UTSA®

PUBLIC HEALTH
TASK FORCE REPORT

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SUMMARY OF UPDATES FROM VERSION 2.0

OVERALL

- *Hyperlinks and references have been revised throughout* to incorporate updated guidance from various public health organizations in addition to UTSA's Roadrunner Roadmap website (previously Roadrunner Return)

PROTECTION AND PREVENTION POLICIES AND PROTOCOLS

- Risk Management Plan renamed *Pandemic Management Plan* throughout
- Updated language regarding *visitors to campus* and associated *approvals* by leadership (p. 7)
- Made note of *plans for Spring 2020 mask distribution* (p. 8)
- *Retitled Personal Protective Equipment (PPE) section* to Personal Protective Equipment (PPE) and Report of Non-Compliance, and *relocated instructions regarding Ask, Offer, Leave, Report process to this section* from Self-Screening and Testing section (p. 8-10)
- *Updated "Face coverings" link to direct readers to CDC guidance*, which now includes extensive descriptions and depictions of recommended vs. not recommended face coverings/masks (p. 8)
- Retitled daily health self-assessment tool to *daily health check tool*, and updated information regarding *group COVID-19 testing clinics for asymptomatic students and employees* (p. 11)
- Updated Contact Tracing and Positive Test Reporting with *link to Positive Test Reporting site*, and to note that *UTSA has hired staff who are trained in contact tracing/ case management* to further support students being trained through Public Health program (p. 12-13)
- *Reorganized/added sub-headings* for Quarantine and Isolation section (p. 13)
- Clarification added regarding *restrictions and requirements for individual and group travel* (p. 14)

HEALTH CONSIDERATIONS

- Updated with information about *FDA-approved therapeutics and vaccines* (p. 16)

FACILITIES

- Included update about *University leadership approval requirement for events and social gatherings* (p. 21)

STUDENT LIFE

- Reorganized text within *Athletics Activities and Facilities and added subheadings to group guidance by topic* (p.27-28)
- Revised *Athletics Activities and Facilities* to include *updated quarantine procedures* based on amended guidance from the NCAA and C-USA as well as *testing requirements for return to group activities* (p. 28-29)
- *Recreation Facilities and Events* updated to include note about daily use of electrostatic sprayers for deep cleaning (p. 30)

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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 moved into planning and implementation phases of reopening.

The results of this report served as guidance for several Tactical Teams, who presented their reports to leadership in early July 2020. Based on their findings, a Recovery Operations Committee (ROC) was formed to operationalize the recommendations from 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 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 has been woven into recommendations guiding our campus reopening and operational efforts for the 2020-2021 Academic Year.

We will continue to update this report as additional 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.

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, downtown campuses as well as the Institute for Texan Cultures and 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.

» "Family unit," in reference to residence halls, refers to two or more students who might have separate bedrooms, but share a bathroom or common living area, within a unit.

» "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, while not yet ill, who might have been or were exposed to a contagious disease to see if they become sick.

» "University community" refers to UTSA students, staff (to include on-site contractors), and faculty.

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 mandatory [compliance training module](#) for all students, staff, and faculty on appropriate public health measures has been implemented by the University. This concludes with "[The Roadrunner Pact](#)," a personal commitment to COVID-19-related health and safety: Out of respect for our community and with an understanding that my actions affect the Roadrunners around me, I agree to abide by the Five Principles: (1) Wear Your Mask, (2) Keep Your Distance, (3) Wash Up, (4) Check Yourself, and (5) Stay Home. UTSA has also initiated a [COVID-19 awareness and public health campaign](#).

Limiting Social Interactions: In order to help prevent COVID-19 infections on our campus and in our local San Antonio community, we highly recommend that students **limit unnecessary social interactions for at least 14 days prior to returning to campus and throughout the fall and spring semesters.**
- » Limit in-person interactions as much as possible throughout the 14-day period before returning to campus, e.g., stay in your residence except for essential business (groceries, medical visits), and avoid non-essential public places.
- » If it is not possible to limit interactions for 14 days prior to return to campus due to necessary travel to San Antonio, students should limit in-person interactions for 14 days prior to their first on-campus activity after arriving in San Antonio.

UTSA highly recommends that all students, staff and faculty carry with them a **personal hygiene pack**, to include items such as hand sanitizer, disinfecting wipes, tissues, and at least one extra face covering.

Social Gatherings:
- » UTSA strongly discourages students from hosting or participating in on or off-campus parties or other social gatherings during the pandemic. This includes Greek organization, student organization, or other personal gatherings.
- » Faculty and staff are strongly discouraged from attending or hosting non-essential off-campus events and social gatherings of 10 or more individuals. If attending events and social gatherings outside of their family unit or household, UTSA employees should wear face coverings and practice physical distancing of 6ft or more.

Campus Visitors: UTSA is limiting nonessential visitors, volunteers, and activities that involve external groups or organizations coming to campus. Department and campus operations plans for visitors to campus must be reviewed and recommended by the [Recovery Operations Committee (ROC)](#) and then approved by the [Resource Management Team (RMT)](#).

We are relying on everyone in our campus community to take very seriously the personal responsibility of preventing the spread of COVID-19 and these are critical first steps. [Do Your Part](#).

A. Personal Protective Equipment (PPE) and Reporting of Non-Compliance

Face coverings (medical or non-medical grade) that fully cover the nose and mouth must be worn by all students, staff, faculty, and campus visitors when in 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). As for the Fall 2020 semester, in preparation for the Spring 2020 semester, the University will once again distribute one UTSA-branded cloth face covering to each student, staff, and faculty member. The University will also provide, by request, clear face coverings for faculty and staff use to accommodate communications with the hearing impaired. If an individual has a medical reason that would prevent him/her from wearing a face covering, accommodations are being assessed and approved through Student Disability Services (students) or the ADA coordinator (employees and contractors).

Indoor: Face coverings are required in all campus buildings.
» Face coverings are not required if working alone and isolated in an enclosed workspace, e.g., laboratory, studio, office, practice room. However, if working independently without a face covering and another person enters the workspace, face coverings must be re-applied and are then required for both parties.
» Faculty may wear a face shield in lieu of a face covering if they are having difficulty breathing or communicating during a lecture. The face shield must wrap fully around the face from side to side and extend below the chin. Social distancing must remain during use of the shield. Otherwise, a face covering must be used.

Outdoor: Face coverings are required only when social distancing of six (6) feet or more cannot be maintained.

Although congregating in groups is discouraged, we understand that some interactions will occur. When interacting outdoors, the following must be adhered to:
» When less than six (6) feet away from another person, e.g., walking, studying, or meeting, everyone must wear a face covering. If a face covering has been removed while alone or isolated, it must be re-applied and is required any time others are encountered.
» If an individual is eating/drinking, their face covering must be replaced immediately when done and they must not linger in dining areas.

Care for Face Coverings: Face coverings should not be used consecutive days without being cleaned. Disposable face coverings should be disposed of on a daily (or more frequent) basis. Cloth face coverings should be washed prior to the next use/day. It is highly recommended that all Students, staff and faculty carry at least two face coverings with them in their vehicle or on their person when entering campus in case one becomes unusable or contaminated.

Non-Compliance: All students, staff, faculty, and campus visitors must adhere to campus policies regarding face coverings. In the event a member of our campus community, or a campus visitor, is not in compliance with the policy, it is recommended individuals follow the **"Ask, Offer, Leave and Report"** method, outlined below.

» Advise individual of campus policy and the importance of our shared responsibility to keep each other safe, and kindly **ASK** for individual's cooperation. *Example: "Hi. My name is Dr. Martinez (your name) and I am the instructor for Sociology 222 (your title/role). What is your name? It's nice to meet you Mary, I am not sure if you are aware, but UTSA requires a face covering inside all campus buildings for the safety of our community. Please wear your face covering for the duration of our class."*

» **OFFER** the individual the opportunity to retrieve their face covering from their car, purchase one at the bookstore or other vendor, and then return.

» If individual refuses to cooperate you may choose to **LEAVE**
  » End the meeting
  » Cancel/end and dismiss the class
  » Ask individual to leave the area
  » Leave the area yourself

» You should always **REPORT** any issues of non-compliance to the Compliance Hotline.

» If the individual poses an **immediate threat** to the safety of others, such as exhibiting physical violence, brandishing a weapon, or making threats to physically harm someone in the immediate area, contact UTSA Police at 210-458-4911.

"Ask, Offer, Leave, and Report" Method

IN ALL SITUATIONS, SEEK TO DE-ESCALATE RATHER THAN INTENSIFY THE INTERACTION

ASK	OFFER	LEAVE	REPORT
Not Wearing a Face Covering/Mask			
Ask if the individual is aware that face coverings are necessary	If available, offer to give the individual a mask	If non-compliance continues, either ask the person to leave or remove yourself from the area	For ongoing violations and/or egregious violations, please report to the Compliance Hotline
Not Social Distancing			
Ask the individual to please honor social distancing space and allow for 6 ft of distance	If in a location that makes it challenging to effectively social distance, offer to relocate to a space that is more conducive	If non-compliance continues, either ask the person to leave or remove yourself from the area	For ongoing violations and/or egregious violations, please report to the Compliance Hotline
Not Following Directional Signage			
Ask if the individual is aware of the posted directional signage	Offer to show the individual the posted signage and routes	If non-compliance continues, either ask the person to leave or remove yourself from the area	For ongoing violations and/or egregious violations, please report to the Compliance Hotline
Violating the Roadrunner Pact			
Ask if the individual is aware	Offer information and/or options	If non-compliance continues, either ask the person to leave or remove yourself from the area	For ongoing violations and/or egregious violations, please report to the Compliance Hotline

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 sanitizing stations are positioned in each building at multiple locations. Departments/offices also have desk sanitizers available for employees and students.

Training on appropriate cleaning, disinfection, and hygiene is being and will continue to 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 have been and will continue to be required to complete prior to returning to campus. Campus community members must ensure safe and correct use and storage of cleaning and disinfection supplies, including storing products securely away from children.

In the event an area is exposed to a person with a potential and/or confirmed case of COVID-19, 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 has provided guidance on disinfection necessities, closures, and other procedures including timelines.

C. Health Self-Assessment and Testing

Daily Health Self-Assessment: On a daily basis, students, staff and faculty are required to (1) monitor for COVID-19 symptoms, which may include the following: cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle or body aches, headache, sore throat, new loss of taste or smell, nausea or vomiting, diarrhea, feeling feverish or a measured temperature greater than or equal to 100.0 degree Fahrenheit, congestion or runny nose; (2) use a self-screening tool for assessment; and (3) consider immediate testing if symptomatic.
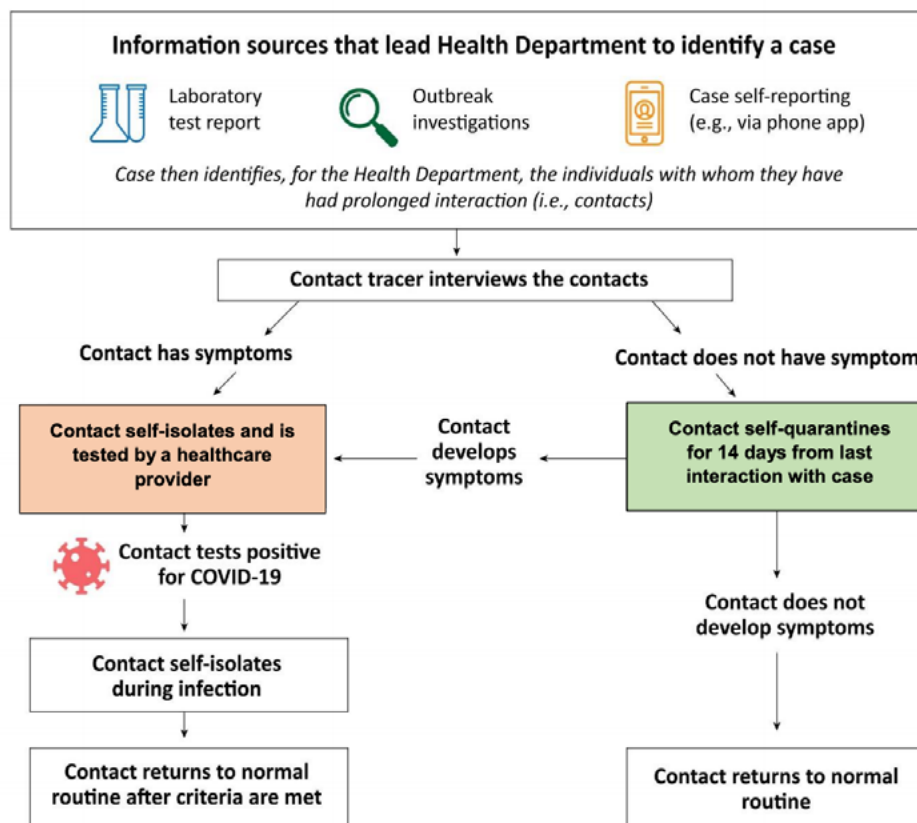
Daily Health Check Tool: UTSA has developed a daily health check tool (i.e., symptom checker), which allows our community members to conduct daily assessments of their health and well-being relative to COVID-19. **All students, staff and faculty are strongly encouraged to use it on a daily basis.** The COVID-19 daily health check tool is available on the UTSA Roadrunner Return website, the UTSA mobile app, and the LiveSafe app. Self-screening tools are also available on the CDC's website and through the City of San Antonio. A symptom monitoring log from the Texas Department of State Health Services is also publicly available.

Testing: 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. COVID-19 testing for symptomatic students is available through UTSA Student Health Services. Group COVID-19 testing clinics for asymptomatic students and employees is available on-site and at nearby facilities. Refer to the Roadrunner Roadmap website for updates. Testing for any individual is also currently available at multiple drive-through sites at the Freeman Coliseum (through appointment only by San Antonio Metro Health), local private pharmacies, multiple urgent care clinics, and through many private medical clinics.

D. Contact Tracing and Positive Test Reporting

Contact Tracing:

» San Antonio Metro Health investigates COVID-19 positive individuals and their contacts and is contracting with a community organization to deploy case tracers for the City of San Antonio and Bexar County as cases are reported. The University is assisting Metro Health in contact tracing, identification, and quarantine processes for students, staff and faculty potentially exposed to COVID-19. To further support Metro Health and the City, the University has developed a contact tracing program. Dr. Erica Sosa, Associate Professor of Public Health, is leading a group of students—in a Special Topics course—to become contact tracers, to facilitate contact tracing amongst the Roadrunner Family and to function as case managers for any positive cases of residential students. 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, Dr. Beth Wichman, and Metro Health.

» Contact tracing processes and procedures have been developed for representative populations of Roadrunners as a component of UTSA's Pandemic Management Plan. Populations are grouped as follows: (1) students in residential housing, (2) student athletes, (3) students in private residences, (4) local students, and (5) distance learning students, along with (6) faculty/staff who are on campus and (7) telecommuting, as well as (8) athletics staff and (9) other contractors/guests/visitors. The University has outlined (a) where these populations are to be tested, (b) to whom those results are to be communicated, and (c) who is responsible for case management, (d) contact tracing and (e) support services.

» 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.

Information sources that lead Health Department to identify a case

Laboratory test report	Outbreak investigations	Case self-reporting (e.g., via phone app)

Case then identifies, for the Health Department, the individuals with whom they have had prolonged interaction (i.e., contacts)

Contact tracer interviews the contacts

Contact has symptoms → Contact self-isolates and is tested by a healthcare provider ← Contact develops symptoms ← **Contact does not have symptoms** → Contact self-quarantines for 14 days from last interaction with case

Contact tests positive for COVID-19

Contact self-isolates during infection

Contact returns to normal routine after criteria are met

Contact does not develop symptoms

Contact returns to normal routine

Positive Test Reporting: A COVID-19 exposure and positive test self-reporting portal is available through the [Roadrunner Roadmap website](#). Through the self-reporting portal, individuals may securely report symptoms, positive results, and close contact(s). All positive test results are being reported to a UTSA Rapid Response Team for operational action, and results are transmitted to University leadership. Procedures have been outlined in a [Pandemic Management Plan](#) developed by the [Recovery Operations Committee (ROC)](#). Test results from UTSA are reported to Metro Health.

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, 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.

Quarantine after Close Contact: [Per guidance from San Antonio Metro Health](#), UTSA students, staff, faculty, or campus visitors with [known close contact](#) to 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.

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 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 COVID-19 signs or symptoms 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](#).

On Campus Quarantine and Isolation Facilities: UTSA has identified and reserved appropriate residential spaces for 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. Student Health Services staff are remotely monitoring students in campus-based isolation or quarantine, to include temperature checks and symptom screening. Student Health Services will transfer symptomatic students to an appropriate treatment site for a clinical evaluation if symptoms advance or at individual request.

F. Accommodations for Individuals with Special Needs or Disabilities

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, faculty, staff, and campus 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 travel is allowed, per CDC guidelines, individuals must travel alone, or via methods that allow for social distancing, and occupy individual hotel rooms. In limited, preapproved circumstances, where policies and procedures require extensive pre-and post-trip COVID-19 testing, some group travel may be allowed (e.g., athletic competition).

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), should self-quarantine for a 14-day period (see Section E. Quarantine and Isolation).

V. HEALTH CONSIDERATIONS

A. Risk Assessment and Management Plan

UTSA conducted a risk assessment, as outlined in this document, to create an appropriate and informed Pandemic 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. The CDC is periodically updating the list of underlying medical conditions that increase a person's risk of severe illness from COVID-19. Conditions are added to the list if evidence for an association with severe illness from COVID-19 was categorized as (1) strongest and most consistent evidence, (2) mixed evidence, or (3) limited evidence.

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 any age with underlying medical conditions, particularly if not well controlled, including those with:
  - Cancer
  - Chronic kidney disease
  - COPD (chronic obstructive pulmonary disease)
  - Immunocompromised state (weakened immune system) from solid organ transplant
  - Obesity (body mass index [BMI] of 30 or higher)
  - Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
  - Sickle cell disease
  - Type 2 diabetes mellitus

Also according to the CDC, based on what is known at this time, people with the following conditions might also be at increased risk for severe illness from COVID-19:

- » Asthma
- » Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- » Cystic fibrosis
- » Hypertension or high blood pressure
- » Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- » Neurologic conditions, such as dementia
- » Liver disease
- » Pregnancy
- » Pulmonary fibrosis (having damaged or scarred lung tissues
- » Smoking
- » Thalassemia (a type of blood disorder)
- » Type 1 diabetes mellitus
- » Children who have medical complexity, who have neurologic, genetic, metabolic conditions, or who have congenital heart 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/care for individuals at higher-risk, including extended telework/tele-education accommodations.

C. Therapeutics and Vaccines

The U.S. Food and Drug Administration (FDA) has approved remdesivir, baricitinib (in combination with remdesivir), dexamethasone, and other drugs in addition to monoclonal antibodies for the treatment of COVID-19. 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.

The FDA has approved emergency use authorization of COVID-19 vaccinations. UTSA is coordinating with the Texas Department of State Health Services (DSHS) regarding the administration and availability of the COVID-19 vaccine, and is following all guidelines provided by DSHS and the CDC in this regard. **The UTSA community is strongly encouraged to receive the COVID-19 vaccine from community sources, such as local health departments and private healthcare providers.**

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, if they have not already done so.** Further information about vaccine resources is available on the Roadrunner Roadmap website. Typically, it is advisable for individuals to receive the flu (influenza) vaccine mid-fall. However, the CDC recommended earlier administration this year due to the similarities between the two illnesses as well as to promote the earlier development of improved immunity to the influenza, or seasonal flu, virus.

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 these waves over time, UTSA must prepare for a return to more restrictive mitigation measures and physical distancing.

Progress and warning indicators have been developed and data for these 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 COVID-19 rebounds. These indicators include:
  » Evaluation of the percentage of COVID-19 positive tests over a 14-day period, with an increase signaling rebound COVID-19 infection;
  » Determining the ability to effectively contact trace with a backlog, denoting increased likelihood of COVID-19 spread;
  » Increase in the doubling time of positive cases to less than an 18 day period, signaling rapid spread of COVID-19 infection;
  » Decrease in testing capacity with a return time for test results greater than 48 hours; and,
  » Worsening of the Southwest Texas Regional Advisory Council (STRAC) Health System Stress Score, denoting decreased availability of ICU beds (less than 20%), decreased percentage of regular hospital beds (less than 15%), inadequate staffing, and PPE shortages.

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

In spring 2020 UTSA developed a plan for phased shutdown and reopening based on CDC, THECB, UT System, State, NCAA, and local (Metro Health) guidance. The following chart provides a high-level overview of on-campus activity levels within that plan paired with a color-coding scheme recommended for campus media and communications.

Phased Levels of On-Campus Activity

LEVEL 4: MOSTLY VIRTUAL OPERATIONS

» All classes online
» Campus facilities predominantly closed with the exception of essential personnel to sustain infrastructure, facilities, academic, and research operations
» Housing available for students with exemptions

LEVEL 3: LIMITED ON-CAMPUS ACTIVITY

» Limited classes identified for in-person modality; all others virtual
» Dining, library, and other academic support services have limited on-campus activity
» Campus facilities open
» Few campus events permitted with restrictions
» Visitors highly discouraged

LEVEL 2: MODERATE ON-CAMPUS ACTIVITY

» Increased proportion of classes delivered in person; all others virtual
» Events and academic support services continue to evaluate operations
» Visitors for business and personal functions permitted on a limited basis

LEVEL 1: MOSTLY ON-CAMPUS OPERATIONS

» Limited proportion of classes and operations conducted online
» Classroom capacities remain below 100%
» Academic and campus support services return to near-normal activity
» Visitors for business and personal functions permitted with minimal restrictions

Through every Level, our Five Principles serve as the necessary foundation for on-campus operations:

(1) Wear Your Mask (2) Keep Your Distance (3) Wash Up (4) Check Yourself (5) Stay Home (when ill)

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 has increased 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.

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 have reduced class size to achieve six (6) feet of separation between individuals. Options 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. See section III.A. above for further detail regarding requirements.

Hygiene: 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 has dispersed hand sanitizing stations 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): HVAC systems move filtered, conditioned, air continuously seven (7) days a week. All of the air in a classroom 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. 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 are being observed per current social distancing guidance. Event guidelines are available on the Roadrunner Roadmap website. All events must be entered into R25Live and RowdyLink to allow for comprehensive tracking and oversight. Any in-person events must be considered on a case-by-case basis with plans in place to maintain appropriate health protocols. All event or social gathering plans must be reviewed and approved by University leadership. 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 is disinfecting high-touch points in offices (i.e., door handles and light switches), but employees are required to regularly sanitize their own workspace (i.e., mouse, keyboard, personal belongings).

Campus Services: Each unit in the University is continuously 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, as needed.

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 should be given priority for elevator use at all times. Convenience stairs (not fire egress stairs) have been designated as either ascending or descending, where multiple stairwells are available. Appropriate signage concerning occupancy and use is posted at every point-of-entry.

Water Fountains and Bottle Refill Stations: Cold water is available at water fountains and bottle refill stations. Custodial staff are sanitizing fountains and refill stations frequently along with other common touchpoints.

Sanitizing: Alcohol-based hand sanitizer is available from dispensing stations dispersed throughout the university in accessible, common spaces. Custodial staff are working during class hours to sanitize common touchpoints such as elevators, handrails, water fountains, door handles, and restrooms. The University is providing one small bottle of hand sanitizer to each employee and one spray bottle of cleaning/disinfecting solution to each division. Departments are responsible for disinfecting common touch points and shared spaces in their areas (e.g., lobbies), in between custodial services. 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.

D. Libraries

Online and physical library access must be ensured to support the highest quality education for students. Physical building access has been phased as safety measures are implemented for students, staff and faculty. Standard disinfection procedures and social distancing policies must be closely observed. The Library and University Technology Solutions (UTS) are offering services such as contactless and curbside delivery of checked out books and laptops during limited hours. Computer lab services are available with proper social distancing and hygiene measures in place. Refer to the [Roadrunner Roadmap](#) website for updates.

Main Campus: Only the 2nd floor of the John Peace Library (JPL) is open. JPL elevators are closed on the 1st floor, with ADA accommodations provided through use of the staff elevator. Entrance and exit is limited to the Sombrilla side only.

Downtown Campus: The facility is open with some spaces limited.

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 should be posted.

F. Protective Barriers and Dividers

Protective barriers/dividers (e.g., Plexiglas or Lexan) have been and continue to 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). Additional spaces are being assessed on a case-by-case basis. Requests for protective barriers can be [submitted online](#).

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 orientation/ training is required for residents and staff to complete prior to move-in.** UTSA is continuing to schedule move-in and move-out in a manner that allows for appropriate social distancing.

UTSA has and will institute physical distancing and other infection prevention and control measures in student housing areas, as needed. This includes:

- » Limiting overall housing occupancy to less than 75%
- » Limiting occupancy of individual bedrooms to one
- » 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 have been temporarily discontinued or modified, with considerations for alternate methods of delivery and participation (i.e., virtual communications, gatherings, or check-ins). Front desk and other residence services have virtual or contactless options, and considerations have been made for Individuals with special needs or who require accommodations.

Residents are being grouped into "family units." A family unit is two or more students who might have separate bedrooms, but share a bathroom or common living area, within a unit. Residents within family units are 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, within their common spaces, residents are exempt from face covering and social distancing rules, but all other on-campus interactions would require wearing of face coverings and social distancing. Family units must engage in shared responsibility (Guiding Principle #2, Appendix B). Family units are encouraged to create roommate agreements that discuss personal hygiene, cleaning responsibilities and visitors.

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 or UTSA Student Health Services. Housing and Residence Life has designated the Associate 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. 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 space 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.

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 other special circumstances.

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 has been limited and chairs/tables arranged in such a way to ensure social distancing measures, and outdoor dining is encouraged when possible. 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 has been limited or eliminated where possible.

Technology to support customer self-pay or check-in has been installed in dining facilities, where feasible, to avoid handling cash, ID's or credit cards. Check-in or queue areas are arranged to allow for physical distancing. Dining staff and customers must wear face coverings when moving throughout facilities.

UTSA has developed procedures for the use of and is informing 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 are posted in full view of dining staff and customers. Dining facilities are supplying 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) are encouraged. Protocols are in place to ensure that residents in quarantine or isolation can dine in their rooms, when needed.

C. Student Health Services

In preparation for the return to campus, Student Health Services (SHS) has addressed 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 and Do Your Part campaign)
» 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 visit

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.

Athletics has developed a communications strategy that engages University officials and initiates an institutional plan of action.

Recommended Mitigation Strategies *(per NCAA and State of Texas):*
- » 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
- » Surveillance and Diagnostic Testing:
  - • Weekly testing of high contact risk groups and personnel that would be within the close contact "bubble" of those student-athletes (NCAA)
  - • Regular testing throughout a sport's season is occurring. This includes (1) safe and efficient screening of symptomatic persons, (2) surveillance and contact tracing, and (3) isolation or quarantine for new infections (per State of Texas guidance)
- » Categorization of contact risk based on sport type

Pre-participation Medical Exams, Pre-Screening and Daily Health Evaluations
- » 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 is taking place prior to returning to campus. Athletes are also tested around the time that they return to campus and must have a negative test result before resuming group activities.
- » Pre-participation medical exams include the customary general medical and orthopedic assessments as well as a COVID-19-related evaluation. In addition, mental health support is available and offered to student-athletes to address any developing needs.
  Provisions have been made to protect higher risk individuals, including delaying their arrival on campus or involvement in group activities, if deemed medically necessary.

Situations that Warrant Consideration of the Discontinuation of Athletics Activities (*per NCAA*):
- » A lack of ability to isolate new positive cases or quarantine high contact risk cases on campus.
- » Unavailability or inability to perform symptomatic, surveillance and pre-competition testing when warranted and as per recommendations in this document.
- » Campus-wide or local community test rates that are considered unsafe by local public health officials.
- » Inability to perform adequate contact tracing consistent with governmental requirements or recommendations.
- » Local public health officials stating that there is an inability for the hospital infrastructure to accommodate a surge in hospitalizations related to COVID-19.

Preparation for Competition (*per NCAA and State of Texas*):

» NCAA resocialization guidelines state that "if PCR testing cannot be performed within 72 hours of competition, then the competition should be postponed or canceled," unless "an alternative plan for testing can be developed and agreed upon."

» 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 is being developed.

Quarantine Procedures (*per NCAA and 12/3/20 amendment to Conference USA COVID-19 Plan*):

» Quarantine can end after Day 10 without testing if no symptoms have been reported during daily monitoring.

» Quarantine can end after Day 7 if a diagnostic specimen tests negative and if no symptoms were reported during daily monitoring.

» Specifically, a PCR test may be performed on Day 5 or Day 6, or an antigen test on Day 7 but quarantine cannot be discontinued early than after Day 7.

» A negative test result and the individual remaining asymptomatic during the entire quarantine period (through the conclusion of Day 7) will end the quarantine period. It is important to continue all COVID-19 protocols including symptom monitoring, masking, etc., following release from quarantine.

» UTSA will abide by local public health regulations and the physician in charge has the final authority regarding release from quarantine.
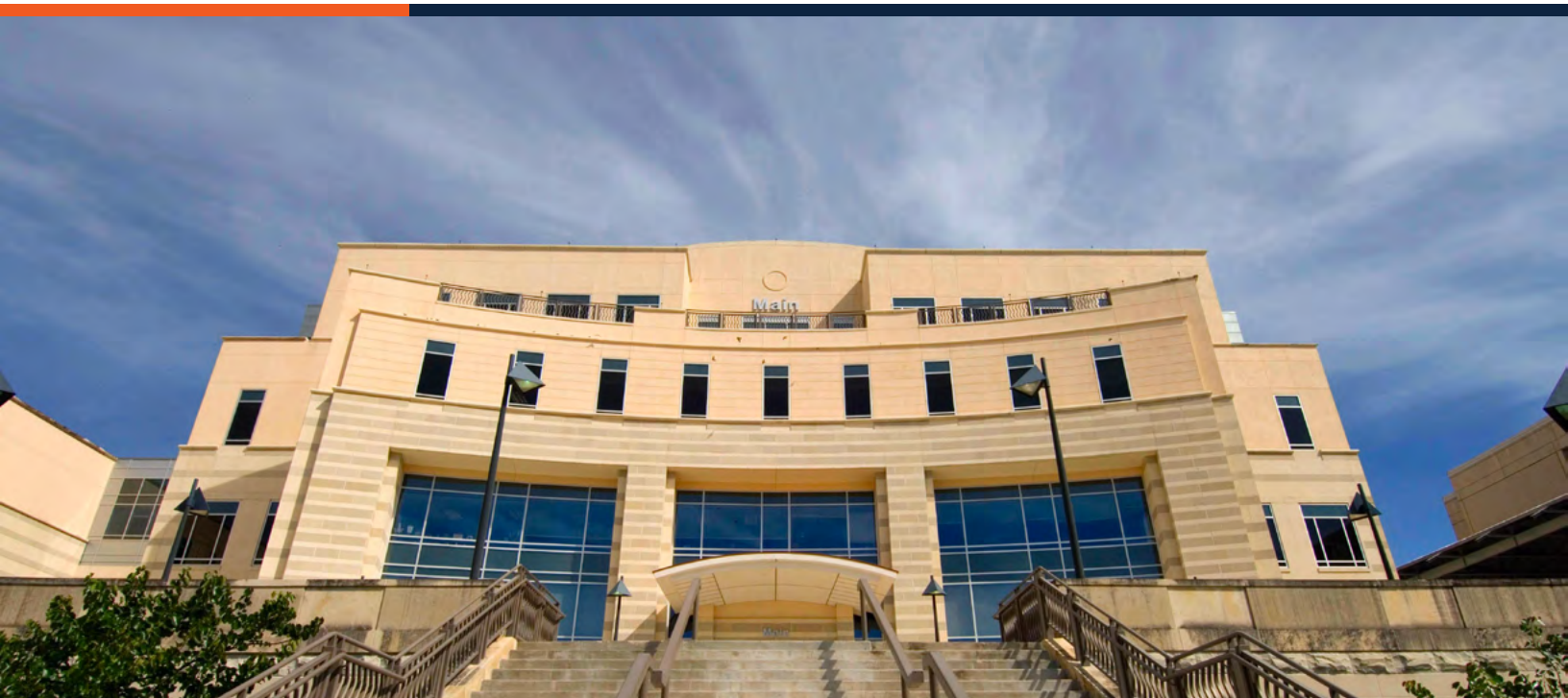
E. Recreation Facilities and Events

Campus Recreation is following [State of Texas Guideline for Fitness Facilities](#) and refer to National Intramural and Recreational Sports Association (NIRSA) guidelines as they are released.

Campus Recreation is adopting a phased opening to facilities, programs and services. All phases of reopening (facilities, programs and services) are being developed on a priority-scheduling basis. Some phases of reopening are taking place simultaneously while others are dependent on previous areas becoming operational. Training is being conducted on the set-up and disinfection expectations for initial open areas; and then monitored and evaluated, before opening of successive areas. Information about [Campus Recreation operations](#) is available on the Roadrunner Roadmap website.

A phased opening will include the following Minimum Standard Health Protocols:
- » Occupancy will be limited according to the Campus Recreation plan
- » 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 must 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

The Recreation Wellness Center is completing a deep clean utilizing electrostatic sprayers between operational hours. Facility staff are notified if a staff member or patron tests positive for COVID-19. Team members working in proximity to the diagnosed individual will be required to self-quarantine as directed by UTSA Environmental Health and Safety. Identified patrons who visited the facility during a staff members' shifts or patron's visit(s), when it is suspected the individual was infected, will be contacted and strongly encouraged to assess themselves for symptoms and self-quarantine.

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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.

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.
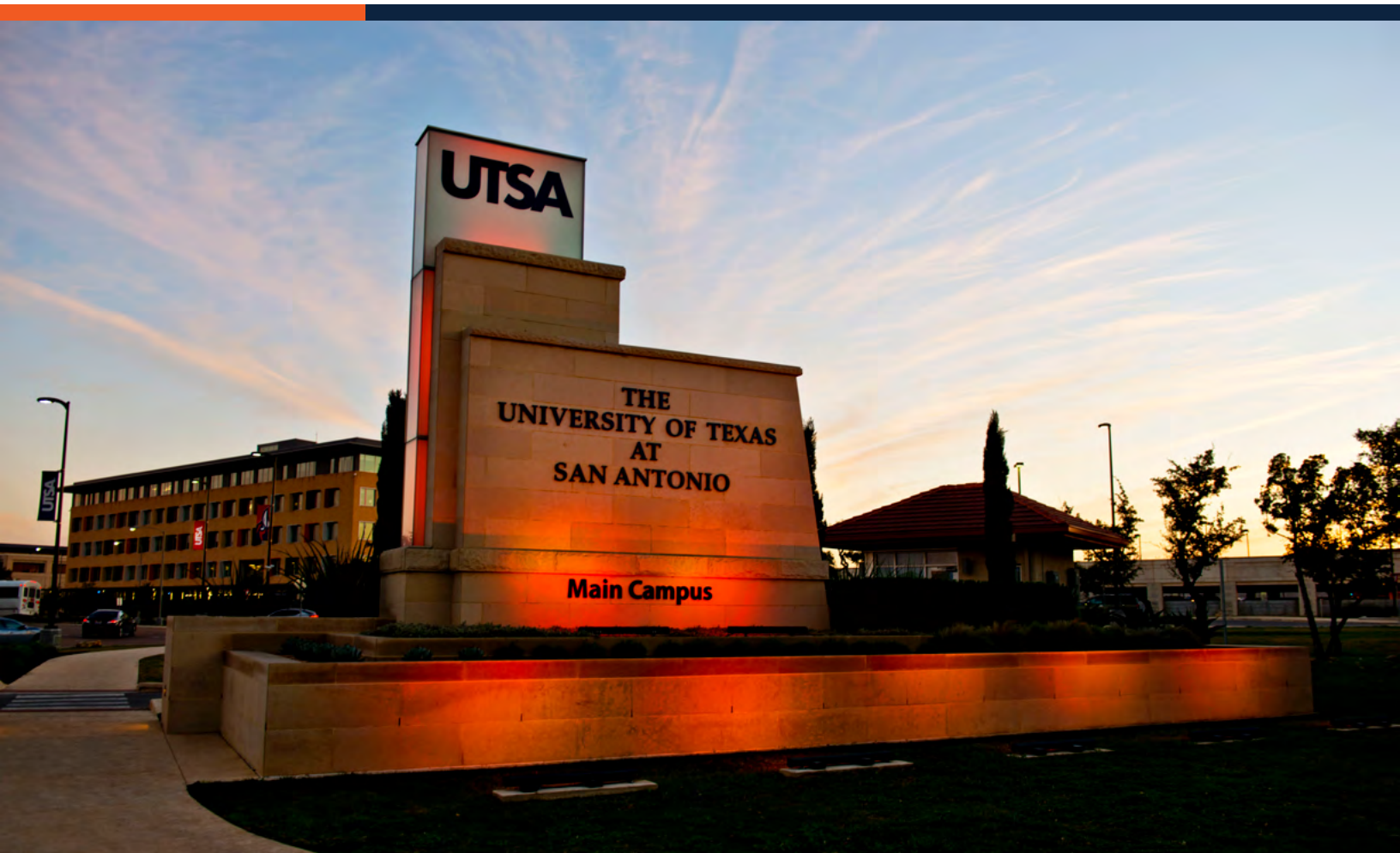
COVID-19

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.

20 seconds

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.

6 feet min

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 staff should contact their healthcare provider.
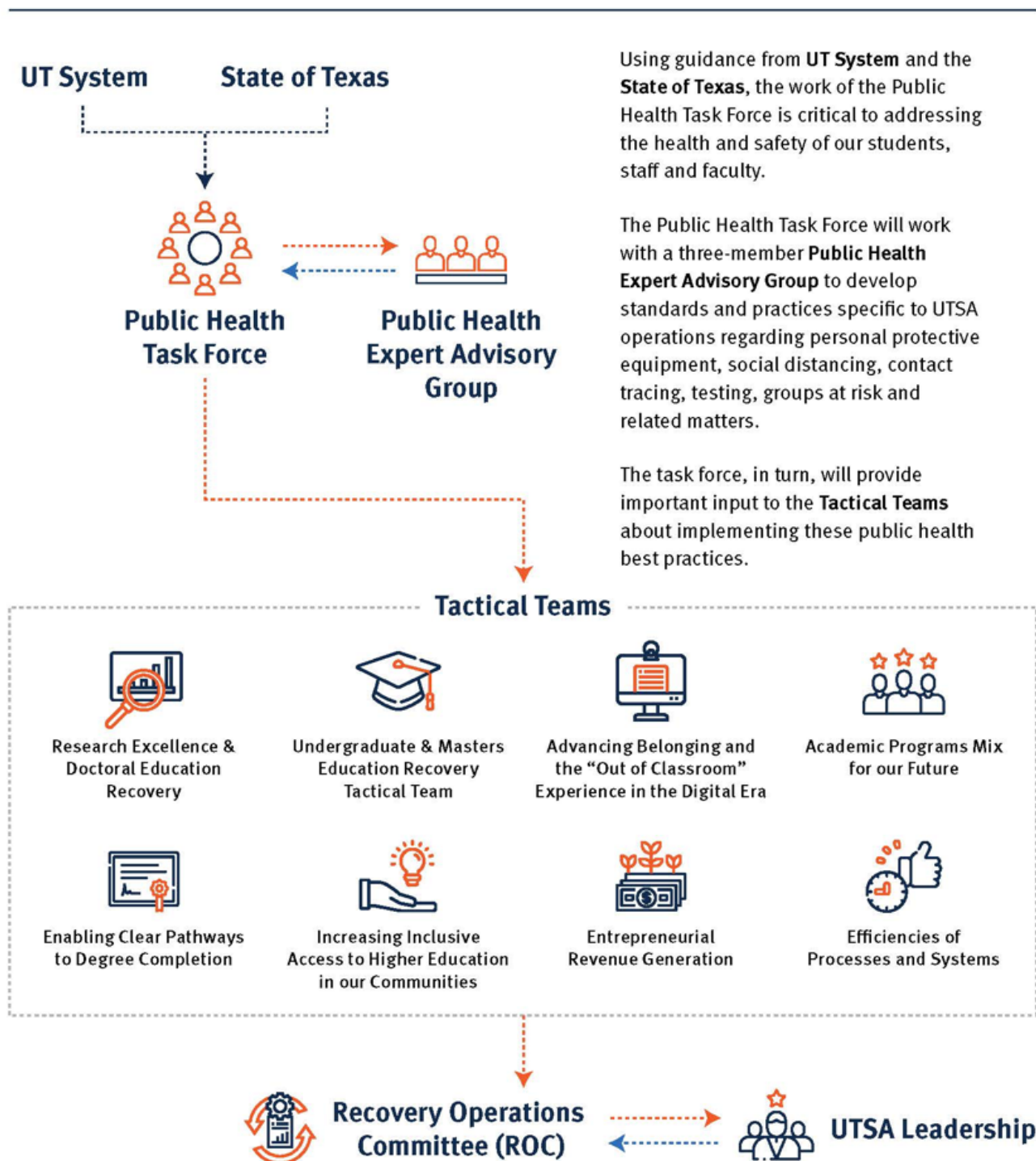
MORE INFORMATION

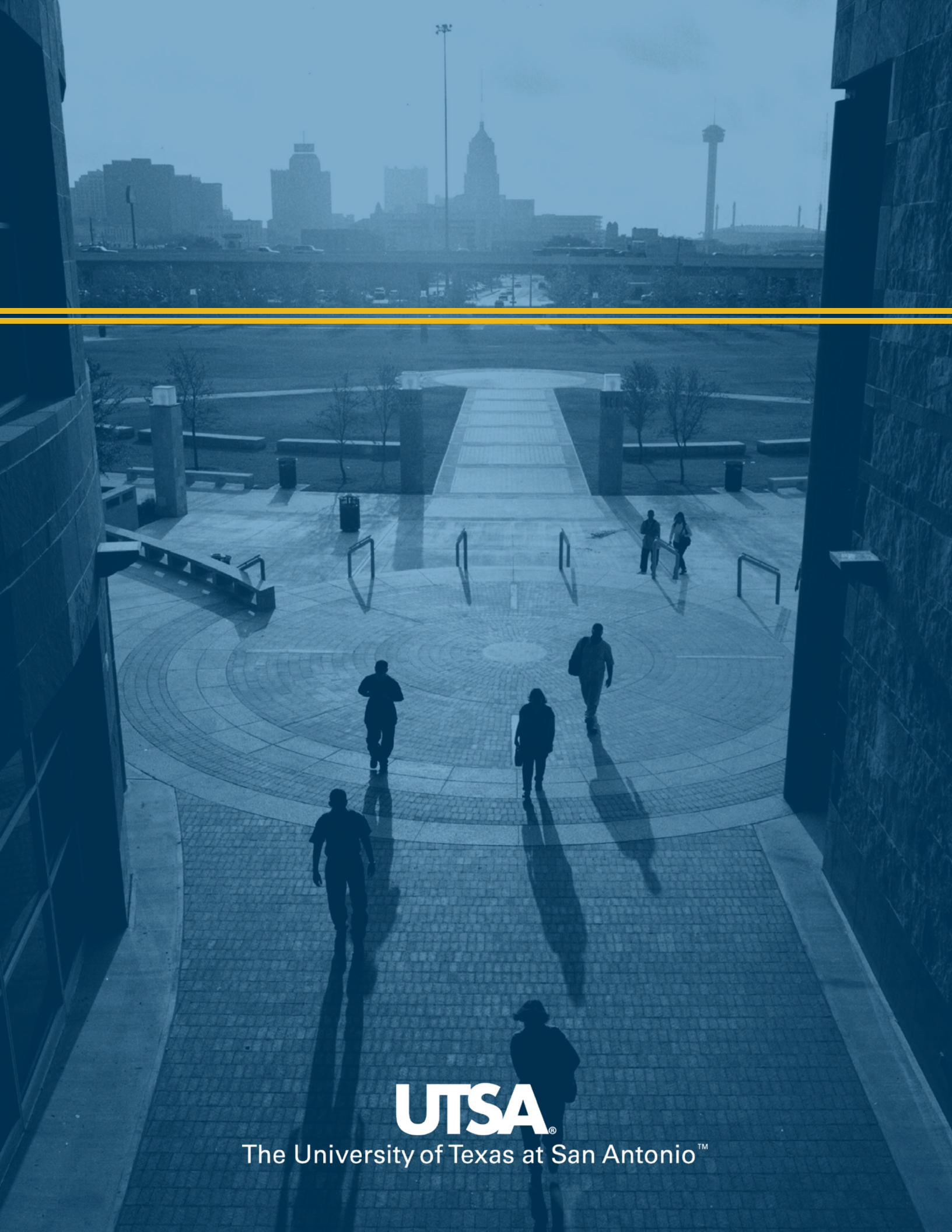STAY INFORMED OF THE LATEST UPDATES BY VISITING: WWW.UTSA.EDU/CORONAVIRUS.

UTSA
Risk & Emergency Management

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.

UT System   **State of Texas**

Public Health Task Force

Public Health Expert Advisory Group

Using guidance from **UT System** and the **State of Texas**, the work of the Public Health Task Force is critical to addressing the health and safety of our students, staff and faculty.

The Public Health Task Force will work with a three-member **Public Health Expert Advisory Group** to develop standards and practices specific to UTSA operations regarding personal protective equipment, social distancing, contact tracing, testing, groups at risk and related matters.

The task force, in turn, will provide important input to the **Tactical Teams** about implementing these public health best practices.

Tactical Teams

Research Excellence & Doctoral Education Recovery

Undergraduate & Masters Education Recovery Tactical Team

Advancing Belonging and the "Out of Classroom" Experience in the Digital Era

Academic Programs Mix for our Future

Enabling Clear Pathways to Degree Completion

Increasing Inclusive Access to Higher Education in our Communities

Entrepreneurial Revenue Generation

Efficiencies of Processes and Systems

Recovery Operations Committee (ROC)   **UTSA Leadership**

UTSA®

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