic signage regarding masking, hygiene measures, and social distancing requirements (e.g. Appendix C)
- Have appropriate PPE available for patients to include masks, tissues, access to hand-washing and hand sanitizers
- Assess and have available suitable clear barriers in waiting rooms and reception areas
- Assess, review and implement clinic cleaning and disinfection protocols
- Review supporting information technology needs to conduct telephone and telemedicine visits

SHS Administrative/Staff Considerations:

- Train staff and assess compliance with the use of PPE
- Ensure adequate supplies of PPE are available and monitor supplies frequently
- Limit the number of staff members interacting with a possible COVID-19 patient and document those individuals for later tracking
- Work with UTSA Occupational Health staff in the event of a possible staff member exposure
- Devise continuous in-house training on COVID-19 and update staff on CDC guidance
- Continue to work with UTSA's Office of Risk and Emergency Management in strategies for future mass immunization programs.
- Develop financial models regarding costs and funding sources necessary to continue services, especially if services escalate due to COVID-19 rebounds.
- Continuously update resources available to under/uninsured patients requiring testing or advanced care by identifying and working with outside providers and campus partners.

UTSA's SHS has outlined new operating hours and conditions, including telephone and virtual consultations. For additional information and resources, visit the SHS website.

D. Athletics Activities and Facilities

Athletics and sports medicine programs must ensure department policies, procedures, and communications regarding COVID-19 align with institutional, local, state, and federal public health guidelines. The NCAA core principles for resocialization and action planning considerations includes a phased approach to return to sports.

NCAA documents recommend several common strategies to mitigate the risk of infection.

- Education and supporting signage in facilities regarding physical distancing
- Use of face covers when indoors and when physical distancing is not possible
- Hand hygiene, sneeze and cough etiquette
- Avoidance of touching face
- Personal and departmental practices of disinfecting "high contact" surfaces and items

In the State of Texas guidance, regular testing throughout a sport's season is strongly recommended. This includes (1) safe and efficient screening of symptomatic persons, (2) surveillance and contact tracing, and (3) isolation or quarantine for new infections.

UTSA will limit athletic activities to 10 individuals per session, with six (6) feet of separation. This number may be adjusted as conditions change. Pre-screening and daily health evaluations should be part of the daily self-health evaluation process as is recommended in both the NCAA Core Principles document and Resocialization of Collegiate Sports Action Plan. Pre-screening for high-risk exposure or typical symptoms should take place two weeks prior to returning to campus.

Pre-participation medical exams will include the customary general medical and orthopedic assessments, but should also include COVID-19-related evaluation. In addition, mental health support will also be available and offered to student-athletes to address any developing needs. Provisions will be made to protect higher risk individuals, including delaying their arrival on-campus or involvement in group activities, if deemed medically necessary. Athletics will have a communication strategy that engages university officials and initiates an institutional plan of action.

Athletics will refer to the NCAA when guidance is released on preparation for competition. Pre-competition considerations should address the nature of the sport (high contact vs low contact risk) and ways to ensure the health and safety of athletes. Further guidance on observers and spectators at athletic events will be developed.

E. Recreation Facilities and Events

Campus Recreation should follow State of Texas Guideline for Fitness Facilities. A phased opening should include the following Minimum Standard Health Protocols:

- Reduce occupancy to 25% in all areas
- Changing, locker and shower areas of locker rooms will be closed
- Encourage use of gloves and face coverings
- Maintain six (6) feet of space between patrons
- Increase cleaning and disinfecting of all high touch point surfaces (e.g. doorknobs, tables, chairs, restrooms)
- Disinfect any items that come in contact with patrons
- Assign a designated person to ensure the health protocols adopted are being successfully implemented and followed
- Arrange equipment to maintain proper social distancing of six (6) feet or more
- Provide disinfecting wipes, hand sanitizing stations, soap and water or other disinfectants for employees, patrons and contractors
- Create processes to reduce contact between employees and patrons (e.g., barriers, electronic processes, contactless check-in)
- Provide visible signage reminding patrons of necessary hygiene practices (e.g., Appendix C)
- Staff and patrons will self-screen for COVID-19 symptoms before entering the facility
- Amend the patron waiver to include the assumption of COVID risk
- Employees or contractors who have tested positive or are suspected to have symptoms of COVID should follow university processes for reporting and returning to work

Campus Recreation will also refer to National Intramural and Recreational Sports Association (NIRSA) guidelines as they are released.

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VIII. 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.

IX. 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.***
    - This means adhering to national, state, and local health guidelines and requirements, as well as those measures we deem safe and appropriate for UTSA. Measures include: (1) temperature checks, (2) social distancing, (3) wearing masks or other face coverings, (4) using other personal protective equipment (PPE), (5) not reporting to class or work if sick or exposed to others diagnosed with COVID-19, and (6) isolating and quarantining when required.

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.

COVID-19

PROTECT YOURSELF AND LOVED ONES

Help prevent the spread of respiratory diseases like COVID-19

WASH YOUR HANDS

Wash your hands with soap & warm water regularly.

WEAR A FACE COVERING

Wear a face cover and cough or sneeze in to your sleeve, or a tissue. Dispose and wash your hands afterwards.

DON'T TOUCH

Avoid unnecessary touching of hand rails, door knobs, and other common surface areas. Avoid touching your face, especially with unwashed hands.

KEEP YOUR DISTANCE

Maintain social distancing and avoid common areas. Eat outside or at your desks, and use technology to limit social interaction.

STAY HOME

Monitor your symptoms and stay home if you feel sick. Communicate with your supervisor or professor.

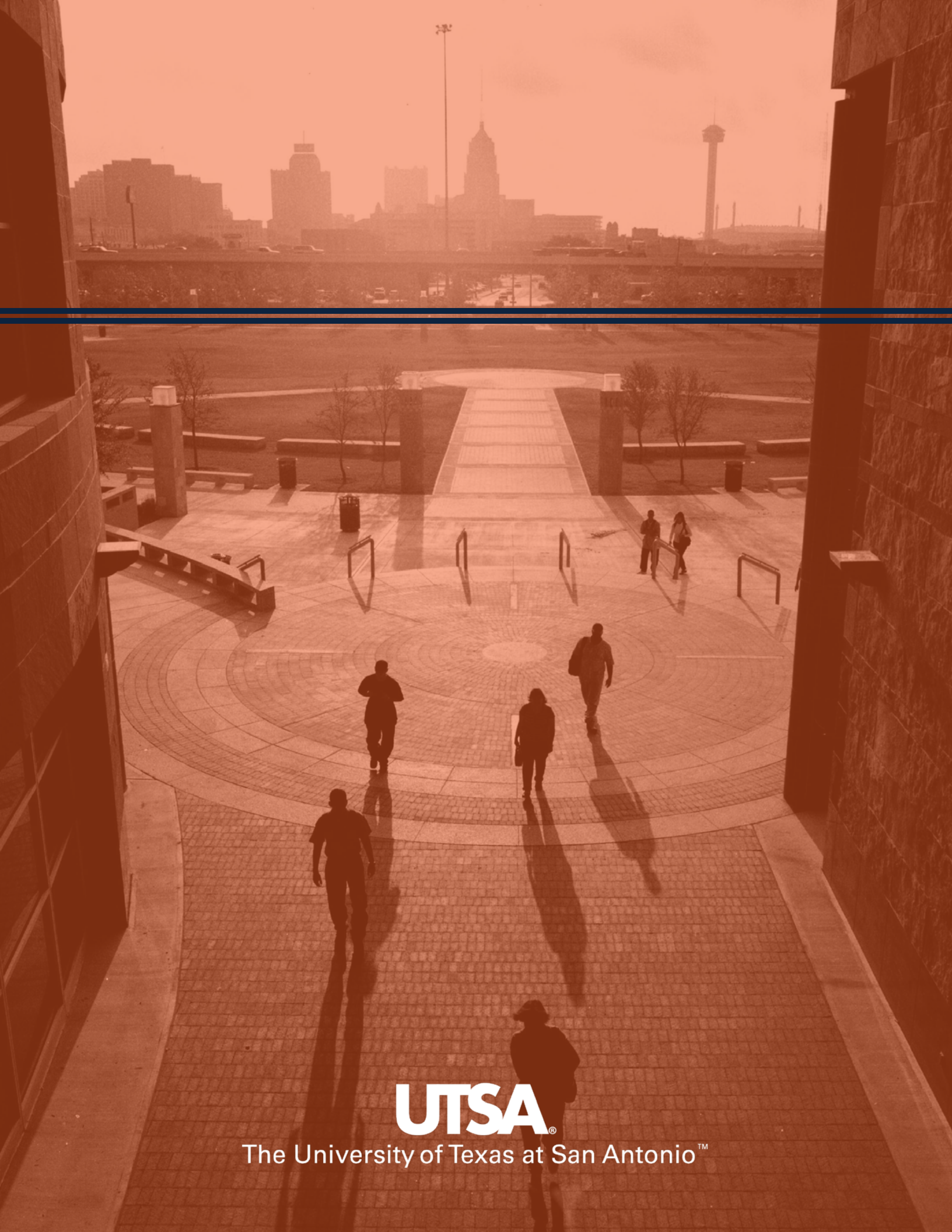
GET HELP

If ill, students can reach Student Health Services at 210-458-4142. Faculty and stuff should contact their healthcare provider.

MORE INFORMATION

STAY INFORMED OF THE LATEST UPDATES BY VISITING:
WWW.UTSA.EDU/CORONAVIRUS.

UTSA Risk & Emergency Management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