Repopulating RBHS

Operating Plan: Summer/Fall 2020



Trannin

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Executive Summary and Introduction

Rutgers Biomedical and Health Sciences (RBHS) is a unique component of Rutgers University, distinguished by its health care delivery mission, a statewide geographic breadth of its campuses, and vast network of health care sites and affiliates. RBHS has educational programs located in Newark, New Brunswick, Piscataway, and Blackwood. Clinical programs and affiliates operate in 17 of New Jersey's 21 counties. Educational and clinical activities occur in a wide variety of off-campus settings including hospitals, ambulatory facilities, private practices, and state institutions.

In the weeks since March 11, when the World Health Organization officially declared COVID-19 a global pandemic, RBHS has been actively engaged in all of its mission areas as an academic health center. RBHS clinicians are on the front lines caring for patients across our wide spectrum of clinical sites and providing essential mental and physical health care across New Jersey. Our researchers are leading scientific investigations into a wide variety of subjects including but not limited to SARS-CoV-2 testing, fundamental biomedical questions, treatment, etiology, epidemiology, and public health. Our educational programs migrated to a mostly online platform with limited in-person simulation and clinical training with affiliates and partners when safe. RBHS obtained, created, and deployed personal protective equipment. In addition, we disseminated timely and accurate information to individuals, the media, community-based organizations, and local, state, and federal leaders.

During this initial response, RBHS migrated our education and clinical services to online platforms wherever possible, strictly limited in-person clinical education and research, and curtailed many other on-campus activities entirely. Now that we have met the primary goals of the mitigation phase - slowing the spread of the virus, reducing the infection rate, and decreasing hospitalizations - we are planning a phased repopulation of the RBHS campuses. Our short-term repopulation goals are to:

- Resume clinical office hours for acute and preventive care across the academic health system;
- Schedule operating rooms for essential and elective surgeries;
- Ramp up clinical, wet-, and dry-lab research back to 100% capacity by September; and

• Continue the full resumption of our educational program combining online didactics with limited on-campus, inperson simulations and clinical rotations in the summer and fall across our eight schools.

A set of five core principles supported by public health interventions will guide this approach to repopulating our campuses and meeting this challenging phase in our pandemic response:

Safety

The safety of our students, trainees, faculty, and staff is our paramount concern; therefore, all in-person activities such as patient interactions, clinics, labs, and simulations will be conducted using situation-appropriate personal protective equipment, social distancing, and low density. RBHS will postpone or cancel individual or programmatic activities if they cannot be done safely.

Testing

RBHS has developed a COVID-19 testing protocol. A thoughtful and strategic testing protocol will provide timely information to assess the safety of ongoing operations.

Contact Tracing

RBHS will utilize contact tracing as implemented through state and local health departments to identify and inform those individuals with potential exposures. In partnership with these public-health authorities, this technique will be used to surveil, assess, and evaluate the level and rate of infection across our campuses in coordination with state and local health departments.

Flexibility and Adaptation

Each RBHS school, institute, and center will have the flexibility to adapt and meet the needs of their students and accrediting bodies to meet their educational mission. Our goal is to help students complete their programs, graduate, and obtain professional licenses as expeditiously as possible, always mindful of our commitment to safety. We will need, however, to adapt our plans—whether clinical, research, or education—to the realities of the pandemic as it evolves.

Guided by Science

As a leading academic health center, RBHS endeavors to resolve the challenges posed by COVID-19 with evidencebased best practices that are informed by current scientific research. We are committed to advancing science across the variety of disciplines at RBHS while we work to provide exceptional educational experiences and clinical care. By definition, the RBHS operating plan will be matrixed into the operating plans developed by Rutgers Central Administration, Rutgers University—Newark, and Rutgers University—New Brunswick. In addition, the five core principles and interventions articulated will necessarily be further matrixed into the complex series of interactions and relationships RBHS has with our hospital partners and third-party clinical affiliates that we partner with to serve our students and patients and fulfill our missions.

Regarding the provision of clinical care at Rutgers Health sites, this document and the Returning to Rutgers plan will provide the high-level strategic and operational guidance for COVID-19 pandemic recovery across RBHS. Recovery planning for and updates to clinical activities at Rutgers Health will be guided by compliance with relevant federal, state, and local laws and New Jersey State Executive Orders. To reduce confusion, Rutgers Health clinical guidance will be coordinated with our health care system partners and across Rutgers University to provide as much consistency and alignment as possible to our providers. Faculty and staff safety and resiliency in the work environment is paramount to maintaining excellent service delivery to our patients. Sufficient supplies of the appropriate PPE, as warranted by the situation, must be available for faculty, staff, and patients. Our ability to procure sufficient quantities of supplies may at times severely limit our ability to sustain high-risk procedural areas of ambulatory operations and may affect guidance due to ongoing resource availability. Telehealth visits will continue to be a primary mode of care delivery except in circumstances where benefit to the patient outweighs the risk of an in-person visit, or in instances where care cannot be delivered adequately via telehealth.

The COVID-19 shutdown has significantly impacted the RBHS research mission, in particular wet-lab bench research which cannot be conducted outside of our laboratory facilities and clinical research that does not include life-saving trials. Currently, only critical research and maintenance are permitted. While the patience and resilience of the RBHS research workforce has been exemplary, ongoing delays potentially jeopardize the progress of this important work and put NIH and other funding at risk. The RBHS operating plan envisions a gradual and carefully monitored incremental repopulation of the 525,000 square feet of lab space across 17 separate buildings to full capacity by the fall semester of 2020. In addition, the ability to carry out research that has been disrupted will be ramped up. Our educational mission is conducted across eight schools and numerous clinical affiliate sites with over 7,000 students enrolled for the spring semester. Given the breadth of programs offered and the divergent needs for clinical, simulation, lab, and other student experiences, the RBHS deans and directors will be further articulating and calibrating the RBHS operating plan as needed to meet the needs of their schools, research institutes and centers, clinical units, and constituencies.

While our portion of the nation has weathered an initial surge in SARS-CoV-2-related hospitalizations and we have "flattened the curve," we cannot anticipate that the future progression of COVID-19 will be linear or clearly predictable. We must anticipate future periodic spikes in infection rates and be prepared to mitigate accordingly. State and local government responses may vary across New Jersey in intensity and duration with rolling lock downs, nonessential business closings, or travel restrictions imposed at different times.

The RBHS operating plan is by intention flexible and adaptable to meet these circumstances as they evolve, and designed to complement the University-wide planning as it relates to the schools, centers, and institutes within RBHS. Our goal is to provide guidance to RBHS faculty, staff, and students and highlight strategic next steps critical to a successful transition to Academic Year 2021. Representatives from across RBHS have worked collaboratively to identify areas of concern and priorities that will require attention as we repopulate our campuses, buildings, laboratories, etc. Similar to the University's *Returning to Rutgers* document, this is intended to be a living document which will evolve with input from RBHS constituents and as circumstances change.

The leadership, faculty, and staff of RBHS will further articulate and calibrate this operating plan as needed to meet the needs of their schools, research institutes and centers, clinical units, patients, students, and community constituencies.

Operating guidelines and plans for each of the RBHS core mission areas and pertinent support services are provided in greater detail below.

Academics

The following actions/initiatives have been taken in response to, or during the time since, the beginning of the COVID-19 pandemic:

- In April 2020, an extension to timelines for tenure-track faculty and RBHS Instructors and RBHS Lecturers was announced.
- The university announced a new academic integrity policy that included procedures for RBHS and for the rest of the university. This included a set of recommendations for educating the university community about academic integrity. The procedures and recommendations may be found at: https://academicaffairs.rutgers.edu/academic-integrity-policy-and-procedures
- WE MEET (WebEx, meeting everyone, exchanging topics) virtual get-togethers began in early April. These meetings were initiated as a way to build community during this crisis and beyond. RBHS Academic Affairs and Research leadership started hosting these drop-in hours for faculty. To date, we have offered over 60 sessions and will continue to do so. We hope to extend these options to the staff during this academic year.
- The Vice Chancellor for Diversity and Inclusion <u>launched the Virtual Café</u> as a way for us to connect with each other, build community, and discuss resilience, balance, and recharging during the disruptive COVID-19 crisis. Additional sessions are planned monthly during the summer.
- The Vice Chancellor for Diversity and Inclusion <u>launched the HERE4U website</u> as a way to share the experiences of health care providers and their heartwarming stories.
- Emergency Funding: In the early weeks of April, the RU Foundation and RBHS leadership provided emergency funding support to students across the schools of RBHS. Nearly 300 students were awarded more than \$83,000 in funding. Additional CARES Act funding exceeding \$800,000 was disbursed by the Office of Financial Aid to over 1,100 RBHS students.
- Heroes' Pay: Additional compensation was provided, with funds raised from extramural sources, to our faculty and staff practitioners who were at the front lines and most at risk during the peak of the pandemic. Similar compensation was also provided to all our residents and fellows, as a token of our appreciation for their efforts.
- Disability Services: The RBHS Office of Disability Services responded to COVID-19 with support and creative solutions for students who were unaccustomed to virtual learning. They saw a need for additional captioning of lessons and alternative-format materials, and assisted students experiencing stress and anxiety. More about how their services can assist students and faculty can be found <u>here</u>.

In addition, an oversight committee will be established that interfaces with three critical subcommittees highlighted as follows to continue planning and anticipate potential challenges given the fluid nature of the pandemic:

Committee for Reimagining Education at RBHS

Keeping at the forefront the student/learner experience, this committee is responsible for:

- Working with the three education-related committees (below), assuring consistency (where appropriate) across the committees, and helping to avoid duplicative efforts;
- Considering how to position RBHS to continue to be a premier institution for faculty and learners;
- Fostering innovation in education delivery; and
- Reporting RBHS recommendations to University-level education committees.

Participants: Bishr Omary (Chair), Meredith Mullane, Susan Hamilton, Gwen Mahon to represent IPAC, a representative of the Committee for Postdoctoral Trainees, at least one participant who is engaging with New Brunswick and Newark undergraduate education committees, and two to three additional faculty with broad representation across RBHS schools and mission areas. This committee will be staffed by Denisse Caban-Santiago.

Committee for Postdoctoral Trainees

The focus of this group is to make recommendations regarding the requirements and needs for postdoctoral trainees. Among other duties, the subcommittee will:

- Recommend approaches to building a RBHS postdoc "community"
- Consider a "faculty-advisory committee" for postdocs
- Revise the postdoc policy considering guidelines for vacation/parental leave (already in progress)
- Communicate with central postdoc office
- Assist with visas for postdoc recruits.

Participants: Kathy Scotto (Chair) and representatives from the schools, centers, and institutes. This committee is staffed by Nancy Frazier.

Interprofessional Program Advisory Committee (IPAC)

As a subcommittee of the Health Education Executive Council (HEEC), the IPAC committee was founded in 2017 to develop educational connections between RBHS and RWJBarnabas Health (RWJBH). As the IPAC is already established and addresses critical issues around Clinical Education, we will not create a new clinical education sub-committee. Instead, the IPAC will serve this purpose. As the RBHS Chair of IPAC, School of Health Professions Dean Gwendolyn Mahon will participate on the Committee for Reimagining Education at RBHS.

The IPAC is responsible for the coordination of clinical-education experiences that occur within the RWJBH system for all students in health-professions programs at Rutgers University. While the committee's initial activities have focused on solving clinical education supply and demand issues within the RWJBH system for all learners at Rutgers, and on developing a Rutgers/RWJBH community that is knowledgeable of all health profession educational requirements and clinical scopes of practice, its ultimate goal is to advance, enhance, and innovate interprofessional clinical practice in a partnership between Rutgers and the RWJBH system, both for learners as well as for faculty and staff.

Among other aspects relating to Reimaging Education, the subcommittee will consider:

- Time-to-completion disruption
- Completion of performance courses including any in-progress lab-based research required for degrees
- Access to clinical sites for teaching
- Access to appropriate PPE
- Substitution for clinical sites for teaching
- Accreditation requirements
- Interprofessional education.

Participants: Gwen Mahon & Greg Rokosz (Co-Chairs). IPAC is comprised of representatives across RBHS, including at least one member from each school and RWJBH.

Committee for Recruitment and Marketing

This subcommittee will consider unique approaches to recruitment and marketing in light of the COVID-19 pandemic.

- For programs that have the ability to recruit additional students and/or see a drop in enrollments, how can we find creative ways to recruit both traditional and non-traditional students?
- What are the financial-aid considerations?
- How do we explore social media and other marketing avenues?
- How do we enhance the Academic (faculty and student) Affairs website?

Participants: Sangeeta Lamba (Chair), Jennifer Hollingshead, and representatives from each school who represent either recruitment or marketing. Each dean shall nominate 1-2 candidates so that the committee can be comprised of an appropriate mix of recruitment and marketing expertise. This committee is to be staffed by Peter Falk.

Note: Because the undergraduate programs at RBHS are so closely aligned with New Brunswick or Newark, a separate undergraduate committee will not be convened but we will assure that our schools with undergraduate programs have adequate representation on the committees convened in Newark and New Brunswick. Those representatives will participate on the Committee for Reimagining Education at RBHS.

Note: There are a number of general topics which cut across all areas (research, clinical, and education) which are best included in the clinical committees such as testing and testing frequency, student and behavioral health, and vaccination compliance (once available). Those committees include members who are able to consider and represent all aspects of RBHS operations, specifically those engaged in education and student experience.

Research

Phased Return to Research

The major emphasis for this committee during the summer and fall will be efforts related to return-to-work for the research workforce. However, additional important aspects will be addressed concurrently as outlined below. A Research Recovery committee will be established that works closely with the Deans of Research and Institute/Center directors. Key aspects that will be addressed include:

Return-to-Work Rutgers Office of Research and Economic Development (ORED)

Plan for the Research Workforce

Led in RBHS by the Senior Vice Chancellor for Academic Affairs and Research, the ORED research "return-to-work" plans (see Appendices from May 29 and June 29, 2020) will be executed in partnership with ORED, Rutgers Animal Care Office, the Strategic Planning and Operations Office, RBHS Senior Vice Chancellor for Clinical Affairs, the deans of research for the RBHS schools, and department chairs and institute/center directors as needed. Among the aspects that will be carefully followed and assessed are:

Implementing the central ORED plan

The need for infrastructure support

(e.g., cores, veterinary care, safety measures and supplies, sanitary needs)

The plan for undergraduate student involvement in wet-lab research

The plan for return to 100% activity of clinical, wet-, and dry-lab research.

Research Space and Facilities

Review and assess RBHS wet- and dry-lab research space to assure appropriate utilization and determine needs for expansion.

Partner with Facilities to determine whether upgrades/renovations/new facilities are needed to support prioritized research (recognizing that major renovations will be postponed due to loss of reserve funds).

Research Funding Opportunities

Continue to monitor external funding opportunities, including federal and non-federal (e.g. state, foundation, industry) funding sources.

Work with ORED to optimize the dissemination of funding opportunities to faculty and learners.

Pursue strategic partnerships with pharma and industry.

Work with Will Green, RBHS's Vice President of Development, and his team to enhance development opportunities to support research, learners (scholarships, fellowships), and faculty (endowed professorships, directed research support).

Develop and expand, as needed, standard data systems and dashboards to monitor grant applications and awards in order to forecast and follow grant expenditure flow as impacted by COVID-19. Establish strategic internal funding mechanisms to support pilot grants that lead to institutional grants related to research, career development, and training.

Research Collaborations

Work with the newly established Center for COVID-19 Response and Pandemic Preparedness (CCRP2) to promote its success.

Promote collaborations across RBHS schools, institutes, and centers.

Communication and Visibility

Promote the research accomplishments of our faculty and learners.

Improve the RBHS website related to research.

Establish a quarterly research newsletter.

Set up workshops to highlight grant-writing tools and select core offerings.

Administration

RBHS is working collaboratively with the Rutgers Emergency Operations Committee (EOC) and other senior leaders on the plans for returning to what is being referred to as a "reimagined Rutgers." These efforts are focused on safely re-entering Rutgers and repopulating the campuses cautiously and thoughtfully. From an administrative perspective, RBHS will partner with and follow the guidance outlined in the *Returning to Rutgers* document drafted and implemented by the EOC.

Liaising with Rutgers Central Services

Given the financial constraints resulting from the pandemic, RBHS will work collaboratively with the Office of Information Technology, University Human Resources, Institutional Planning and Operations (IPO), and other central units to discuss any anticipated operational impacts and will work through solutions to accommodate the needs of faculty, staff, and students.

Institutional Planning and Operations

The *Returning to Rutgers* document addresses preparing buildings on our campuses for re-entry, including ensuring working systems, preventative maintenance, grounds tours, improved signage for social distancing, decontamination, and cleaning. Responsibilities of each school, center, and institute are outlined in this document.

RBHS will work with IPO to implement a sustainable resolution for mail and other deliveries critical to the research, clinical, and educational missions. RBHS and IPO will work together to implement a solution for mail delivery on the many RBHS campuses and deliveries to and from loading docks. This includes how to distribute misdirected mail to correct locations, how to handle large boxes, contaminated materials, etc. We will need to take into consideration restrictions on access to various buildings. Deliveries in different geographic locations (e.g., Newark, New Brunswick, Piscataway) will be considered as well as addresses for general delivery in the Procurement system in RBHS. Each campus will have specific needs and will require a process. Generally speaking, RBHS will follow the guidelines outlined in the *Returning to Rutgers* document which includes a How-to-Guide to Repopulating Rutgers Spaces.

With respect to Environmental Services, RBHS will follow the *Returning to Rutgers* document on appropriate guidelines for entering and using restrooms, elevators, stairs, hallways, and shared conference rooms. With respect to cleaning and sanitizing, IPO will make supplies available and RBHS will help clean and disinfect its own areas. Training and communication on proper technique and safety will be required and Rutgers Environmental Health and Safety (REHS) will be responsible for decontaminating research laboratories and other spaces.

Rutgers Transportation

RBHS will follow the *Returning to Rutgers* document with respect to safely traveling on Rutgers transportation.





Personal Protective Equipment (PPE)

RBHS will be required to follow the guidelines in the *Returning to Rutgers* document with respect to PPE, including the disposal of PPE. Trash receptacles will be required to eliminate the number of masks and gloves being left in the streets and parking lots. For more on PPE, please refer to the Personal Protective Equipment in Clinical Settings of this document as well as the *Returning to Rutgers* document.



Guidelines on workspaces are addressed in the *Returning to Rutgers* document. Each unit is to abide by physical distancing guidelines and will be asked to identify work areas in need of plexiglass and other such items for administrative and other stations. The *Returning to Rutgers* document also deals with utilization of busy stairwells, elevators, and food areas.





Staffing/Workforce

RBHS will abide by all federal, state and University policies and procedures, including Rutgers' Office of Human Resources. RBHS will follow Rutgers-wide policies on phased and alternative staffing, telecommuting, and flexible staff hours. Policies and procedures may be found at the University website. Some policies and procedures may require updating, and updates will be distributed as necessary.

Employee Screening and Testing

Please refer to the Testing Stratedy and Operations of this document as well as the *Returning to Rutgers* document.



Finance

The COVID-19 pandemic has had a major financial impact on both the revenue and expenses at RBHS. With respect to health-care revenue, the suspension of non-emergent and elective clinical care resulted in reduced volume across the enterprise, resulting in enormous financial stress to RBHS and to our clinical partners.

RBHS continues to monitor the financial impact for FY2020 and FY2021. As a result of partnering with the State of New Jersey to restore appropriations, securing external funding for "hero pay" for health care workers dealing with COVID-19, successfully obtaining external funding for research and clinical trials, and deans implementing alternative ways to deliver education, RBHS is hoping to remediate much of the deficit. In addition, all entities across RBHS will continue to abide by the moratorium on institutional spending. We have implemented the hiring and personnel action freeze in accordance with direction from the President. However, the finances for FY21 remain very uncertain, especially given the uncertainties in the state's budget.

RBHS is actively engaged with the Office of Government Relations in monitoring all of the relief funds available and working to secure as much funding as possible. A summary of some of the programs is as follows:

CARES Act and the Paycheck Protection Program

and Health Care Enhancement Act

The CARES Act provides \$175 billion in relief funds to hospitals and other health care providers, including those on the front lines of the coronavirus response. This funding supports health care-related expenses of up to 60% of lost revenue attributable to COVID-19 and ensures uninsured Americans can get treatment for COVID-19.

Fifty billion dollars of the Provider Relief Fund is allocated for general distribution to Medicare facilities and providers impacted by COVID-19, based on eligible providers' net patient revenue. The remaining \$50 billion is allocated to providers in areas particularly impacted by the COVID-19 outbreak, rural providers, and providers who serve low-income populations and uninsured Americans.

Governor's Emergency Education Relief (GEER) Fund

- \$68.8 million will be available to New Jersey's public colleges and universities
- This funding is not part of the health provider relief fund, rather it is from the GEER fund, which was created under the Education Stabilization Funds and includes approximately \$3 billion for education stabilization.
- GEER funding is being sent by the Education Department directly to governors, who can use the funds how they wish for both K-12 and postsecondary education.
- Funding from the U.S. Department of Education gives governors flexibility through an emergency block grant to allocate these funds to education-related organizations.
- The Governor's Office directed the money to colleges and universities, citing the significant impact of COVID-19 on their operations.
- The funds will be made available through emergency assistance grants.
- Rutgers Government Relations along with the state government affairs team successfully lobbied Governor Murphy to reserve NJ's full GEER amount for higher education.

Other Funding

- Interim CARES's Act Supplemental Package FEMA
- FCC COVID-19 Telehealth Program

Building Campus Community

Our experiences since March have underscored the importance of our health-care infrastructure to the collective well-being of society and the centrality of academic health centers (AHC) like RBHS as critical resources for research innovation, health professional education and training, and direct patient care.

Another central role of the AHC is building community. This community includes our internal constituencies of students, faculty, and staff, and many RBHS initiatives to build and maintain community are discussed in earlier sections of this report. It also bridges to important external populations including our patients, the wider health care provider network, professional and learned societies, and our host communities. RBHS is continuing to explore options for experiences and other programming to commemorate recent events and build an intentional and inclusive community including coordinated moments of silence, roundtables, and other activities.

The mitigation and management of the spread of COVID-19 requires physical distancing, low density, and smaller-thanusual gatherings to succeed. While these measures clearly enhance safety, they risk increasing social isolation. RBHS has taken significant measures to combat social isolation, including enhanced counseling services available to all members of the RBHS community, wellness and self-care initiatives, efforts to enhance contact and connections between employees, provision of online administrative office hours, etc. Through direct fundraising and government funding, RBHS has secured emergency financial support for RBHS students who have expressed immediate and urgent needs. Assessment of student insecurity in food, housing, and other needs will be ongoing throughout the summer and fall semesters. These efforts will be coordinated with Rutgers–New Brunswick and Rutgers–Newark, particularly for Ernest Mario School of Pharmacy (EMSOP) and Rutgers School of Nursing students.

With the deluge of information, rumors, and uncertainty, a key role of RBHS has been to communicate coherent, consistent, and accurate information to all constituencies about SARS-CoV-2 and COVID-19 and the impact on our broader community. Information is readily available on the university website and RBHS experts have regularly appeared at online community-accessible public fora and provided advice to decision-makers. The hotline established by New Jersey Poison Information and Education System (NJPIES) provided information to over 15,000 callers on a case-by-case basis. RBHS will continue to serve as an information resource for the University community, our host communities, and government officials as needed.

Clinical Care

Recovery Action Plan Outline for Clinical/Patient Care including Graduate Medical Education (last updated 7/13/20) This Clinical Care section describes guidance and instruction for patient care and clinical settings. Reference material has also been prepared for use in clinical settings and is provided in Appendix 3.

Contributing Source Documents: Rutgers Robert Wood Johnson Medical School (RWJMS) Ambulatory Guidelines for Time-Sensitive Clinical on-Site Services; RWJBH Medical Group Practice Site Operating Model Transition and Stabilization Plan; RWJBH Precautions and Testing Plans Post COVID-19 Surge; RWJBH COVID-19 Briefings; EOC Health Care-External and Health Care-Internal Recovery Planning Documents

Guiding Principles and Limitations for Clinical Services:

- This document is intended to provide high-level strategic and operational guidance for COVID-19 recovery across Rutgers University and RBHS.
- Recovery planning for and updates to clinical activities at Rutgers Health will be guided by compliance with relevant federal, state, and local laws and executive orders.
- To reduce confusion, Rutgers Health clinical guidance will be coordinated with our health care system partners and across Rutgers University to provide as much consistency and alignment as possible to our providers.
- Faculty and staff safety and resiliency in the work environment is paramount to maintaining excellent service delivery.
- Sufficient supplies of appropriate PPE must be available for faculty, staff, and patients as guidance dictates.
- Ability to procure sufficient quantities of supplies may severely limit our ability to sustain high-risk procedural areas of ambulatory operations and affect guidance due to resource availability.
- Telehealth visits should continue to be a primary mode of care delivery except where benefit to the patient outweighs the risk of an in-person visit, or care cannot be delivered adequately via telehealth.

1. Health Care Delivery/Patient Encounters/Impact of Social Distancing on Patient Care

Telehealth

- Rutgers Health should incorporate and plan for hybrid telehealth and in-person ambulatory clinical services as patients resume seeking health care to meet patient demands.
- Telemedicine will continue to be emphasized as a primary patient care delivery model whenever possible.
- Video visits are the preferred model of conducting a telemedicine encounter whenever possible for maximum impact in health discussions.

- Doxy.me is the current preferred virtual visit platform. Other HIPAA-compliant options are currently being explored.
- Video conference (e.g. FaceTime, Google Meet, Zoom, Skype, etc.): These forms of virtual patient visits are the least preferable due to HIPAA compliance, cybersecurity, and the use of multiple platforms. We will continue to investigate use of Microsoft Teams.
- While some regulations for use of telehealth have been relaxed, all regulations including documentation of visits in electronic health records, appropriate coding, etc. should be followed.
- Decisions to bring a patient for an in-person visit should be a deliberate decision based on health care provider judgment that telehealth is not an acceptable alternative, or the patient is refusing a telehealth visit and the health care provider agrees that the patient should be seen in-person. Additional support on decision-making around in-person vs. alternative care:
 - 1. The benefit of the visit should outweigh the risk to the patient.
 - 2. Care has been delayed for several weeks due to restrictions and now requires in-person attention.
 - 3. Condition has been managed with telehealth and has reached limits requiring in-person attention.
 - 4. Care cannot be provided via telehealth.
 - 5. Considerations are given to high-risk patient populations including elderly, chronic disease, or immunocompromised patients. Telehealth visit if possible.

In-Office Visits

Patient screening before visit and at time of visit:

- All patients and visitors will have a temperature screening upon arrival to the facility.
- Patients arriving with fever (≥100.0F degrees) or screening consistent with COVID-19 will be given a surgical or procedure mask and the provider will be notified for appropriate disposition. Please see below "Ambulatory Guidelines for Managing Patients who Screen Positive for Potential Coronavirus:"
 - Patients are being screened before visits and the day of visit on arrival for fever, exposure history, and symptoms of novel coronavirus. Some patients will have positive answers to the screening questions. Document provides general guidance on management of these patients within RBHS practices.
 - Guidance is based on CDC self-isolation and release from quarantine guidelines. Individual practitioners will decide risk and benefit of continuing with the scheduled on-site visit depending on individual patient factors.
 - Patients who have confirmed or likely diagnosis of coronavirus and for whom it has been greater than 10 days (symptomatic or asymptomatic patients) can be seen in the medical practice without additional precautions if:
 - 1. Patient has gone 3 days with no fever and
 - 2. Respiratory symptoms have improved (e.g. cough, shortness of breath) and
 - 3. 10 days since symptoms first appeared or diagnosis by test.
 - If patient arrives on-site for an appointment and screens positive for diagnosis of coronavirus and it has been less than 10 days since symptoms appeared, or test diagnosis:
 - 1. Give patient a surgical or procedure mask.
 - 2. Contact practice to let them know the patient is here, but screened positive.
 - 3. Send patient home.
 - 4. Practice to follow up with the patient to reschedule the appointment, or to arrange for a telehealth visit. The practice should ensure that appointments that are rescheduled are completed in a timely manner.
 - 5. Patients may ask about getting tested for COVID-19 if they screen positive. Practices should consider having information available at screening stations on how patients can be tested.
 - 6. On-site appointments can be rescheduled for 10 days after the test was positive and patient remains asymptomatic or when it has been greater than 10 days since symptoms developed and the patient has been afebrile for 3 days and respiratory symptoms are improving (symptomatic).
 - Patient screens positive for "close contact" (see definition below) or living with a household member with diagnosed COVID-19 who is less than 10 days since symptoms appeared or test diagnosis:
 - 1. Give patient a surgical or procedure mask.
 - 2. Patients should be staying at home and self-monitoring until 14 days after last exposure to active COVID-19 patient.
 - 3. Contact practice and advise that patient has screened positive for a close contact.
 - 4. The preference is for patient to be sent home, self-isolate, and monitor for symptoms.
 - 5. Practice to follow up with the patient to reschedule the appointment, or to arrange for a telehealth visit. The practice should ensure that appointments that are rescheduled are done in a timely manner.

- 6. Patients may ask about getting tested for COVID-19 if they screen positive. Practices should consider having information available at screening stations on how patients can be tested.
- 7. Individual practitioner may determine that it is imperative that the patient be seen for an urgent matter. Patient should proceed to the appointment, following procedures for a presumed positive patient.
- Patient screens positive for one or more symptoms associated with COVID-19 but is undifferentiated or undiagnosed:
 - 1. Give patient a surgical or procedure mask.
 - 2. Contact practice to let them know that patient has screened positive for fever or other symptoms consistent with possible diagnosis of COVID-19.
 - 3. Preference for patient to be sent home, contact primary care provider, and self-isolate.
 - 4. Practice to follow up with the patient to reschedule the appointment, or to arrange for a telehealth visit. The practice should ensure that appointments that are rescheduled are done in a timely manner.
 - 5. Patients may ask about getting tested for COVID-19 if they screen positive. Practices should consider having information available at screening stations on how patients can be tested.
 - 6. Individual practitioner may determine that it is imperative that the patient be seen for an urgent matter. Patient should proceed to the appointment, following procedures for a presumed positive patient.
 - 7. In hot summer months, if screen only positive for fever greater than 100.0F degrees, and no other symptoms, give patient a surgical or procedure mask and ask to wait on the side for 10 minutes. Re-check temperature and, if it returns to normal, likely fever is environmental and patient may proceed to appointment without additional precautions.
- **Definition of "Close Contact"** Someone without appropriate PPE was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated.
- Universal masking of both patients and all team members will continue in all clinical facilities as appropriate. (see PPE section below)
- Use screening questions to identify COVID-19-related patient issues. Sample patient screening questions:
 - Do you have any of the following symptoms?
 - Chills
- New loss of taste or smell
- Conjunctivitis (pink eye)
- Fatigue/Malaise (tired) Muscle/Body aches

- Cough
- Nausea, vomiting or diarrhea Shortness of breath
 - - Sore throat

- Fever Headache
- Congestion or runny nose
- Have you had a positive COVID-19 test in the last 14 days?
- Have you been in close contact with a person who has had a positive test in the last 14 days?
- Have you traveled to an area identified by the State of New Jersey as requiring a 14-day guarantine?
- Continue to adhere to guidelines around visitors, until further guidance is provided. Continue to use strategies that minimize the number of people in the clinical areas. This may include limiting visitors or restrictions on number of people accompanying patient for an ambulatory appointment. (CDC reference: <u>https://www.cdc.gov/coronavirus/2019-ncov/hcp/</u> non-us-settings/hcf-visitors.html)
- All patients, visitors and staff will perform proper hand hygiene (with alcohol-based hand sanitizer or soap and water) every time it is indicated.
- Utilize telehealth for group therapy sessions deemed appropriate for telehealth. For group therapy where the provider deems the virtual environment sub-therapeutic, the group could meet in-person if there is space to allow for appropriate social distancing, and with proper hand hygiene, masking, and surface cleaning before and afterwards. Other considerations for participants include staying home if ill.
- Isolate patients with symptoms of respiratory illness to a separate location or single-patient room immediately upon entry into the office and close the door. All clinical offices should identify a room(s) designated for this purpose.

Pre-visit patient screening:

- Patients calling or presenting with severe respiratory symptoms, and/or assessed by a provider to be in need of urgent/ emergent evaluation for possible hospitalization, should be advised to go to the nearest emergency department (ED) or call 911 for assistance. Provider or clinic staff to call the ED to alert them that patient with possible symptoms of COVID-19 is arriving.
- Other patients calling with acute respiratory or febrile illness should be offered a telehealth video visit on the same day if possible, or the following day. High-risk patient populations should be of particular concern and followed closely during the period of illness.
- Coronavirus and/or other testing will be determined on the telehealth visit. Ask patient to stay home unless advised to come out for testing, or there is a need for urgent medical care.

Reduced density of patients seen in a site by patient flow and scheduling adjustments for in-person visits:

- Scheduling templates should be set to limit the number of patients in the practice site. This may vary by location, patient flow, and waiting-area space.
- If available, encourage patients to use mobile check-in. Avoid check-in computer kiosks touched by multiple people.
- To reduce the number of people in the waiting room, whenever possible, have the patient and family member wait in the car until the provider is ready to start the encounter. (This may not be possible in areas where patients do not drive to their appointment.)
- Patients should be instructed to arrive on time for their visit to avoid an abundance of people in the waiting areas. Evaluate SMS text message reminder options (for example, remind to wear face covering, arrive on time, wait in car, etc.).
- Patients should be roomed immediately after check-in if possible, or as soon as possible after arrival.
- Encourage providers to proactively review their schedules in advance of clinical sessions to ensure patients are evaluated through the most appropriate modality (office, audio-visual, audio).

Resumption of essential/time-sensitive surgeries and planning for eventual resumption of elective surgeries (Executive Order 145).

2. Physical Spaces—Ambulatory Care Settings

Limit number of entryways to clinical buildings, so screening can be performed.

Consolidate waiting rooms to create larger waiting spaces with clear separation and designation of "sick" waiting areas.

Open practices safely and with redensification as tracing capacity allows (e.g., dental).

Plexiglass barriers at check-in and check-out desks:

- Standard, free-standing plexiglass barrier prototype; explore partnership with RU3DPPE
- Collecting data regarding the number of barriers that are needed and list of locations that need a different solution
- Distribution of barriers will be phased based on practice sites that are conducting in-office patient encounters.

Utilize visual reminders to encourage six-foot distancing between patients waiting in line during check-in/out process (floor markers, standing signs, etc.).

Encourage unidirectional flow, including exit through back door when possible to decrease reception area volume and maintain distancing.

Adopt elevator and stair use guidance from EOC if possible. For example: When possible, limit the number of people in an elevator to allow distancing. Designate stairs "up" or "down" to minimize cross-traffic.

Ambulatory clinics where higher-risk procedures such as endoscopy will be performed should be identified by each unit and discussed with Rutgers Environmental Health and Safety and other infection control or infectious disease consultants for specific operating procedures. These recommendations may vary based upon type of space available to perform these procedures (e.g. negative vs. positive pressure ventilation).

Cleaning in the Clinical Areas:

- All patient equipment, exam-room surfaces, and exam tables will be wiped down with sanitizing wipes after each patient visit as per routine protocol. This includes blood pressure cuffs and other non-disposable equipment.
- Specialized equipment to be cleaned according to protocol and manufacturer's instructions.
- Waiting room front desk surface and other high-touch areas (handles at water coolers) to be wiped with sanitizing wipes at least 2X/day. (as resources allow)
- Environmental Services will clean during the day and wipe down elevator surfaces, lobby seating areas, and other high-touch areas throughout the clinical buildings.
- Environmental Services will clean clinical and public areas nightly.
- Decrease or eliminate all paper forms, magazines, brochures, common-use pens, etc. (Complete paperwork via phone or electronically in advance of visit when possible.)

3. Screening of Health Care Providers (HCPs)/Daily Provider and Staff Health Checks

Each provider and staff member upon arrival at work (and before entering the building) is required to have a daily health check that encompasses the following process:

- Temperature check
- Assertion of negative Hx and symptom screening
- If a provider or staff member has any COVID-19 symptoms, including a temperature ≥100.0F degrees, they will be sent home with instruction to call their manager and their personal physician for further guidance. If there are other reasons why employee may have symptoms (such as muscle soreness from running, sneezing from allergies, etc.), please consider these before notifying supervisor.
- If a provider or staff member is diagnosed with COVID-19 (physician-diagnosed or laboratory-confirmed), they should contact Occupational Health. If a supervisor should become aware of an employee's COVID-19 testing status, they should inform their campus Occupational Health personnel to manage. Occupational health office numbers below:

Rutgers University New Brunswick, Newark and Camden Campuses 848-932-8254

RBHS Newark Campus 973-972-2900

RBHS New Brunswick/Piscataway Campus 848-445-0123 ext. 2

RWJMS Faculty and Staff 732-235-6559

Continue social distancing, universal masking, and hand hygiene.

4. Personal Protective Equipment (PPE) in Clinical Settings

All employees have personal responsibility for using the appropriate level of PPE while at work. The practices will aim to provide the appropriate level of PPE based upon these guidelines.

Universal masking of both patients and all team members will continue in all clinical facilities.

- Patients may wear a face covering or mask that they bring from home. If patient arrives without a mask, one will be provided for them, pending availability. Face coverings with one way exhalation valves will not be allowed and must be replaced or covered with a procedure mask.
- Patients under 2 years of age, patients in respiratory distress, having trouble breathing, or anyone who is severely incapacitated or unable to remove the mask without assistance are exempt from masking.

A surgical mask or procedure mask will be given to any patient who arrives exhibiting respiratory symptoms (coughing, sneezing, fever), pending mask availability.

All staff members who have direct contact with patients in Rutgers clinical settings but are not working in designated COVID-19 areas will be provided a single procedure face mask for daily use. Distribution is subject to availability.

Decontamination and extended use of PPE including N95s: It is critically important that N95 respirators continue to be closely managed and that we continue to use PPE conservation measures, including sterilizing and re-using respirators whenever possible. Conserving these resources will enable us to have sufficient supply for another surge, which is expected in the fall.

Patient/Staff Screeners and Front Desk Staff

- Surgical or procedural masks
- Eye protection (goggles or face shields) is optional if barrier sneeze guards are in place. Barriers are being put up as sneeze guards at front desk locations.

Providers/Direct Patient Care Encounters

For patients who are asymptomatic for COVID-19 or related illness or exposure based on screening criteria or have been appropriately released from quarantine or isolation for COVID-19, providers will use all of the following protective equipment for routine encounter:

- Mask: surgical/procedural
- Eye Protection: goggles, loops, or shield when performing examination of the head or neck or if there is a risk of aerosol or droplet production
- Gloves

Faculty and staff competency with donning/doffing required for the proper use of PPE to avoid contamination.

The number of in-person patient visits that can be scheduled at a practice site may be limited by the amount of PPE each practice has in its inventory, depending on guidance.

The need to monitor available PPE at each site will continue for the foreseeable future.

Each unit's PPE liaison (on weekly Procurement PPE workgroup) should continue to update inventory and expected future needs of Essential Supplies/PPE.

University Correctional Health Care (UCHC): Staff working on the medical infirmary units, isolation units, and quarantine units, as well as those who are conducting sick calls with high-risk patients, are wearing N95 respirators, gowns, gloves, and face shields. Additionally, UCHC staff that screen Department of Corrections employees and civilian staff at the entry points of the prisons wear N95 respirators, gowns, gloves and face shields. All inmates are also given procedure masks to wear.

University Behavioral Health Care (UBHC): Staff who are providing entry point screening and staff providing direct patient care are to wear procedure masks. Masks are provided to staff on a daily or weekly basis depending on their program and role. All other UBHC staff are asked to use personal face coverings per CDC guidelines. On the inpatient unit, patients are asked to use masks in public spaces, but do not have to use in patient's room.

See below for list of sample aerosolizing and other procedures and recommended PPE usage as well as types of face coverings/masks.

- HCPs should don a N95 respirator, gown, gloves, and eye/face protection when in high-risk transmission areas or performing procedures such as:
 - 1. Testing on suspected COVID-19 patients (nasopharyngeal or oropharyngeal swabbing)
 - 2. Intubation of suspected or known COVID-19 patients
 - 3. Aerosolizing dental procedures
 - 4. Aerosolizing procedures (sputum induction, suctioning)
 - 5. Endoscopy procedures
 - 6. Caring for critically ill COVID-19 patients requiring ICU level care
 - 7. Giving direct patient care in the emergency department
 - 8. Caring for all COVID-19-positive and patients under investigation (PUI) when administering an aerosol-generated procedure such as: intubation/extubation, open suctioning, nebulizer treatments, BiPAP, Venti-mask, proning, chest PT, CPR, or trach collar.
 - 9. Activities performed by labor and delivery nurses during second stage of labor
 - 10. OR staff performing surgery on COVID-19/PUIs



5. Graduate Medical Education (GME)

Maintaining accreditation standards: The current Sponsoring Institutions have returned from Accreditation Council for Graduate Medical Education (ACGME) Pandemic Emergency Status Stage 3 (crossing a threshold beyond which the increase in volume and/or severity of illness creates an extraordinary circumstance where routine care education and delivery must be reconfigured to focus only on patient care), past Stage 2 (an increased but manageable clinical demand). They have returned to Stage 1 ("business as usual").

Supporting core curriculum requirements for residents/fellows and assuring completion: Due to the learning environment during COVID-19, a trainee may not complete all of the planned experiences in the curriculum. The decision to promote or graduate a trainee is made by the program director, with input from the Clinical Competency Committee, based on that individual's ability to perform the medical, diagnostic, and/or surgical procedures considered essential for the area of practice.

The determination of whether or not a trainee should be promoted or graduated as previously scheduled can be made even if the curriculum as originally planned is not completed. However, an extension of the educational program/ training may be necessary if the program director determines that an individual is not fully ready for autonomous practice.

What process/structures need to change in the COVID-19 learning environment? Restructure inter-professional practice/inter-professional education opportunities opportunity: RBHS has enhanced the use of remote technology to educate residents and fellows in the appropriate use of telehealth in addition to the use of remote learning technology, specifically for conferences and didactic sessions.

Coordination with ACGME/Resident Review Committee reviews:

The ACGME will notify us when they will reengage in regularly scheduled tasks and events. Self-Studies for programs with dates from March to December 2020 have been suspended. This includes all Self-Study activities, including the submission of the Self-Study Summary. Applications for new programs that do not require a site visit will be handled by Review Committees on a case-by-case basis. We will work with the Review Committees for the applicable specialty or subspecialty details on application processing and status.

As always, requests for temporary complement increases will be submitted to the accreditation team for consideration by the Review Committee, as most Review Committees are still evaluating these requests.

We will await notification from the ACGME for more information regarding when their events, visits, and reviews will return to normal scheduling, and we will reengage in those events.

Testing Strategy and Operations

General Strategy: Target, Test, Trace, Treat

Symptom Screening/Evaluation

- All employees and students will be required to complete a self-screening symptom evaluation prior to presenting on campus on a daily basis.
- Employee Health and/or Student Health Services will use the current REHS Symptom Monitoring Database within RU for the ongoing evaluation ONLY for certain high-risk cases based on: CDC/DOH guidance, risk assessment; current system capacity, and clinical discretion.
- Active symptom evaluation (temperature checks at entrances) may be conducted on-site based on the individual needs of the environment but is not required at all locations.
- Active symptom evaluation will be conducted for patients in accordance with the Division of Consumer Affairs Administrative Order No. 2020-07.

For employees and students working and learning on campus, Rutgers will utilize a targeted testing approach based on the risk of transmission of COVID-19 within the University community. The University Testing Protocol Action Group (TPAG) will determine which groups of students or employees should be recommended and/or required to complete testing through the Rutgers COVID-19 testing program. Given our targeted testing strategy, no random or routine university community surveillance testing is recommended.

This approach will consider the guidance put forth by the New Jersey Department of Health (NJDOH) and the CDC, and will use a combination of testing methods to test students and employees at higher risk of contracting and spreading COVID-19. Testing in the health care workforce will be coordinated with our health care system partners to provide as much consistency as possible.

Current testing protocols will be reviewed and updated regularly, under the authority of the University COVID-19 TPAG, which is chaired by the Chancellor of RBHS/Executive Vice President for Health Affairs. The strategy may change as public-health guidance changes and as new scientific data is reported on the efficacy of various testing methods and other factors.

SARS-CoV-2 PCR testing (for the active virus that leads to COVID-19) may be required based on risk assessments for employees or students already working or learning on campus, or as part of a return-to-campus program for certain employees and students. However, "Return to Work" or "Return to Campus" Testing will NOT be required across the board. Antibody testing is not part of this protocol and not accepted for clearance.

Decisions will be based on risk assessments and other factors below, as well as case identification/outbreaks.

A University COVID-19 Testing Protocol Action Group (TPAG) has been formed to advise which groups should be required to complete testing AND the priority order that the RU testing program should consider. These decisions will be based on risk assessments and case identification/outbreaks.

TPAG is informed by:

- CDC and NJDOH guidance
- Health System partner requirements
- Testing capacity/logistics

Risk assessments will be based on, but not limited to, the following criteria:

- Ability to maintain physical distancing while completing activities on campus
- Working and/or learning in a patient-care environment
- Exposure to a confirmed COVID-19 case
- Congregate living environment (eg. residence halls)
- Working and/or learning in an environment where they may expose individuals who are at risk for severe illness
- Other factors that may increase or decrease risk based on the evolving science and public health data.

Additional testing may be recommended based on surveillance data, case identification, and contact tracing follow-up and strategy as the situation evolves on campus.

Repeat testing for particular groups may be required and would be subject to the review and priority decision-making by the University COVID-19 Testing Protocol Action Group.

New scientific evidence or public health guidance are likely to trigger a change in any of these recommendations.

Student and Occupational Health Services will coordinate with units in which active infection has been identified and will consider appropriate next steps for (a) informing the workforce that has been in close proximity with the person testing positive and (b) consider appropriate next steps for the unit.

Student and Occupational Health services will work closely together to lead the implementation of required and riskassessment-based testing programs available across the University, with assistance from REHS.

- Testing will be made available on each of the Rutgers main campuses.
- Testing will utilize the PCR saliva testing methodology.
- Rutgers' current ideal standard for clearance is 2 PCR tests, 1-3 weeks apart. CDC and NJDOH Guidance, resource availability, scientific innovation, or other influences may certainly affect this ideal approach.
- As long as this guidance is in place, charges will be submitted to insurance by the diagnostic lab performing the test with no co-payment by or other charges to the employee or student.
- Testing operations, campus location, and layout will allow for flexibility and customization based upon the number of individuals to be tested and needs of the group. Examples include drive-thru locations, walk-up locations, and asynchronous kit distribution with drop-off locations.
- Results will be managed by Health Affairs, Occupational Health, and Student Health to maintain individual privacy and confidentiality with only the minimum necessary information disclosed to clear the individual for continuing or returning to work/study.

Employees and students with symptoms consistent with COVID-19 are to immediately leave campus or self-isolate in the dormitories, and contact their personal physician or Student Health for follow-up. Scheduled COVID-19 testing events (drive-thru, for example) are not intended for symptomatic testing.

Individuals will be permitted to complete their testing privately and submit the documentation of this testing to the appropriate Student Health or Occupational Health unit to meet any testing attestation requirements set, as long as the following conditions have been met (submission methods may vary by unit):

- The type of test conducted is permissible by Rutgers University.
- The operational unit in which the individual works/learns may require more stringent testing based on the particular risk assessment for their environment. For example, a patient care unit for a particularly vulnerable population may require a higher standard of testing.
- The outside test has been administered within two weeks from the date that the individual is scheduled to report to campus.

Further details are available in the Testing Guidance document. (See Appendix 3).

Contact Tracing

While local health departments (LHD) have jurisdiction in all public health matters, bi-directional communication between Rutgers and the LHD is essential to keep our campus communities (Camden, New Brunswick, Newark, etc.) informed and safe from the spread of COVID-19 infections. A collaboration between Rutgers and the LHD will provide the necessary support for people who are confirmed cases, ensuring their needs are met as well as those of the Rutgers campus community.

Because Rutgers has specialized knowledge of residence halls, research labs, class schedules, and contract/contingent workforce, Rutgers will often be able to generate contact lists through class registrations, housing assignments, or other group participation that will be promptly provided to the LHD to facilitate their case investigation or contact tracing efforts. Contact tracing will be enacted with a minimum of 75% of contacts identified within 24 hours of case investigation.

Rutgers and the LHDs have established the following procedures for case investigation and contact tracing:

If Rutgers identifies a COVID-19 positive case of a Rutgers student or employee:

- Rutgers notifies and isolates individual who has been identified as COVID-19 positive.
- Rutgers informs appropriate campus members of positive case and provides safety information.
- Rutgers communicates with LHD that a case has been identified.
- LHD initiates case investigation and contact tracing. Rutgers assists by providing appropriate lists of class schedules, housing situation, work location, etc. to the LHD.
- Target of contact tracing is 75% of contacts within 24 hours of case investigation.
- These activities will occur within 24 hours of case identification.

If LHD identifies COVID-19 positive case of Rutgers student or employee:

- LHD notifies the Rutgers campus contact that a case has been identified on that campus.
- Rutgers ensures case is isolated. Rutgers may identify contacts to inform them of potential exposure to a case.
- Rutgers informs appropriate campus members of positive case and provides safety information.
- LHD initiates case investigation and contact tracing. Rutgers assists by providing appropriate lists of class schedules, housing situation, work location, etc. to the LHD.
- LHD will conduct case investigation and contact tracing, within 24 hours of receipt of positive COVID-19 test result, known exposure, or identification of a contact.
- Contact tracing will be enacted with a minimum of 75% of contacts within 24 hours of case investigation.
- If LHD needs additional information from Rutgers for student or employee exposures, they will contact the appropriate liaison provided to LHDs.
- Individual privacy will be maintained in accordance with state regulations.

Testing Accounts and Organization Management Chart

	Name	Location of Main Office	Site Physician	Groups Served Summary	Offices Represented
1	RBHS Newark	90 Bergen Street, Newark	Dr. Noa'a Shimoni	1. RBHS Newark Students, including graduate nursing students NB and Newark, NJMS and RSDM students; 2. RBHS Newark faculty/Staff, including NJMS, UBHC- Newark, Dental School, School of Nursing, CINJ Newark, SPH Newark	1. RBHS Newark Student Health; 2. Occupational Medicine Services RBHS Newark/NJMS (OMS) (Dr. Budnick)
2	Rutgers Newark	249 University Avenue, Blumenthal Hall, Room 104, Newark	Dr. Luis DeJesus	1. Rutgers Newark Students; 2. Rutgers Newark Faculty/Staff	 Rutgers Newark Student Health; Works In conjunction with OHD for faculty/ staff
3	RBHS Occupational Health	170 Frelinghuysen Road, Piscataway	Dr. Iris Udasin	1. New Brunswick RBHS Faculty/Staff, including UBHC, all UCHC statewide, School of Nursing, CINJ, SPH, RSDM and RWJMS Faculty/Staff	1. EOSHI; 2. RWJMS Employee Health (Dr. Shirin Hastings
4	Rutgers Occupational Health (OHD)	Hurtado Health Center, 11 Bishop Place, New Brunswick	Dr. Milind Shah	Rutgers Faculty/ Staff University wide (Camden, New Brunswick, Newark), plus School of Pharmacy	Coordinates with Student Health Services in Rutgers Camden and Rutgers Newark
5	Camden Student Health	Campus Center - 2nd Floor, 326 Penn Street, Camden	Dr. Pat Prior	1. Rutgers Camden Students, including SON and RSDM students at CODE sites; 2. Faculty/Staff Camden and RSDM CODE sites	1. Camden Student Wellness Center 2. Works in conjunction with OHD for Faculty/ Staff
6	Rutgers Student Health	Hurtado Health Center, 11 Bishop Place, New Brunswick	Dr. Cathryn Heath	1. Rutgers Student, New Brunswick Campus, including pharmacy and undergraduate nursing; 2. RBHS/WJMS student; 3. D-1 Athletes	 Rutgers Student Health Services; RBHS Student Health Service New Brunswick/Piscataway (Dr. Komal Bhatt); Sports/Athletics Medicine (Dr. Joshua Bershad)

Behavioral Health and Wellness

Recognizing the emotional impact of COVID-19 on our community, the Sub-Committee on Behavioral Health and Wellness will address mental health and well-being resources for faculty, staff, trainees, fellows, and students across Rutgers. We will address immediate needs and attend to longer-term well-being needs in our work environment. Our goals include:

Providing a central menu of mental health and well-being resources for faculty, staff, trainees, fellows, and students across Rutgers (see below).

Organizing well-being resources by themes to facilitate access and selection, including but not limited to:

- Telephone lines for support and stress management, tools for resiliency and stress management, mental health support and coaching, employee assistance programs, and additional resources such as peer support.
- Referrals to Psychological and Psychiatric treatment will be available if needed.

Identifying strengths and gaps in existing behavioral health and wellness resources.

Providing recommendations to enhance strengths and fill identified gaps.

Embedding faculty/professional/trainee/fellow/student wellness into the fabric of our missions, especially given the expected negative emotional impact of COVID-19 at a time when demands on our workforce will increase during recovery, and that COVID-19 is a long-term challenge. This culture change can have an important preventive effect, help early identification of distressed individuals, and facilitate help-seeking by individuals.

Fostering transparency of communications including openness about the expected emotional impact and institutional responses, and robust dissemination of well-being resources.

Maintaining and monitoring wellness.

Specific examples of related endeavors:

- Include wellness checks/sharing of successes and meaningful human interactions in meetings and/or daily rounding/ clinical huddles to normalize talk about professional well-being.
- Develop a peer-support program with trained peer supporters who can provide brief, real-time support within the work units (day-to-day and preemptive) as well as targeted interventions.
- Consider professional well-being when making clinical and operational decisions.
- Recommend a model for a culture of wellness in our institution, e.g. The National Academy of Medicine or Stanford conceptual models.
- Leverage the RBHS/RWJBH professional wellness survey to monitor well-being.

Matrix of Well-Being Resources:

Well Being Resources for Rutgers University/RWJBarnabas Health/University Hospital Faculty, Staff, Health Professionals, Trainees & Fellows

	Stress Management Phone	Stress Management Resiliency Tools	Mental Health Support & Coaching	Employee Assistance Programs (EAP)	Additional Resources	Peer Support
Programs and what they offer	Telephone Support by Mental Health Professionals: Bufgers4U: Emotional & therapeutic support by professionals to Rufgers & RWJBH Staff, Faculty members & their families <u>GSAPP Psychological Services</u> Network - COVID: Offers relepsychology & phone volunter services (no or low fee and insurances accepted) <u>HopeLine</u> : Confidential telephone courseling & support 247 <u>COVID-18 Psychological Support</u> : for NJMS-UH-UPA faculty & staff who are experiencing stress, wory, or anxiety	90 Seconds of Resiliency: Quick resiliency tools on YouTube The Calm Collection: Video guided stress gelief BeHealthy portal: Workout videos & mindfulness At home zumba, yoga fitness & resilience seminars The Virtual Chapel @ University Hospital: A calendar of virtual spiritual self-care & wellness events	COVID Coordinating Entity- (CCE) August start, statewide access to behavioral health & substance abuse real time, live call line support & warm transfer to clinical services across a statewide provider network (Image and Able to app: Virtual cognitive (herarpy services for anxiety & depression either with counselor or coach (Image and Able to app: Virtual cognitive (herarpy services for anxiety & depression either with counselor or coach (Image and Able to app: Health Coaching: Virtual or in person, by national certified health coach for physical & emotional health	RWJ Barnabas Health and Rutgers UBHC: Comprehensive emotional support by mental health professionals, 24/7 Rutgers Faculty Staff & Assistance Program: Comprehensive counseling & referral services to the university community	Schwartz Rounds: Multidisciplinary hospital rounds for caregiver to share experiences Good Grief: A free grief support program for grieving families & Rutgers School of Health Professions: On-line nutrition tools Rutgers & RBHS: Repository of on-line resources Mental Health & Wellness: Repository of resources for post- doctoral research fellows	Telephone Support by Peers: Doc to Doc Together: Emotional peer support for physicians by physicians MOM2MOM: Moms & caregivers of special needs children VET2VET: New Jersey National Guard members, active military personnel, veterans, their families, & caregivers, statewide 000 VETSAWARRIORS: Any veterans, service members, family members, or caregivers 000 CARE2CAREGIVER: Individuals serving as caregivers 000
Contact Information	Rutgers4U: (855) 652-6819 NJ HopeLine: (855) 654-6735 GSAPP Psychological Services Network - COVID: on-line request COVID-19 Psychological Support: Stress.Anxiety@NJMS.Rutgers.edu	Available on website.	COVID Coordinating Entity (CCE) (833) 416-8773	RWJBH EAP: (800) 300-0628 Rutgers UBHC EAP: (800) 327-3678 University Hospital EAP: (800) 327-3678 Faculty Staff & Assistance Program: (848) 932-3956	Good Grief: (908) 522-1999	Doc to Doc Together: (973) 283-SAFE MOM2MOM: (877) 914-662 VET2VET: (866) 338-7654 VETS4WARD(NS-(855) 338-8255 CARE2CAREGIVER: (800) 424-2494
Legend	Services Available to: BLUE: RWJBarnabas Health RED: Rutgers University BLCK: University Hospital GREEN: Available to All	Linked to Health Insurance Out of Rutgers Network	Crisis 24/7	Rutgers	UNIVERSITY HOSPIT Recards, New Arriey Access 0) 969-5300	AL RWBarnabas HEALTH Access (800) 300-0628

Well Being Resources for Rutgers University Students

	Stress Management Phone	Stress Management Resiliency Tools	Mental Health Support & Coaching	Mental Health Support & Coaching ^{cont}	Additional Resources	Peer Support
Programs and what they offer	Telephone Support by Mental Health Professionals: Rutgers4U: Enotional & therapeutic support by professionals to Rutgers & RWJBH Staff, Faculty members, Trainees, Students & their families ····································	90 Seconds of Resiliency: Quick resiliency tools on YouTube Therapist Assisted On-line Program. (TAQ): An online self-help platform to support well-being The Virtual Change du University. Hospital: A calendar of virtual spiritual self-care and wellness events	COVID Coordinating Entity- (CCE): August start, statewide access to behavioral health & substance abuse real time, live call line support & warm transfer to clinical services across a statewide provider network	Rutgers CAPS: (Counseling, ADAP & Psychiatric Services) individual/group counseling, Actohu/Drug counseling, Medication management. Wide variety of virtual workshops Image: Construction of the service of the service, education, training, policy development, & consultation 'additional websites by campus Image: Construction of the service of the service of the service and the service of the se	Good Grief: A free grief support program for grieving families prodession: Online nutrition tools Rutgers & REHS: Repository of on-line resources HOPE (Health Outeach, Prevention & Education: Workshops Facilitated by Peer Educators, Suicide Prevention, Conned Gatekenging Training, Online screening & other self-help resources Otals Crisis Screening & Stabilization Services: Emergency assessment & Interventions Class Crisis Screening & Stabilization Services: Emergency sassessment & Interventions Class Organic Screening & Stabilization Services: Concellege mental health	Telephone Support by Peers: <u>MOM2MOM</u> : Moms & caregivers of special needs children <u>VET2VET</u> : New Jersey National Guard members, active military personnel, veterans, their families, & caregivers, statewide 24/7 <u>VETS4WARRIORS</u> : Any veterans, service members, family members, or caregivers 24/7 <u>CARE2CAREGIVEE</u> : Individuals serving as caregivers <u>VEChar</u> : A confidential text-based helpline run by students, for students <u>Support for college students</u> with Autism.
Contact Information	Rutgers4U: (856) 652-6819 NJ HopeLine: (856) 654-6735 GSAPP Psychological Services Network - COVID: on-line request Let's Tele-Talk: (848) 932-7884	Available on website.	COVID Coordinating Entity (CCE): (833) 416-8773 Rutgers Student Wellness Center: (856) 225-8005 GSAPP Center for Psychological Services: (848) 445-6111	Rutgers CAPS: (948) 923-7884 Violence Prevention & Victim Ast: Camden: (849, 225-5236 Newark: (973) 353-1918 New Brunswick (848) 932-1191 RBHS: (973) 972-4636 Rutgers Newark Counseling: Center: (973) 353-5805	Good Grief: (908) 522-1999 Hope (Health Outreach Prevention & Education: (849 392-1965 Oaks Crisis Screening & Stabilization Services: (856) 428-HELP The Trevor Project: (866) 488-7836	MOM2MOM: (877) 914-8662 VET2VET: (866) 838-7654 VETSWARRIORS: (865) 838-8255 CARE2CAREGIVER: (800) 424-2494 We Chat; (73) 339-0734 GSAPP College Support Program: on-line request
Legend	Camden Campus in Newar New Brunswick Campus RBHS	k Campus All Campuses 🕅 Campus 🛞 Underlined = 📭	Family - Orisis 24/7 Linked to Health Insurance Crisis 24/7	Services Available to: Red = Rutgers Black = University Hospital Green = Available to All	RUTGERS A (800)	UNIVERSITY HOSPITAL Newsifi, New Jersey CCCESS 969-5300

Appendices

Appendix 1: Returning to Research 5/29/2020

May 29, 2020

Dear Rutgers Researchers,

This email initiates a phased and safe Return to Research at Rutgers University. The plan described below has been developed by the Research Team of the University Emergency Operations Committee, comprised of 58 faculty and administrators. More detailed guidance on all aspects of re-imagining our university is contained in a draft document entitled **Returning to** *Rutgers*, which has been shared with your deans and will soon be released.

This communication addresses the specific roles of Principal Investigators, department chairs, institute directors and research deans in the return to research process.

It is imperative that all researchers read this document to understand and support the safe and rapid return to full research capability at Rutgers. Those of you who are postdoctoral fellows, graduate students or research staff are directly impacted by this process, but you will not have specific input into the Return to Research Survey described further below.

Research Plan:

The research plan involves increasing university research capacity/density in 25% increments, then assessing the results before engaging the next phase; refer to the diagram below for more details. This is a method that a number of our peer institutions are initiating as well.

	Phase 1 "25%" capacity/density	Phase 2 "50%" capacity/density	Phase 3 "75%" capacity/density	New Normal 100%
Phase change triggered by course of pandemic				
Aspirational Timeline	Мау	June	July	August
Face Covering Social Distancing Enhanced Hygiene	Required	Required	Required	Not required
Density restriction for on-campus research	Only critical research allowed	≥ 6 ft distancing 1 pers/bay wet labs 1 pers/150 sqft	≥ 6 ft distancing 1 pers/bay wet labs 1 pers/150 sqft	No restrictions
Remote operation of research if possible	Required	Required	Recommended	Not required
Remote operation of research – at risk groups	Required	Required	Required	Not required

We are currently in Phase 1 (above), and operating with approximately 25% of our research capacity. In New Jersey, we have now clearly passed the peak level of infection in the first wave of the COVID-19 pandemic and are positioned to bring an additional 25% of our research effort back online.

Safety First:

Our overarching guiding principle throughout this process is safety; this is a shared community responsibility. We must carefully abide by protective social distancing and public health restrictions to minimize the possibility of an outbreak of COVID-19 on campus. The practices described here and to be released in *Returning to Rutgers* will follow New Jersey Department of Health and CDC guidance for managing public health. For example, face coverings, protective social distancing and enhanced hygiene and cleaning activities will be required on campus.

Testing & Monitoring of Symptoms:

A further strategy is to make use of viral testing and active symptom monitoring to contain and mitigate any outbreak of COVID-19 in Rutgers University research settings. A negative test for the SARS CoV-2 virus will be required for researchers identified as currently on campus. The RUCDR saliva test for CoV-2 virus will be administered at home using a telemedicine provider engaged by the university. In addition, all researchers identified through a Return to Research Survey as returning in Phase 2 and Phase 3 will receive the RUCDR at-home CoV-2 test *prior* to their return to campus. This will ensure that the returning on-campus researcher cohort is COVID-19 negative at the outset. Contact tracing will be employed in the event a researcher acquires a community infection; our on-campus tracing capabilities are being rapidly built out in parallel with the return to research efforts.

Return to Research Survey (https://go.rutgers.edu/ReturnToResearch):

The first step in bringing research back up to speed is to capture information on those research programs that must be run on-campus, along with off-campus programs that need to be restarted at other venues. The mechanism to achieve that end is the Return to Research Survey. Input from this survey will be used by the research deans and chairs to prioritize the return to research for all phases of return. This survey should only be completed by Principal Investigators who are currently conducting research on campus as well as those who wish to resume research on or off campus. Postdoctoral researchers, graduate students and researchers who are not Principal Investigators, should not complete the survey.

The survey has three main functions:

- 1) To capture the prioritization by each Principal Investigator of the research they wish to re-engage. Principal Investigators should prioritize *all* research, to allow a plan to be developed at the research dean level to scale up to 100% capacity. This sets up a conversation between the PI, the chair or institute director, the research dean and the school dean that will allow the research dean to determine the sequence in which projects should be brought back on campus.
- 2) To share the research dean's decisions with campus and central functions (e.g., ORED, IP&O) that are required to support Rutgers' research capability.

3) **To trigger the at-home CoV-2 test** for the entire research cohort being brought back oncampus.

A high-level outline of the return to research process is shown below:



Postdoctoral Researchers, Graduate Students, Research Staff:

No further action is required from you with respect to the survey. If your research project is submitted by the Principal Investigator and approved, you will be notified and provided a code for the at-home telemedicine CoV-2 test. Return to campus in Phases 2 and 3 is voluntary: *no one is required to return to their research setting during these phases of the plan.*

Principal Investigators:

Complete survey by 12:00 p.m. on June 5th.

Filling out the survey is the rate-limiting step. As soon as possible, visit <u>https://go.rutgers.edu/ReturnToResearch</u>. The form contains internal logic that will guide you through a series of questions that have been developed with the extensive input of faculty and research leadership from multiple disciplines representing the entire research community at Rutgers. Most important is the prioritization of your research projects, and the information that

is requested around staffing those projects. This will allow the research deans and chairs to most impactfully sequence a return to research across the department and school. If your research project is approved for return in Phase 2 or Phase 3, staffing to support operations, provisions for cleaning and for hygiene will be supplied by the university.

Department Chairs & Institute Directors (Level 1 Approval):

Complete survey reviews by 12:00 p.m. on June 9th.

The Level 1 approver will receive an email link to the survey when completed by each PI. The responsibility of the department chairs and institute directors is to evaluate and judge whether the Principal Investigator's research plan is prioritized appropriately and is consistent with the protective distancing (social distancing), density and capability requirements of the phase. For example, Phase 2 should correspond to ~50% research density and capacity, and in all instances conform with protective distancing requirements. Approval at Level 1 will trigger the delivery of the pre-populated survey and Level 1 feedback to the Level 2 approver (or research dean).

Research Deans (Level 2 Approval):

Complete Plan for Return to Research Phase 2 by 12:00 p.m. on June 12th.

The research deans, or Level 2 approvers, will be able to view the survey and comments from all Level 1 approvers in their jurisdiction and can also access reports that summarize the surveys that have been compiled for evaluation. A list of the designated research deans is appended, and they are programmed within the survey as well.

The research dean will create an overall return to research plan in consultation with the dean, institute directors and department chairs. Acceptance or rejection of specific research programs in the research dean's plan will be communicated to ORED, and will trigger email notifications to the Principal Investigator and their research personnel informing them of the decisions. For researchers who are approved to return to research, it will trigger an email providing directions for accessing the at-home RUCDR saliva test through our telemedicine provider. A negative saliva test result is required for return to campus.

The Return to Research process described above is fundamentally a grassroots operation. Its success is entirely dependent upon the quality of input from researchers and its thoughtful application throughout the approval process.

I would like to thank you sincerely in advance for your diligent support of this effort to bring research back online at Rutgers University safely and quickly.

Best regards,

S. David Kimball

Senior Vice President, Research & Economic Development

Research Deans - Return to Research Survey

RBHS				
New Jersey Medical School	Debi Lazzarino			
Robert Wood Johnson Medical School	Celine Gelinas			
Cancer Institute of New Jersey	Ned Lattime			
Ernest Mario School of Pharmacy	Renping Zhou			
School of Health Professions	Gwen Mahon			
School of Public Health	Katie Zapert			
School of Nursing	Charlotte Thomas-Hawkins			
School of Dental Medicine	Narayanan Ramasubbu			
Environmental and Occupational Health Sciences Institute	Helmut Zarbl			
Center for Advanced Biotechnology and Medicine	Martin Blaser			
Public Health Research Institute	David Alland			
Institute for Infectious & Inflammatory Diseases	Bill Gause			
Clinical	Rey Panettieri			
CAMDEN				
Faculty of Arts and Sciences	Howard Marchitello			
School of Nursing	Donna Nickitas			
School of Business	Monica Adya			
Rutgers Law School	Kim Mutcherson			
NEWARK				
School of Criminal Justice	Bonnie Veysey			
School of Arts and Sciences-Newark	Denis Pare			
Rutgers Law School	David Lopez			
Rutgers Business School	Lei Lei			
School of Public Affairs and Administration	Charles Menifield			
Rutgers Graduate School-Newark	Taja-Nia Henderson			
NEW BRUNSWICK				
NB Chancellor Reporting Units	Prabhas Moghe			
SAS - Life Sciences	Lori Covey			
SAS - Math & Physical Sciences	Thu Nguyen			
SAS - Social & Behavioral	David Vicario			
SAS - Humanities	Michelle Stephens			
School of Environmental and Biological Sciences	Brad Hillman			
School of Engineering	Susan Kilduff			
Graduate School of Education	Wanda Blanchett			
School of Communication and Information	Mark Aakhus			
Graduate School of Applied and Professional Psychology	Linda Reddy			
Edward J. Bloustein School of Planning and Public Policy	Clinton Andrews			
School of Management and Labor Relations	Ingrid Fulmer			
School of Social Work	Sharon Fortin			

Appendix 2: Returning to Research – 6/29/2020

View the final Returning to Research at Rutgers University document at

https://coronavirus.rutgers.edu/wp-content/uploads/sites/425/2020/06/Returning-to-Research-at-Rutgers-06-29-20-FINAL-de-00000002.pdf

Appendix 3: IPAC Reports

Rutgers Biomedical Health Sciences IPAC Simulation / Skills Lab Subcommittee Returning to In-Person Clinical Skills Lab / Simulation <u>Draft</u> Guidelines / Protocol

May 25, 2020

The following guidelines are suggested for bringing students back to in-person clinical skills labs or simulations (hereafter referred to as Clinical Lab). Each program will have to customize these guidelines to their specific lab requirements and space while adhering to health and safety requirements outlined.

Prior to Student / Faculty return:

- 1. Education to students/faculty through written communications on:
 - a. General health guidelines: stay home if sick, monitoring symptoms, selfquarantine, social distancing, masks, etc.
 - b. Requirements for Clinical Screening Prior to start (see below)
 - c. Guidelines/process for physically coming into the facility and learning labs.
 - d. Protocols schools will be using to maintain healthy environment: social distancing, masks, hand hygiene, limiting physical locations
 - e. Confirm stock of PPE required for learning labs. Depending on the extent of physical contact during labs, PPE requirements will vary this should be determined by each program using CDC guidelines.
 - f. In the event that eye protection is required, reusable face shields / googles will conserve supplies.

- 2. Work with Facilities Office to ensure that the Clinical Lab area has been cleaned, is ready for occupancy, and that trash receptacles will be emptied and appropriate cleaning completed following completion of the lab exercise.
- 3. Work with the Facilities Office to ensure that hand sanitizer dispensers are available in or near the Clinical Lab area.
- 4. Determine and adhere to maximum occupancy of rooms that conforms to social distancing. Mark lab spaces with social distancing markers (on floor or ceiling) to guide student placement.
- 5. Make a schedule for students that includes safe entry/exit plan. Inform building security of the plan.
- 6. Substitute in-person Clinical Lab experiences with virtual experiences whenever possible.
- 7. Telehealth with standardized patients, in contradistinction to an in-person approach, is strongly recommended whenever possible.

Taskforce B: Coronavirus Testing and Monitoring Guidelines for Returning Students to Clinical Rotations within RWJBH System

The charge is to develop a broad-based set of guidelines in collaboration with the RWJBH system that would apply to all learners in all health-related professions programs at Rutgers who do rotations or clinical/professional experiences within the RWJBH system hospitals or outpatient sites.

Guiding Principles:

- 1. Impact on patient care and stressors on providers and the health system (PPE, supervision time, need for testing) have to be first and foremost considerations as we immerse learners back into the environment.
- 2. Each health professions program needs to prioritize <u>which level/year of learner</u> needs <u>what</u> <u>activities</u> are critical to fulfilling graduation requirements. This phasing in of learners will ensure a smooth transition to clinical rotations.
- 3. Modified educational experiences (both no clinical and modified clinical) should be developed by all programs to fulfill the graduation competencies.
- 4. All programs will adhere to the screening and testing protocols by RWJBH.
 - a. Learners will self-monitor at home on a daily basis (questionnaire attached) and will not report to the site if any symptoms are present.
 - b. Learners must be asymptomatic for at least three days prior to reporting for a clinical activity.
 - c. Learners will contact their personal medical care provider or the appropriate Rutgers

Student Health Unit for further evaluation and management. If the learner has a personal medical care provider, they should also notify Student Health Services.

- d. Asymptomatic learners will report to the site.
 - i. All learners will enter the building at designated access sites.
 - ii. RWJBH will employ screening and temperature testing at access site.
- e. Learners with symptoms on screening or elevated temperature will leave the site and follow-up their personal medical care provider <u>or</u> the appropriate Rutgers Student Health Unit for further evaluation and management. If the learner has a personal medical care provider, they should also notify Student Health Services.
- 5. Rutgers will arrange for and supply testing as prescribed by RWJBH System at designated hubs. Results documenting antigen status will be sent to the school unit. The school unit will communicate to the RWHBH an attestation that *given* students participating in clinical experiences on *given* dates have tested negative.
- 6. Each RWJBH site will designate an individual or team contact group to provide site specific logistics (e.g. site DIO, site CMO, site CNO, site safety officer).
- 7. Student Health Services will establish guidelines for return to clinical activities for students who are symptomatic or who test positive.
- 8. Each site will distribute PPE based upon CDC and RWJBH policies. Learners will only wear hospital-distributed PPE.
- 9. A communication strategy will be developed so that consistent RBHS RWJBH communications are disseminated in a concise, timely matter to school leadership for dissemination to learners.
- 10. Each school/program will follow usual procedures for medical leave of absence or personal leave of absence.

Appendix

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Each individual must do self-screening on a daily basis; Ask yourself:

1. Do you have or have you had any of the following symptoms over the past three days?

. Abdominal pain	j. Loss of taste or smell
b. Bleeding	k. Malaise (tired)
c. Chills	I. Myalgia (muscle aches)
d. Conjunctivitis (pink eye)	m. Nausea
e. Cough	n. Rash
f. Diarrhea	o. Shortness of Breath
g. Fever (temporal thermometer T=100°F)	p. Sore throat
h. Headache	q. Vomiting
i. Joint pain	r. Weakness

2. Have you had a positive COVID-19 test in the last 14 days?

3. Have you been in close contact (for instance, shared living space or in close physical contact, or in contact without appropriate PPE) with a person who has had a positive test in the last 14 days?

If the answer is NO to all of the above

- You may undergo additional screening such as temporal temperature screening or questionnaire upon entrance
- You **MUST** enter the RWJBH facility with a cloth face mask covering mouth and nose. You will be provided with a disposable face mask that **MUST** be worn **at all times in the building**. You may receive additional PPE depending on the clinical service. You can only wear hospital-distributed PPE.
- Social distancing should be maintained when possible (e.g., elevators, hallways, eating facilities, rest rooms)
- You will follow any and all other guidelines of the RWJBH hospital.

If the answer is YES to any of the above: You should contact your personal physician or Student Health (include the multiple SHS office numbers).

Current Projects and Taskforces of IPAC Related to post-COVID Return to Clinical Education

What is IPAC?

IPAC is the Interprofessional **P**rogram **A**dvisory **C**ommittee that reports to the Health Education Executive Committee (HEEC), that in turn reports to the Executive Vice President for Health Affairs for Rutgers, Dr. Brian Strom. It is responsible for the coordination of clinical education experiences that occur within the RWJBH Health System for all students in health professions programs at Rutgers University. While the committee's initial activities have focused on solving clinical education supply and demand issues within the RWJBH system for all learners at Rutgers, and on developing a Rutgers/RWJBH community that is knowledgeable of all health professions educational requirements and clinical scopes of practice, its ultimate goal is to advance, enhance and innovate interprofessional clinical practice in a partnership between Rutgers and the RWJBH system, both for learners as well as for faculty and staff.

Who are the members?

Co -Chairs: Gwendolyn Mahon and Greg Rokosz

Members:

RWJBH:

Russell Bergman Lori Colineri Christian Engell Kenneth Garay Richard Henwood Joseph Jaeger Mike Keevey Indo Lew Michael Loftus Salvatorre Moffa SHP: Ryan White Alma Merians RSDM: Cecile Feldman NJMS: Maria Soto Greene **RWJMS**: Carol Terregino Archana Pradhan EMSOP: Joe Barone Carol Goldin SON: Linda Flynn Susan Salmond SPH: Marybec Griffin Tomas GSAP: Francine Conway SSW: Cathryn Potter CCOE: Elizabeth Ward **RBHS**: **Denise Rodgers**

Karen Shapiro Nadine Fydryszewki

Janine Fredericks-Younger

Christin Traba

Joyce Afran

Donna Feudo Evelyn Hermes-Desanti

Debora Tracey Jeannette Manchester

Patricia Findley

Kim Tuby

What are our current projects as relates to COVID-19 recovery?

1) Identifying "champion" contacts at RWJBH system for clinical rotations for clinical education for each profession.

System-wide Contacts for Health Education are Greg Rokosz and Lori Colineri.

Professions Specific Champions are:

Medicine and PA: Greg Rokosz and Jack Bonomo (coordination with SAW)
Nursing: Lori Colineri
Pharmacy: Indu Lew
Physical Therapy: ?
Nutrition: ?
Medical Imaging: ?
Clinical Laboratory Sciences: ?
Social Work: ?
Psychology and
Psych Rehab Counseling: ?
Health Information Management
(coding and compliance): ?
Occupational Therapy: ?

- Speech Language Pathology: ?
- 2) IPAC post-COVID Clinical Ed Taskforces (each is tasked with draft guidelines to be presented on the Tuesday May 26th IPAC meeting)
 - Taskforce A: Guidelines for returning students to on-campus, in-person clinical skills labs or activities this summer and onwards Co-Leads: Linda Flynn, Joyce Afran, Karen Shapiro and Donna Feudo
 - Taskforce B: Coronavirus Testing and Monitoring Guidelines for Returning Students to Clinical Rotations within RWJBH System Co-Leads: Greg Rokosz, Cecile Feldman, Ryan White, Carol Terregino, Deborah Tracey

- Taskforce C: Coronavirus Testing and Monitoring Guidelines for Returning Students to Clinical Rotations at UH and other non-RWJBH affiliates Co-Leads: Maria Soto-Greene; Ryan White; Jeanette Manchester; Nadine Fydryszewki
- Taskforce D: Resources and Guidelines for Mental Health Support for Students, Providers and Preceptors in the Clinical Ed Setting Co-Leads: Sue Salmond, Patricia Findley, Francine Conway
- Taskforce E: Telehealth Options for Student Clinical Education in Collaboration with RWJBH System
 Co-Leads: Joe Barone, Maria Soto Greene, Alma Merians, Christin Traba, Archana Pradhan, Denise Rodgers
- Taskforce F: Coordination and communication of all guidelines and policies developed by taskforces A-E related to clinical education of Rutgers students at RWJBH, UH and other affiliates, and development of FAQs. Co-Leads: Kim Tuby, Karen Shapiro, Lori Colineri and Gwen Mahon
- **3)** IPAC representatives for University-wide COVID Clinical Workgroup Sub-Committee looking at Students, PPE, contact tracing and Testing: Donna Feudo and Karen Shapiro

Co-Chairs:

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Kim Tuby, MBA Director of Special Projects/Chief of Staff, Office of Clinical Affairs <u>kst43@rbhs.rutgers.edu</u> 848-239-0560

Clinical Clearance Required for Faculty / Staff

- 1. Work with Student Health to create a plan to clinically clear students for in-person Clinical Lab experiences. See Testing/Tracing Guidelines to determine if baseline or repeat PCR testing is needed.
- 2. If testing is advised, it should be done within 4 days prior to start of Clinical Lap experiences (Noa'a Shimoni / Testing Group is created guidelines for this. Will incorporate into this document when available).
- 3. If testing is advised, only students and faculty who have been clinically cleared through the appropriate testing will be allowed to return to in-person Clinical skills labs.
- 4. Students and faculty should complete a daily symptom assessment (See Appendix A). If symptoms develop, including but not limited to a fever 100.0 or greater, then student / faculty should follow up with their healthcare provider and not come to campus until asymptomatic for three days.

When Entering Facility

- 1. Student temperatures will be checked (using an infrared thermometer if possible) upon entering the building and will complete a short symptom survey (See Appendix A). (Can security do this?)
- 2. Students /faculty/ staff will wear personal mask into facility and proceed directly to designated Clinical Lab location. Social distancing (a minimum of six feet apart) should be observed as students / faculty / staff progress through the building and to the Clinical Lab location.
- 3. Before entering the Clinical Lab, students will:**
 - a. Any student with a temperature of 100^{.0} or higher¹ will be sent home, advised to contact their primary care provider, and will require clinical clearance prior to return.
 - b. Complete a short symptom screening survey (see Appendix A) and attestation statement.
 - c. If afebrile (< 100.0) and presenting with a negative screening survey, the student will be given a procedure mask, will don the mask, will conduct handwashing for at least 20 seconds, and will proceed directly into the Clinical Lab room / area.
 - d. Students will don gloves <u>if not in observation mode</u>. <u>Gloves will only be donned</u> for use while directly participating in hands-on Clinical Lab exercises (e.g. handling simulators or other practice equipment).
- 4. Before entering the Clinical Laboratory space, faculty / staff will conduct handwashing for a minimum of 20 seconds, don a procedure mask and gloves, and any additionally required PPE per CDC guidelines.

Managing within the Clinical Lab

- Break student cohorts into sections based on size of room, so that observers may
 maintain six feet of social distancing or that pairs of students may maintain a six foot
 distance between pairs. A maximum 8-10 students per room is recommended but will
 be dependent on the size of the room. Keep cohorts together through the clinical lab
 experience. Maintain same partners throughout the lab experience.
- 2. Direct students to appropriate locations for their lab practice and/or observation.
- 3. For observation students: the number of students allowed in the room for observation will be determined by social distancing restrictions. Designated observation spots will be identified by tape or signage on the floor or ceiling. Observation students must comply with these social distancing restrictions and maintain a social distance of six feet.
- 4. When providing hands on instruction to multiple student pairs, the faculty member will discard his/her gloves between pairs, repeat handwashing for 20 seconds and don a new pair of gloves. If handwashing is not feasible, hand sanitizer can be used.

¹ <u>https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html</u>

- 5. Faculty / staff will ensure that equipment such as high fidelity simulators (manikins) are cleaned with the appropriate disinfectant between student pairs. Cleaning and disinfectant of all medical equipment and simulation equipment will be the responsibility of the school's / unit's faculty / staff assigned to the Clinical Lab. All application of the appropriate disinfectant will be conducted in concert with any available guidance from the manufacturer of the device (e.g. Laerdal manikins versus Gaumard manikins have different materials, therefore appropriate cleaners may be different also.
- 6. Upon completion of the Clinical Lab exercise students will:
 - a. <u>Remove gloves, discard in a trash receptacle lined with a disposable plastic bag*</u> <u>and follow with hand washing for a minimum of 20 seconds.</u> If repeat handwashing is not feasible, the use of a hand sanitizer can be substituted.
 - b. Be directed by the faculty member to leave the building **or** proceed to another scheduled class activity. Faculty are recommended to consider virtual debriefing following simulation.
- 7. The School / faculty member will coordinate with the Facilities Office to ensure that trash is appropriately discarded and that the room is appropriately cleaned between Clinical Lab use.
- 8. Upon completion of the Clinical Lab exercise, cleaning and disinfectant of all medical equipment and simulation equipment will be the responsibility of the school's / unit's faculty / staff assigned to the Clinical Lab. All application of the appropriate disinfectant will be conducted in concert with any available guidance from the manufacturer of the device (e.g. Laerdal manikins versus Gaumard manikins have different materials, therefore appropriate cleaners may be different also.
- 9. Cleaning of structural items (e.g. sinks, doors / floors) will be the responsibility of Facilities personnel, using the appropriate cleaners.
- 10. Dwell times on all surface disinfectants should be followed based on manufacturer's recommendations.

Related Issues

- 1. Each school should identify a process by which students and faculty can register concerns about lapses in adherence to these guidelines or the lack of availability of necessary PPE.
- For faculty / staff who will need instructions on proper cleaning and disinfecting of simulation or clinical lab equipment, contact Leslie Barta, School of Pharmacy and Director of Simulation. He has a presentation on cleaning of simulation equipment and also has guidelines on signage.

Each individual must do self-screening on a daily basis; Ask yourself:

1. Do you have or have you had any of the following symptoms over the past three days?

a. Abdominal pain	j. Loss of taste or smell
b. Bleeding	k. Malaise (tired)
c. Chills	I. Myalgia (muscle aches)
d. Conjunctivitis (pink eye)	m. Nausea
e. Cough	n. Rash
f. Diarrhea	o. Shortness of Breath
g. Fever (temporal thermometer T=100°F)	p. Sore throat
h. Headache	q. Vomiting
i. Joint pain	r. Weakness

2. Have you had a positive COVID-19 test in the last 14 days?

3. Have you been in close contact (for instance, shared living space or in close physical contact), without appropriate PPE, with a person who has had a positive test in the last 14 days?

If the answer is NO to all of the above:

- You may undergo additional screening such as temporal temperature screening or questionnaire upon entrance
- You **MUST** enter the RWJBH facility with a cloth face mask covering mouth and nose. You will be provided with a disposable face mask that **MUST** be worn **at all times in the building**. You may receive additional PPE depending on the clinical service. You can only wear hospital-distributed PPE.
- Social distancing should be maintained when possible (e.g., elevators, hallways, eating facilities, rest rooms)
- You will follow any and all other guidelines of the RWJBH hospital.

If the answer is YES to any of the above: You should contact your personal physician or Student Health (include the multiple SHS office numbers).

Appendix 4: Testing Guidance for SARS-CoV2

Updated 6/26/20

Assumptions:

- Rutgers University will employ risk mitigation strategies per CDC and NJ Department of Health (NJ DOH) guidelines) in all locations regardless of testing status. These strategies include but are not limited to the following: Regardless of testing, risk mitigation strategies as per CDC and NJDOH guidance will be used in all environments which include but are not limited to the following:
 - a. Wearing masks and/or Personal Protective Equipment (PPE) as appropriate and as our understanding of transmission evolves;
 - b. Physical distancing
 - c. Decontamination and cleaning protocols.
 - d. Handwashing
- 2) There is no clear evidence that repeat testing is currently necessary. Factors that would favor consideration of repeat testing may include:
 - a. Background rates of disease in the community (which are variable over time);
 - b. Individual or cohort exposure risks based on personal history or work environment;
 - c. Risk of spread of disease to a population at high-risk for severe illness.
- 3) Symptom and Exposure check lists provide some value. However, given the known prevalence of asymptomatic positives and potential exposure, viral testing provides an additional strategy to limit spread of the disease and to mitigate risks.
- 4) Virtual Work/Teaching/Education should be maximized in order to minimize exposure risk. When this option is not possible, symptom screening and viral testing can help to mitigate potential risks for exposure on campus. Individuals who believe that they cannot return to work due to a qualifying medical condition may seek an accommodation through University Human Resources or Employment/Equity/Student Disability Services.
- 5) Schools/Administrative Units must take an active role in coordinating efforts consistent with general University policies, given the diversity of geography and activities for programs that require work in labs, clinical, teaching or practice experience in which students and employees are placed.
- 6) SARS-CoV-2 testing will currently only be required for select groups of high-risk individuals who are working on campus or will be returning to campus for work or educational activities. Individuals participating in virtual work or learning should continue to conduct symptom selfmonitoring consistent with CDC and NJDOH guidance.

Strategic Screening and Testing Guidance:

Symptom Screening/Evaluation

- 1) All employees and students will be required to complete a self-screening symptom evaluation prior to presenting on campus on a daily basis.
 - a. Distribution of the self-screening symptom evaluation tool should be distributed widely, and an education program should be initiated.

- b. Attached to this document is a sample tool that is meant to serve only as an example of what might be included. A separate workgroup is currently engaged in the evaluation of an information technology application that would facilitate this activity.
- c. If an individual completes the self-screening symptom evaluation and answers yes to any of the questions they should:
 - i. NOT present to campus
 - ii. Self-isolate
 - iii. Alert their supervisor if not presenting to work as assigned
 - iv. Consult the CDC Guidance on what to do if an individual has symptoms:
 - 1. https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-whensick.html
 - v. Contact their personal healthcare provider for guidance to determine if testing is warranted.
 - vi. Scheduled COVID testing events (drive-thru, for example) are not intended for symptomatic testing.
- d. Data on the self-screening symptom evaluation will NOT be routinely collected by the University.
- e. Employee Health and/or Student Health Services will use the current REHS Symptom Monitoring Database within RU for the ongoing evaluation ONLY for certain high-risk cases based on CDC/NJDOH guidance; risk assessment; current capacity of the system; and clinical discretion.
- 2) Active symptom evaluation (e.g., temperature checks at entrances) will be conducted based on the specific environment and <u>is NOT required at all locations</u>. Risk assessment will determine the need for active symptom evaluations. The risk assessment may include factors such as:
 - i. Ability to maintain physical distancing while completing activities on campus.
 - ii. Working/Learning in a patient care environment
 - iii. Known exposure to a confirmed case
 - iv. Working/Learning in an environment where they may expose individuals who are at risk for severe illness
 - v. Other factors that are considered to increase risk based on the evolving science and public health data.
 - b. CDC/NJDOH and NJ Division of Consumer Affairs (DCA) guidance and
 - c. Current operational capability.
 - d. Active symptom evaluation will be conducted for patients in accordance with the DCA Administrative Order No. 2020-07 https://www.njconsumeraffairs.gov/COVID19/Documents/DCA-AO-2020-07.pdf

SARS-CoV-2 Testing (Testing for Active Virus)

- 3) SARS-CoV-2 Testing (for the active virus that leads to COVID19) will currently only be required for strategic reasons based on risk assessments of individuals or groups for the ongoing working community on campus and as part of a return to campus program. However, "Return to Work Testing" will <u>NOT</u> be required across the board. In all cases, the individual tested must authorize release of the test result to the University.
 - a. Individuals will be permitted to complete their SARS-CoV-2 testing privately and submit the documentation of this testing to meet the requirements set so long as the following conditions have been met:

- i. Privately administered tests may be submitted to the appropriate Student or Occupational Health office. Submission methods may vary by unit.
- ii. A list of permissible tests for Rutgers University will be created by subject matter experts based on the available science confirming the accuracy of the testing results.
- iii. The test from a private provider is required to be have been administered within 2 weeks from the date that the individual is scheduled to report on campus.
- iv. The operational unit in which the individual works/learns may require more stringent testing based on the particular risk assessment for their environment. (For example, a patient care unit for a particularly vulnerable population may require a higher standard of testing.)
- b. Student and Occupational Health Services will coordinate closely together to lead the implementation of testing programs available across the University.
 - i. Testing will be made available on each of the Rutgers main campuses: Newark, New Brunswick/Piscataway and Camden.
 - ii. As long as this guidance is in place, billing for any laboratory testing will be submitted to the employee or student's insurance by the diagnostic lab performing the test with no co-payment or other charges by the employee or student.
 - iii. Testing operations, campus location and layout will allow for flexibility and customization based upon the number of individuals to be tested and needs of the group. For example, testing may occur by drive through locations, walk up locations or asynchronous kit distribution with drop off locations.
 - iv. Results will be managed by Health Affairs, Occupational Health and Student Health to maintain individual privacy and confidentiality with only the minimum necessary information disclosed to clear the individual for continuing or returning to work/learning.
- c. <u>A University COVID-19 Testing Protocol Action Group</u> will be formed to make decisions on which groups should be required to complete testing AND the priority order that the RU testing program will conduct testing for that group. These decisions will be based on risk assessments and case identification/outbreaks. The group will include:
 - 1. Chair: Brian Strom (Health Affairs Committee role)
 - 2. Members from existing Student Health/Employee Health EOC subcommittee (Chaired by Noa'a and Mil)
 - 3. Chairs of the Testing and Tracing subcommittee
 - 4. Health Affairs
 - 5. Human Resources
 - 6. Office of the General Counsel
 - 7. RU Experts in bioethics
 - 8. RU experts in mental health
 - 9. RU experts in issues of diversity and inclusion
- d. Risk assessments will be based on, but not limited to, the following criteria:
 - i. CDC and NJDOH Guidance
 - ii. Testing capacity/logistics:
 - iii. Ability to maintain physical distancing while completing activities on campus
 - iv. Working and/or learning in a patient-care environment
 - v. Exposure to a confirmed COVID-19 case

- vi. Congregate living environment (eg. residence halls)
- vii. Working and/or learning in an environment where they may expose individuals who are at risk for severe illness
- viii. Other factors that may increase or decrease risk based on the evolving science and public health data.
- ix. Health System partner requirements.
- e. Additional testing may be recommended based on surveillance data, case identification and contact tracing follow up and strategy as the situation evolves on campus.
- f. Testing for healthcare providers and patients will consider the guidance put forth by the NJDOH and the Division of Consumer Affairs and will use a combination of symptom, virologic and serologic testing strategies. Testing in the healthcare workforce will be coordinated with our healthcare system partners to provide as much consistency as possible.
- g. Rutgers current ideal standard for clearance is 2 PCR tests 1-3 weeks apart. CDC and NJDOH Guidance, resource availability, scientific innovation or other influences may certainly affect this ideal approach.
- 4) A <u>Centralized IT Solution</u> for RU will be developed to manage the testing data and support the operational processes. (Pending leadership/budget approval) Its functions will include:
 - a. Integrate with the testing systems used to share that information with the testing centers and receive the results back
 - b. Clearances made available to Human Resources in order to allow for appropriate related activity
 - c. Be accessible to Student Health and Employee Health Services for appropriate healthcare management
 - d. Be accessible to Schools/Administrative Units for appropriate operational activity
 - e. Provide reporting.
 - f. Manage insurance and other payment functions.
 - g. Include support/logistics staff if mail at home saliva tests are considered for large groups.
 - h. Include support for data collection and analytics in support of anonymized epidemiological modeling and prediction.
- 5) At this time NO random or routine university community surveillance testing is recommended. If knowledge from the University is promulgated regarding university community surveillance testing this will trigger a change in guidance.
- 6) Repeat testing for particular groups may be required and would be subject to the review and priority decision making by the <u>University COVID-19 Testing Protocol Action Group.</u>
- 7) New scientific evidence or public health guidance will change the recommendations listed above
- 8) Student and Occupational Health will coordinate with units in which an active infection has been identified and will consider appropriate next steps for (a) informing the workforce that have been in close proximity with the person testing positive and (b) consider appropriate next steps for the unit.

Contact Tracing

1) Contact tracing, coupled with testing, is part of the comprehensive strategy being enacted by NJDOH

- a. Contact tracing includes investigating a case to ascertain potential contact who may have been exposed, and working with contacts to inform them of potential exposure
- b. Contacts are individuals who have been with 6 feet proximity for 15 minutes or more of the infected individual, without utilizing adequate PPE.
- c. Those who function in the role of tracers will conduct both case investigation and contact tracing and are being trained as part of the curriculum developed by RU School of Public Health (RU SPH)
- 2) Testing at RU will be coupled by contact tracing being enacted by the NJ local health departments (LHDs).
 - a. However, based on discussions with NJDOH, RU may develop an expanded workforce to support contact tracing for its campuses coordinating efforts with local LHDs.
 - i. This structure has been discussed, and meetings to address operational issues are underway.
 - ii. Staffing and funding for work will need to be supported by the overarching NJDOH State plan.
 - iii. All contact tracing personnel will be chosen from those trained by RU SPH and deployed the RU tracing team by NJDOH.
- 3) This section is not intended to limit actions and communications by Student Health Services and Occupational Health with the individuals to whom they are providing test results to and/or conversations and public health or medical guidance provided to the contacts of those individuals. These activities are outside of and in addition to the contact tracing process conducted by LHDs or the potential expanded program noted above.

Antibody Testing

- At this time required antibody testing is NOT routinely recommended based on limited positive predictive value of current tests and limited understanding of protections provided by antibodies. Policies may evolve as our knowledge evolves along these 2 domains. Antibody testing may be appropriate in certain situations as consistent with CDC's interim guidance.
 - a. Testing for healthcare providers and patients will consider guidance put forth by the NJDOH and the Division of Consumer Affairs and will use a combination of symptom, virologic and serologic testing strategies. Testing in the healthcare workforce will be coordinated with our healthcare system partners to provide as much consistency as possible.
 - b. As of May 27, 2020, the CDC Guidance on Antibody Testing indicates that:
 - i. Antibodies most commonly become detectable 1-3 weeks after symptom onset, at which time evidence suggests that infectiousness likely is greatly decreased and that some degree of immunity from future infection has developed. However, additional data are needed before modifying public health recommendations based on serologic test results, including decisions on discontinuing physical distancing and using personal protective equipment.
 - ii. Information that might impact serologic recommendations is rapidly evolving, particularly evidence of whether positive serologic tests indicate protective immunity or decreased transmissibility among those recently ill. These recommendations will be updated as new information becomes available.
 - c. New scientific evidence or public health guidance are likely to trigger a change in any of these recommendations.

Process:

- 1) Testing operations, campus location and layout will allow for flexibility and customization based upon the number of individuals to be tested and needs of the group. For example, drive through locations, walk up locations and asynchronous kit distribution with drop off locations.
- 2) Testing will be made available on each of the Rutgers main campuses.
- 3) Two models for testing are in the process of being piloted by RU for the purpose of identifying best practices which will support efficient testing for students and employees across the University.
 - a. Clinical Students Returning to In-Person Education: including
 - i. Drive-through model
 - ii. Testing prior to start of session
 - iii. Student Health Services System Management
 - b. Employees Returning to Research Labs: including
 - i. Initial Test Prior to Return to Work
 - ii. Saliva testing via mail model
 - iii. External Vendor IT Solution

The below is subject to change based process improvement from the two testing pilots noted above.

For SARS-CoV-2 Saliva Testing via RUCDR

- 1) 6 Accounts have been created with RUCDR that allow for coordination and distribution of testing results and reporting.
 - a. All accounts roll up into one RU account.
 - b. See attached Testing Accounts and Organization Management Chart for further details.
- 2) The clinical order for each test must be completed by Student/Occupational Health or contracted provider (e.g. Vault, etc.).
- 3) The Schools/Administrative Units will:
 - a. Identify the individuals to be tested, consistent with current policies.
 - i. Exceptions must be provided to and approved by the Rutgers COVID-19 Testing Protocol Action Group.
 - b. Consider targeted testing for cohorts of students, faculty, and staff who need testing due to shared activity. (For example, if students are tested, faculty may need to be included. If athletes are being tested, coaches and trainers may need to be tested).
 - c. Identify any primary and secondary point of contact for the unit.
 - d. Organize the distribution and collection of testing kits; test kits can either be mailed directly to the lab or collected on campus, if preferred.
 - e. Coordinate with Occupational and Student Health services, as appropriate, on testing result protocols and communications
 - i. clearance with a negative test result
 - ii. follow up with a positive test result
- 4) Contact Tracing will continue to be the responsibility of State/Local Health Departments (with potential for expansion by RU if/when possible)

For Other SARS-CoV-2 Testing

Individuals will be permitted to independently obtain testing or obtain a clinical order from their private physician. Schools/Units may also choose alternative testing methods/laboratories.

- 4) A list of acceptable tests and testing laboratories will be provided by Student/Occupational Health.
- 5) The Schools/Administrative Units will:
 - a. Identify the individuals to be tested, consistent with the current policies; exceptions must be provided to and approved by the <u>University COVID-19 Testing Protocol Action Group</u>
 - b. Establish a contract with approved testing laboratory as appropriate.
 - c. Organize the distribution and collection of testing kits
 - d. Coordinate with Occupational and Student Health services, as appropriate, on testing result protocols and communications
 - i. Clearance with a negative test result (written documentation required)
 - ii. Follow up with a positive test result (written documentation required)
- 6) Contact Tracing will continue to be the responsibility of State/Local Health Departments (with potential for expansion by RU if/when possible)

This document is meant to serve ONLY as a sample of what might be included in such a tool. A separate workgroup is currently engaged in the evaluation of an information technology application that would facilitate this activity.

RUTGERS COVID-19 Daily Self-Checklist

* TO BE MODIFIED AND FINALIZED BY HEALTH GROUP and LABOR RELATIONS * Review this COVID-19 Daily Self Checklist each day before reporting to work.

If you reply YES to any of the questions below, STAY HOME and:

- Contact your supervisor and
- Contact OneSource at (732) 745-7378

If you start feeling sick during your shift, follow steps above.

Do you have a fever (temperature over 100.4F) without having taken any fever reducing medications?

Yes			
🗆 No			
Loss of Smell/Taste?	Muscle Aches?	Sore Throat?	Cough?
□ Yes	🗆 Yes	□ Yes	□ Yes
🗆 No	🗆 No	🗆 No	🗆 No
Shortness of Breath?	Chills?	Headaches?	
□ Yes	□ Yes	□ Yes	
🗆 No	🗖 No	No	

Have you experienced any gastrointestinal symptoms such as nausea or vomiting, diarrhea, loss of appetite?

🗆 Yes

🗆 No

Have you, or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?

□ Yes □ No

Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?

Yes

🗆 No

	Testing Accounts and Organization Management Chart					
	Name	Location of Main Office	Site Physician	Groups Served Summary	Offices Represented	
1	RBHS* Newark	90 Bergen Street Newark	Dr. Noa'a Shimoni	1. RBHS Newark Students, including graduate nursing students NB and Newark, NJMS and RSDM students; 2. RBHS Newark faculty/Staff, including NJMS, UBHC-Newark, Dental School, School of Nursing, CINJ Newark, SPH Newark	1. RBHS Newark Student Health; 2. Occupational Medicine Services RBHS Newark/NJMS (OMS) (Dr. Budnick)	
2	Rutgers Newark	249 University Avenue, Blumenthal Hall, Room 104, Newark	Dr. Luis DeJesus	1. Rutgers Newark Students; 2. Rutgers Newark Faculty/Staff	 Rutgers Newark Student Health; Works In conjunction with OHD for faculty/staff 	
3	RBHS Occ Health	170 Frelinghuysen Road, Piscataway	Dr. Iris Udasin	1. New Brunswick RBHS Faculty/Staff, including UBHC, all UCHC statewide, School of Nursing, CINJ, SPH, RSDM and RWJMS Faculty/Staff	1. EOSHI; 2. RWJMS Employee Health (Dr. Hastings)	
4	Rutgers Occupation al Health (OHD)	Hurtado Health Center, 11 Bishop Place, New Brunswick	Dr. Milind Shah	Rutgers Faculty/Staff University wide (Camden, New Brunswick, Newark), plus School of Pharmacy	Coordinates with Student Health Services in Rutgers Camden and Rutgers Newark	
5	Camden Student Health	Campus Center - 2nd Floor, 326 Penn Street, Camden	Dr. Pat Prior	1. Rutgers Camden Students, including SON and RSDM students at CODE sites; 2. Faculty/Staff Camden and RSDM CODE sites	 Camden Student Wellness Center; Works in conjunction with OHD for Faculty/Staff 	
6	Rutgers Student Health	Hurtado Health Center, 11 Bishop Place, New Brunswick	Dr. Cathryn Heath	 Rutgers Student, New Brunswick Campus, including pharmacy and undergraduate nursing; RBHS/WJMS student; 3. D-1 Athletes 	 Rutgers Student Health Services; RBHS Student Health Service New Brunswick/Piscataway (Dr. Bhatt); Sports/Athletics Medicine (Dr. Bershad) 	