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

Michael A. McRobbie
President, Indiana University
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IU Restart Committee Charter (updated December 24, 2020)

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

It is chaired by Executive Vice President (EVP) and School of Medicine Dean Jay Hess and currently has 15 members, including the two deans of public health, and other experts in various aspects of public health, epidemiology, virology, other relevant areas of the health sciences, including health equity. The committee evaluates relevant research, modeling and clinical data to inform deliberations and recommendations.

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

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

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

Once President McRobbie receives recommendations from the Restart Committee, he will consult the EALC and others and decide how these recommendations can be implemented to ensure the safety of faculty, staff and students.
Committee Members and Focus Areas

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Introduction

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

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

Our overall goal has always been to make it safer to be part of the IU community than not to be a part of it. This not only protects IU students, faculty, and staff, but also protects the communities in which we operate. Analysis of the available epidemiologic data indicates that, at a minimum, IU did not add to the incidence of COVID-19 in our communities and in some cases likely drove down the incidence. Our symptomatic management and testing; contact tracing, quarantine, and isolation; widespread asymptomatic testing and mitigation; and robust communication and behavioral recommendations were a success this fall. After an anticipated small surge at the beginning of the semester, we maintained overall positivity rates that were likely much lower than the rest of the state, especially as Indiana started to see a surge in late October.
In developing recommendations for the 2021 Spring semester, we are operating under the assumption that there will continue to be community spread until herd immunity is achieved through vaccination and infection and recovery. While vaccination of the public for some individuals, such as front-line health care workers, will take place soon, given the limited supplies of vaccine, it is unclear what proportion of the IU community will be eligible for vaccination before the end of the academic year.

Therefore, as IU returns to full operations in early February 2021, the primary tools to limit the viral spread and harm are primarily prevention, through a combination of personal and public health practices, and supportive therapy. The Committee’s recommendations, wherever possible, are evidence based and intended to facilitate faculty, staff, and students returning to campus as safely as possible.

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

**Guiding Principles and Premises for the Committee**

- A phased approach is still needed for the return to the campuses.
- Only about 10% of Indiana residents are estimated to be, or have been infected, as of November 2020, leaving a high proportion of the population susceptible to infection by the time of return to campus.
- Herd immunity is unlikely to be achieved during the Spring 2021 semester
- Effective vaccines against SARS-CoV-2 have been developed but are unlikely to be widely available at the time of return to campus.
- Approximately 40-50% of individuals infected by SARS-CoV-2, and capable of shedding virus are asymptomatic. Pre-symptomatic and asymptomatic spread are estimated to account for more than 50% of spread, according to the CDC.
- A variety of risk mitigation and monitoring strategies need to be in place. Further strategies should
be considered as technologies advance and more data becomes available.

» In the event of a resurgence, criteria and procedures need to be in place for a campus or campuses to isolate or shut down rapidly.

» If viral spread continues to decrease, restrictions may be relaxed in a phased approach.

» Plans to return to campus may differ for the undergraduate, masters, and doctoral programs and for the health sciences schools.

» Special consideration must be given to the individual susceptibilities of vulnerable populations within the faculty, staff, and student community.

» The variations among campuses must be considered and locations must abide by local health department guidelines.

» Faculty and staff should continue working on a remote basis if feasible, or until directed to return to campus by human resources.

» Clarity of roles and responsibilities of IU, IU Health, the IDOH and local health departments is important.

» The “dose” of exposure matters so reducing the amount of exposure to the virus to the lowest levels possible is warranted.

Committee Recommendations

Return to Campus

1. The return to face-to-face instruction is scheduled to be February 8, 2021.

2. The extent of face-to-face instruction and other in-person activities will depend on the amount of viral spread in the community, having sufficient testing capacity, contact tracing capacity, hospital capacity and other metrics that are reviewed regularly by the Medical Response Team (MRT)

Risk Mitigation

Campus Screening

1. Faculty, staff and students must comply with mitigation testing and contact tracing, quarantine and isolation.

2. Mitigation testing will continue throughout the intersession and spring semester.

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

4. Students living in congregate housing will undergo on-arrival COVID testing. Those testing positive by antigen testing will be quarantined either at home or, if residence hall residents, in an on-campus facility, and receive confirmatory PCR testing. Students testing positive by PCR will either return home or, if residence hall residents, remain in an on-campus isolation facility.

5. Faculty, staff and students in special situations such as athletics, theater, and dance where physical distancing and other public health measures are difficult may undergo more frequent monitoring (see Specialized Programs and Cocurricular Activities below).
Physical Distancing

1. Maintain at least 6 feet between people/workstations. Place plexiglass or other barriers in workspaces where people must face each other or are unable to be 6 feet apart.
2. Consider placing barriers at high-visited areas such as reception desks and check-in points.
3. Provide signage at entrances indicating public health measures to be taken.
4. Large events significantly increase the risk of transmission of COVID-19. Decisions about whether to permit large gatherings need to be evaluated with respect to the importance to the university’s mission, the extent to which physical distancing is possible, the risk to vulnerable individuals, and federal, state and local guidelines.
5. Outdoor events reduce the risks of viral transmission compared to indoor events.

Personal Hygiene and Prevention Measures

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

2. Require cloth face coverings to be worn in public spaces and in face-to-face meetings, while on campus. Rare exceptions may be made in the case of important university or campus public or ceremonial events held in large facilities where a speaker may remove their mask briefly to make comments (maximum time of ~5 mins) provided that others participating continue to mask and socially distance in all aspects of the event, and that the speaking facilities (e.g. microphone, podium, etc.) are appropriately sanitized before and after the event and in the case of events with multiple speakers, before and after each speaker.
3. Surgical masks are to be worn in settings such as research laboratories, clinical settings and other settings where physical distancing beyond brief interactions is not possible.
4. Require hand hygiene and respiratory etiquette (i.e., no hand shaking, cough in elbow etc.).
5. Instruct all students, faculty, and staff to stay home if sick or if he/she is a close contact of someone diagnosed with COVID-19.
6. All students, faculty, and staff must be prepared to isolate or quarantine when necessary. Everyone must be prepared to participate in any case investigation and contact tracing with state, local, or university health officials.
7. All students, faculty, and staff must self-monitor health for symptoms of COVID-19 and use IU’s virtual screening protocol when symptomatic.
8. All students, faculty, and staff must notify close contacts when sick with COVID-19 in accordance with state and local contact tracing protocols.
9. Provide education on the importance of and require an annual influenza vaccine for all members of the university community.
**Public Hygiene**

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

1. Increase regular cleaning and disinfecting of public spaces.
2. Increase regular cleaning and disinfecting of high-touch surfaces (mass transit, lobbies, classrooms, hallways, dining, sporting/gym areas).
3. Provide hand sanitizing stations at major entrances to buildings and in high-traffic areas.
4. Remove high-touch items such as magazines, common pens, etc.
5. Identify high-touch areas (doors, cabinets, etc.) and investigate options to implement no/reduced touch options such as door removal, card access.

**Campus Housing**

1. Double dorm room occupancy will be feasible if students are allowed to choose their roommates.
   - Allow students in vulnerable populations to request a single room.
   - Require all student vaccinations to include influenza.
2. Assign students to specific bathrooms if there are multiple units on a floor.
   - Schedule times for grooming and showering to reduce simultaneous occupancy when possible.
3. Clean shared bathrooms at least two times per day.
4. Restrict events and social activities as per current physical distancing guidance. Establish allowable occupancy and develop plans to monitor and enforce.
5. Where possible, plan a phased/staggered move-in process to avoid crowding.

**Greek and Other Off-Campus Housing**

1. Recommend that housed Greek organizations, and where applicable, other off-campus housing organizations implement similar protocols for housing, dining, social gatherings, meetings and events and require students in Greek organizations comply with any local regulations, county-imposed quarantines, and university testing and contact tracing requirements.
2. Providing separate quarantine and isolation space apart from other house students is critical for controlling viral spread.

**Food Service**

1. Provide pick-up, drop-off, delivery, and single meal and plated meal service only.
2. Self-service beverage stations are permitted, but customers may not use their own personal cup, mug or glass and refills are prohibited. Self-service food stations (buffets, salad bars, etc.) are strongly discouraged but permitted as long as a staff member serves customers (not to exceed local health order).
3. Clean and disinfect frequently touched surfaces (for example, door handles, workstations, cash registers) at least daily and shared objects (for example, payment terminals, tables, countertops/bars, receipt trays, condiment holders) between use,
4. Space in-person dining areas to allow for physical distancing and prioritize outdoor dining areas, where feasible.
5. Limit number of indoor diners to 25% of capacity and limit tables to six or fewer guests.
6. Ensure that ventilation systems operate properly and evaluate options for increasing fresh air to the space.
7. All lines need to accommodate and be marked for physical distancing.
8. Consider extending food service hours throughout the day to reduce crowding at mealtimes. Use single-use or no-touch options.
9. Assign vulnerable workers to duties that minimize their contact with customers and other employees.
10. Enforce frequent handwashing, physical distancing, and the use of cloth face coverings for employees.
11. Rotate and stagger shifts, where possible, to reduce the number of employees in the workplace at the same time.
12. Offer staff sick leave and add COVID-19 as reportable for food service employees.
13. Use touchless payment options as much as possible and encourage preorder and prepayment options.
14. Place physical barriers, such as sneeze guards and partitions, at cash registers, or other food pickup areas where maintaining physical distance of at least 6 feet is difficult.
15. Conduct daily health checks of employees prior to shift.

Classes: Instruction and Learning Environments

1. Organize classes to minimize risk.
   » Adjust schedules to avoid traffic.
   » Minimize class sizes to achieve physical distancing of at least 6 feet.
   » Face coverings should be worn on campus and in classes.
   » Implementation of a hybrid mode of face-to-face and online instruction will likely be necessary for the foreseeable future.
   » Implement close monitoring and tracking of in-person attendance to facilitate contact tracing in the event of an exposure.

Facilities

1. Post and promote hygiene prevention strategies.
   » Provide hand sanitizer upon entry to all buildings.
   » Increase visibility (signage) and availability of handwashing facilities and hand hygiene products.
   » Provide face covering and physical distancing reminders.
   » Place appropriate signage at entrances and within buildings indicating pathways and positions for standing, waiting, etc., where applicable.
2. Investigate options to implement no/reduce touch options such as, card access, or sensor-triggered doors.
3. Outbreak management measures in facilities include:

   » Utilize crowd sourced cleaning and disinfection in public areas by providing wipes and signage in common areas to increase frequency of cleaning.
   
   » Allocate space within buildings through layout and design to allow for physical distancing where possible.
   
   » Post educational signage.
   
   » Prohibit non-essential vendors and deliveries.
   
   » Conduct activities outdoors when possible (classrooms, dining, events, etc.).
   
   » Consider streets or parking lots that can be closed to cars in order to maximize space for walking through campus.
   
   » Provide physical barriers, i.e. plexiglass, at high-traffic point-of-sale, service, reception or other locations where frequent face-to-face interaction must occur.
   
   » Increase environmental cleaning and disinfection to twice a day (morning, evening, or after times of heavy use).
   
   » Increase visibility (signage) and availability of handwashing facilities.
   
   » Ensure handwashing facilities are fully stocked and operational.
   
   » Empty trash at twice the current frequency in public areas.
   
   » All high touch points should be sanitized at least two times per day.

Transportation: On and Off Campus

1. Physical distancing may not be feasible when using campus transportation (vans, buses). Longer trips increase the possibility of viral transmission. Passengers should keep risks to a minimum by following CDC guidance and using the following risk minimizing strategies:
   
   » Encourage walking and biking as much as possible.
   
   » Limit capacity to 50%
   
   » Wear cloth masks, or preferably surgical masks, particularly on longer trips, on all public transportation.
   
   » Increase environmental cleaning and disinfection.

Travel

1. Non-essential travel should be minimized.
   
   » Restrict non-essential non-local travel initially and revisit at regular intervals for reconsideration depending on the current outbreak status in accordance with state and county requirements.
   
   » Restrict use of university funds for business travel, internationally or domestically, unless deemed necessary by an approving body.
   
   » Anyone returning to campus should minimize nonessential activities as much as possible for the first 10 days.
Refrain from personal travel as much as possible through the semester.

Continue to base travel restrictions on the CDC Travel Alert Level 3 and State Department Travel Advisory Level 4.

International travel for undergraduate students remains suspended, with the exception of a small number of long-term study abroad programs that will be approved on a case-by-case basis by the Office of the Vice President for International Affairs in consultation with the IU Center for Global Health.

2. Travel guidelines and restrictions for visitors:

   Consider alternatives before extending invitations to visit campus.
   • Limit to only most critical visitors.
   • Continue an approval process.
   • Implement pre-conditions for campus visits including self-screening and self-temperature checks.
   • Provide a mask if necessary.

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

Vulnerable Populations

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

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

Specialized Programs

1. Health Sciences Students
   • Continue to follow guidelines established by the health sciences deans, which are aligned with their respective professional organizations.
   • Students may work with suspected known COVID-19 patients either as part of the required curriculum or in circumstances where volunteers are needed for healthcare delivery provided this is done in accordance with the American Association of Medical Colleges guidelines, which include having adequate PPE, adequate supervision, the ready availability and reporting of viral testing.

2. Music, Dance and Theater Students
   • Abide by recommended risk mitigation strategies, including maintain physical distancing and attempt to increase distance between people when there may be singing, yelling, heavy breathing, etc. Further guidance on specific activities will be forthcoming. More specific guidance for the performing arts is provided here.
» Consider outdoor activities and continued virtual instruction, where possible.

» Plans for more frequent testing of faculty, staff and students involved in prioritized rehearsals and performances are under development and will be posted when finalized. Students and faculty who wish to participate in activities that necessitate larger groups gathering or physical contact may be required to participate in daily antigen testing.

**Faculty and Staff**

1. Extend sick leave to essential and high-contact staff who do not currently have sick leave (i.e. food service staff, facilities, etc.).
2. Review and update leave policies specifically to COVID-19.
3. Review attendance policies as related to COVID-19.
4. Require university community to stay home and cooperate with efforts to notify their close contacts when diagnosed with COVID-19.
5. Require employees to participate in all case investigations and contact tracing needs of state, local, and university health officials.
6. Encourage telework, distance learning, stagger return of on-campus community and work schedules, where feasible.
7. Consider special accommodations for faculty and staff in the vulnerable population involving Human Resources as necessary.

**Co-Curricular Activities**

**Athletics:** As all athletes are students, university guidelines should be applied universally. Because athletics presents challenges with physical distancing and minimization of groups, particularly with contact sports, special considerations should be made to protect the student-athletes, coaches, athletic trainers, and strength staff. Specific guidance on monitoring, testing and expectations for these individuals involved in intramural and intercollegiate sports is available for gyms/fitness centers, outdoor recreational activities, indoor recreational activities, and IU athletics in Phase 1 and Phase 2. Decisions about holding particular athletic activities (organized and informal) and events, and under what conditions, need to be made on a case-by-case basis considering the degree of risk of transmission, benefits and also the resources available for viral monitoring, quarantine and isolation. These must take into consideration the degree to which the risk can be mitigated by physical distancing, hygiene and must be in accordance with federal, state and local guidelines.

**Gyms, Pools and Fitness Centers** must abide by recommended risk mitigation strategies along with state and local health department guidelines.

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

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

» Give priority of care to essential workers.
» Advise those faculty and staff in COVID-19 vulnerable populations about the potential enhanced risk of providing care.
» Maintain physical distance and not allowing more than 20 children within one classroom or area.
» Recommend maintaining children in consistent groups with the same caregivers to minimize mingling.
» Allow one hour a day for cleaning and disinfection without children present.
» Require anyone over the age of 2 to wear face coverings.

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

**Monitoring, Testing and Case Tracking**

The ability to identify university faculty, staff and students infected with SARS-CoV-2 and isolate them along with tracing their close contacts is critical for minimizing the number of COVID-19 cases and keeping the campus as safe as possible.

**Symptomatic Testing**

IU Health and/or IU labs will continue to provide IU with services for self-screening, symptom checking, virologic testing and daily monitoring of symptomatic individuals.

1. Symptomatic individuals and those potentially exposed to infected individuals will be tested using PCR tests approved by the Medical Response Team.
   » Symptomatic testing locations will be available to university faculty, staff and students on all campuses.
2. Symptomatic students waiting for COVID-19 test results should isolate in their rooms and avoid contact with any other individuals.
3. Symptomatic faculty and staff should stay at home.
4. In addition to testing, encourage individuals to conduct self-screening for COVID-19 (and other illnesses such as flu to reduce overall illness risk and burden) with protocols provided by IU or IU Health.
   » Utilize IU or IU Health’s virtual symptom checking protocol.
   » Faculty, staff and students should have ready access to thermometers.
When symptomatic, constituents should pursue symptomatic testing through IU Health or IU and self-isolate until the test results are available. The constituents will be notified of their results and instructed on next steps for management. If positive, constituents will have symptoms monitored daily. If symptoms worsen, they will be referred for additional medical care or assessment.

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

Mitigation testing
IU will administer an intensive mitigation program to keep the number of infections on campus as low as possible. This includes:

1. On-arrival testing will occur for students returning to campus in 2021. This will entail antigen testing with PCR confirmation for some groups, and PCR testing alone for others.

2. Mitigation testing, whereby a portion of faculty, staff and students will be randomly tested each week will also be performed. Some at-risk populations may be tested weekly or more. Constituents be notified by email each week if they have been selected for testing, and then will be instructed to schedule a test online. Mitigation testing is mandatory.

3. In addition, voluntary asymptomatic testing will be available to constituents who are not selected for mitigation testing, but would like to be tested, on some campuses, which will expand over time.

4. Departure testing will be offered at the end of the semester.

5. All asymptomatic testing will involve saliva-based PCR tests.

Contact Tracing
IU works in concert with IDOH and local health departments to perform contact tracing. As this is vital for the success in controlling the virus, all members of the IU Community must cooperate with contact tracer efforts and quarantine and isolation guidelines. IU contact tracers will contact all individuals within the IU community who have a confirmed positive result and individuals identified as close contacts based on the CDC definition. They will collect relevant information about campus activities and will provide information and advice about isolation and quarantine. Any member of the IU community who tests positive outside of the symptomatic, mitigation or voluntary testing pathways must self-report using the self-report form available at one.iu.edu. Any member of the IU community who is a close contact of a case not known to IU must also self-report using the self-report form. Individual faculty, staff, students do not need to conduct their own contact tracing or close labs, classrooms unless this decision is made in conjunction with contact tracing leadership.

Information gathered from contact tracing interviews will be analyzed to identify risks for viral transmission and determine whether further administrative action at campus locations is required.

Isolation and Quarantine
Symptomatic individuals must self-isolate after testing for COVID-19. Any COVID-19 positive individual will remain in isolation as per CDC guidelines for at least 10 days after the onset of symptoms and 24 hours after being fever-free without fever reducing medications improving symptoms.

1. Continue public health practices in Isolation facilities for COVID-19 positive patients on each
campus that offers student housing. Bathrooms for isolation rooms should only be used by COVID-19 positive patients.

» Compliance with isolation and quarantine requirements needs to be monitored and enforced. Agreement to this policy will be a requirement for faculty and staff and will be a requirement for admission and returning to campus for students.

» Faculty, staff and students living off-campus should quarantine and isolate in their homes or other appropriate locations where individuals can isolate or quarantine safely (hotels, etc.).

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

2. As instructed, use IU or IU Health’s platform, to support daily monitoring for individuals who have tested positive for COVID-19 and those in quarantine. Faculty, staff and students with a positive test result or identified as close contacts will receive daily messages for self-evaluation of symptom severity. This provides an avenue where constituents can be guided to medical care when worsening and allows the adaptation of quarantine and isolation guidance based on disease evolution.

3. People with COVID-19 who have isolated at home may leave home when all of the following conditions are true: no fever for at least 24 hours without fever-reducing medication, other symptoms have improved, and at least 10 days have passed since the onset of symptoms.

4. Those identified as close contacts should remain in quarantine for at least 10 days as per CDC guidelines and IDOH policy. Close contacts should monitor daily for symptoms of infection. Individuals will be released from quarantine to resume normal activities or a 10-day quarantine period with no test, upon which normal activities may be resumed.

Vaccinations

1. Two COVID-19 vaccines have been approved by the FDA for Emergency Use Authorization (EUA). These vaccines will be critical tools for ending the COVID pandemic. The Medical Response Team is working closely with the IDOH to understand and support the administration of COVID vaccines when they are approved and become available. Additional information on these plans and IU’s policy on COVID-19 vaccination will be forthcoming.

2. Require an annual influenza vaccine for all members of the university community (including on campus vendors) each year.

3. A communication and education plan will be important to encourage faculty, staff and students to undergo vaccination.

4. There is currently not enough information available to know whether COVID vaccination protects vaccinated individuals and their contacts sufficiently to allow for loosening public health guidelines including masking and physical distancing. Thus, the public health measures described here will continue for the foreseeable future and will be updated when more data is available from the CDC and other agencies.

Mental Health

During the pandemic, mental health services will be more important than ever.
Tele-mental health has provided a path for mental health providers to continue providing services to students during the pandemic. In-person visits should be limited to those clients who would most benefit from such interactions.

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

**COVID 19 Data Monitoring**

IU will continue to survey and monitor the ongoing extent of viral spread on all of the campuses, the capacity of the health systems, and isolation facilities along with testing and tracking capacity. Inputs into this COVID-19 Monitoring Dashboard include

- Epidemiology of viral infection in the state on a county by county basis
- Number of people using virtual screening
- Number of tests administered and number positive
- Number of persons in quarantine and in isolation
- Test turnaround times
- Hospital ICU capacity
- Isolation facility capacity
- Personal protective equipment (PPE), including masks, supply levels
- Vaccination rates for influenza and COVID-19

**Assuring Compliance**

Compliance with the IU policies including physical distancing and wearing masks in indoor spaces and whenever physical distancing is not possible, outside, along with compliance with Mitigation Testing, Contact Tracing, Quarantine and Isolation, and Vaccination requirements, is essential to stop spread of the virus and keeping the IU community safe. In the event that these policies are violated, individuals will face academic/administrative consequences. The specific way these are implemented depends on whether the person who fails to comply is a student, staff or faculty member.

The IU policy for Sanction for Noncompliance with COVID-19 Health and Safety Directives for students is STU-02. For all employees, including academic appointees, student academic appointees, staff and temporary employees the IU policy is UA-21.

**Education and Communications**

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

1. **Education and Training**
   - Self-monitoring symptoms protocol
   - Known risk factors – personal and situational
   - Self-monitoring if COVID-19 positive
» PPE, including masks

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

» Personal hygiene protocol

» Post travel (domestic and international) protocol

» Quarantine and isolation procedures

2. Communications

» The restart plan and guidelines

» Education and training materials and expectations

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

» We will continue to hold weekly webinars to give updates, answer questions, and discuss plans. In addition, we will plan regular webinars with individual campuses and constituents to answer their questions.

» The covid.iu.edu website will be continuously updated with information, links, and FAQs to answer any and all questions that constituents might have.

**Community Engagement**

Continue to collaborate with local health departments, local communities, and businesses by sharing ideas and plans to ensure the university community is continuing to practice healthy and safe behaviors off campus.
References Cited:


11. AAMC. (2020, August 14, 2020). Guidance on Medical Students’ Participation in Direct Patient Contact Activities.


Sources Used by the Committee Include:

In addition to the many data sources used by committee members in their professional duties, the following have also been considered:

AAMC. (2020, April 14, 2020). Guidance on Medical Students’ Participation in Direct Patient Contact Activities.


IPIC (2020). Indiana Pandemic Information Collaborative, Large Group Meeting. Indiana Pandemic Information Collaborative


Rink, L. (2020). [Big Ten Task Force for Emerging Infectious Disease].


