United University Professions – Guidelines for Spring 2021 Return Keeping Our Campuses Safe During the COVID-19 Pandemic

To assure a safe return to state-operated SUNY campuses for the 2021 spring semester and prevent outbreaks in our campus communities during the semester, it is crucial that campus COVID-19 safety plans be updated and strengthened to incorporate knowledge gained during the fall semester. The lives of our members, our students, our patients, and our communities depend on thoughtful and careful planning that prioritizes safety. Union representation must be included in this process. By working together, we can help address our members’ legitimate health and safety concerns. Inadequate plans that do not effectively protect health and safety lead to outbreaks. We cannot let that happen.

Our members, our families, our students and our Communities must remain safe.

To assure that the health, safety, and well-being of all members of the campus community are protected, the following principles should guide the reopening of our campuses. These principles are not intended to be an exhaustive list of all options available to protect our members from COVID-19 exposure on the job. Campus-specific plans for the Spring 2021 semester will vary from campus to campus. However, the principles outlined below identify core issues which must be addressed as students return this spring.

Maximize Social Distancing

Maximizing and maintaining social distancing remains crucial. The most effective way to accomplish this is to allow employees who can do so to work from home. While certain essential employees need to come to campus to perform their duties, many employees do not. Until a vaccine or an effective medical treatment is widely available, campuses must continue to maximize social distancing. Reducing density will remain a crucial tool for doing so.

- The telecommuting agreement between New York state, UUP, and other bargaining units has been extended through January 1, 2021. Until then, it is vital that employees be permitted to telecommute to the greatest extent possible. In addition, to best support planning for how work can continue to be safely performed through the spring semester, the telecommuting agreement should be extended again, at least through June 30, 2021.

- Telecommuting must continue to be extensively used, whether on a full-time or part-time basis, as it remains the best tool available for reducing employee density on campus. To achieve and maintain reduced density, all employees who wish to telecommute, whether on a full-time or part-time basis, should be allowed to do so to the greatest extent possible.
• Employees who self-identify as high-risk, have high-risk family members at home, or continue to experience childcare issues due to COVID-19-related school, childcare, or before and after-school care closures must be allowed to perform their existing work obligations from home or be provided with alternate assignments to allow them to work from home.

• For those employees who are unable to telecommute, staggered and/or compressed work obligation options can also assist with reducing employee density at the work site. These options should be developed jointly with UUP chapter representatives and offered to employees on a voluntary basis.

• Department, unit, and office meetings should be held virtually and both to include employees who are telecommuting or on staggered or compressed work obligations and to maximize social distancing among employees working on campus.

• Policies regarding student and visitor access to campus offices should be reviewed or developed to maximize reduced density and maintain social distancing. Such policies should address such things as:
  o Screening visitors for COVID-19 exposure, positive test results, or symptoms before allowing access.
  o Limiting physical access to scheduled appointments.
  o Designating an intake/reception/meeting room for appointments so staff do not have to use offices or personal workspaces.
  o Replacing in-person appointments with tele-appointments to the extent possible.

• Many of our work areas are also areas where students congregate, study, and live. These include, but are not limited to, residence halls, cafeterias, libraries, and gyms. It is crucial that policies regarding student access to and use of these facilities be established and strictly enforced to maintain social distancing. These include, but are not limited to:
  o Closing common areas to the extent possible;
  o Limiting residence hall access to residents of the hall. Access by non-residents including other students, outside guests, non-residential staff, and others must be prohibited; and
  o Limiting the number of individuals living in residence halls, dining in cafeterias, or using libraries or other campus facilities to maintain social distancing.

Test, Trace, Isolate

The keys to identifying and stopping outbreaks among employees and students working and studying on campus remains widespread rapid testing, aggressive contact tracing, isolation of COVID-19 positive individuals and quarantining of close contacts. Early detection is critical. As we’ve seen at several of our campuses this fall, COVID-19 can spread extremely rapidly. Robust testing of all members of the campus community is an absolute necessity to identify and contain asymptomatic and pre-symptomatic infection.
• All students returning to campus (or the local campus community) should receive two mandatory baseline re-entry PCR tests 4-7 days apart at the beginning of the semester. Students should be quarantined until they have tested negative twice. Both of these tests could be done when students return to the campus community. Alternatively, students who have documentation of a negative PCR test result within 72 hours prior to returning to the campus community could be tested a second time 4 days following return to campus, limiting the amount of required precautionary quarantine time on campus.

• Mandatory surveillance testing of all members of the campus community—including all students living on campus or in the campus community and all employees with any on-campus obligation—should be expanded in both scope and frequency to improve early detection of possible campus outbreaks. Ideally, 50 percent of the campus population should be tested at least every week, with 100 percent of the campus population tested at least every two weeks. “Campus population” is defined to include all students living on campus or in the local community and all employees with any on-campus obligation.

• Testing of students or employees with Tier 1, 2 and 3 exposures per CDC guidance for Institutions of Higher Education (IHEs) should be mandated. See https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/ihe-testing.html#tier-2.

• Plans for expanded testing of employees with on-campus work obligations that protect employee confidentiality and guarantee that test results and samples will only be used for COVID-related public health purposes must be developed jointly with UUP representatives.

• Employees working on campus should self-screen for COVID-19 symptoms daily, not report to work or leave work as soon as symptoms appear, and obtain testing as soon as possible thereafter.

• Students taking any in-person classes, utilizing any campus facilities, or working on campus should self-screen for COVID-19 symptoms daily and self-quarantine and obtain testing as soon as possible after symptoms appear.

• Employees who are positive for COVID-19, have COVID-19 symptoms pending test results, had close contact with a COVID-positive individual, or are otherwise required to quarantine should be allowed to work from home, or remain at home without charge to accruals, for the quarantine or isolation period required by public health guidance. See e.g. https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprevent-getting-sick%2Fwhen-its-safe.html.
• Students with COVID-19 symptoms pending test results or who have had close contact with a COVID-positive individual, or who are otherwise required to quarantine should be quarantined in housing physically separated from other students. Students who are positive for COVID-19 (whether symptomatic or asymptomatic) should be isolated in housing physically separated from other residence halls.

• Plans for conducting on-campus contact tracing designed to preserve confidentially while rapidly identifying co-workers and students who have had contact with a COVID-19 individual should be developed jointly with UUP.

• Campuses should train and deploy sufficient on-campus staff volunteers as contact tracers to assure that aggressive on-campus contact tracing can occur rapidly without overburdening local health departments.

• Campuses should actively encourage all members of the campus community to use the voluntary, anonymous COVID Alert NY app to receive notifications of close contact exposure with COVID-positive individuals. [https://coronavirus.health.ny.gov/covid-alert-ny-what-you-need-know](https://coronavirus.health.ny.gov/covid-alert-ny-what-you-need-know). On campus contact tracing efforts can be significantly enhanced if members of the campus community use this app.

**PPE: It’s Just Not For Health Care Workers**

While Personal Protective Equipment (PPE) is crucial for health care workers, other employees also need either face masks or PPE appropriate to their work location and duties. Ready access to PPE as appropriate, and face masks for all other members of the campus community, is crucial—in combination with social distancing and aggressive testing and tracing—to protect our co-workers, our students and ourselves. To assure this occurs, appropriate PPE or face masks should be supplied without cost to all employees.

• All members of the campus community should be mandated to wear face masks, in all indoor locations at all times (other than while alone in private residential rooms or private offices) regardless of whether social distancing can be maintained. Face masks should also be required outdoors any time the possibility exists that social distancing may not be maintained.

• Depending on job duties, PPE appropriate to the activity may be required (e.g. work in labs, work in shops, or work involving a higher possibility of contact with COVID-positive individuals such as quarantined or isolated students).

• Sufficient medical grade PPE must be available to protect campus health care workers from potential COVID-19 exposure. Medical grade PPE includes FDA-approved N-95 masks and other FDA-approved protective equipment including reusable respirators, such as elastomeric and powered air purifying respirators (PAPRs). See also, principles for health care workers in the last section below.
• Employees whose job duties require PPE should receive training in appropriate wear and removal of PPE.

• Hand sanitizer and sanitizing wipes with at least a concentration of 60 percent ethanol or 70 percent isopropyl alcohol should be readily available and accessible to all employees throughout their work locations.

**Improving Indoor Air Quality and Ventilation - Protect Against Aerosol Spread**

Evidence increasingly shows that COVID-19 infections can occur through aerosol spread and at distances of greater than six feet and that the risk of infection is likely greatest in poorly ventilated indoor areas. As such, it is imperative that HVAC systems in all campus buildings be evaluated and upgraded where possible or adjusted to maximize infection control potential. Where this is not possible, alternative strategies to increase air filtration and ventilation should be reviewed and implemented. Finally, classrooms and office spaces with insufficient ventilation should not be used.

• Possible actions to improve air filtration include:
  o Upgrading HVAC filtration to MERV 13, or the highest level achievable.
  o Adding portable air filters with HEPA or high MERV filtration (particularly in buildings/rooms where MERV 13 HVAC filtration is not possible, or in higher risk areas such as student health clinics or dorms, and in poorly ventilated offices or classrooms).

• Possible actions to improve ventilation include:
  o Increasing total airflow supply to occupied spaces, when possible.
  o Disabling demand-controlled ventilation controls that reduce air supply based on occupancy or temperature during occupied hours.
  o Further opening minimum outdoor air dampers to reduce or eliminate HVAC air recirculation.
  o Running HVAC system at maximum outside airflow for at least two hours before and after building is occupied.
  o Ensuring restroom exhaust fans are functional and operating at full capacity when the building is occupied.
  o When weather conditions allow, opening windows and doors to increase fresh outdoor air.
  o Decreasing building use or occupancy where filtration and ventilation cannot be improved.

• Prior to the beginning of the Spring 2021 semester, all campus buildings should be assessed, and all possible actions taken to improve indoor air filtration and ventilation to the extent possible. The results of this assessment, including building specific information regarding steps taken to improve ventilation, must be communicated to UUP campus representatives and other members of the campus community.

Arranging and Maintaining our Work Locations to Protect Health and Safety

Protecting SUNY employees from COVID-19 exposure at work is also improved by physical modifications of work areas to enhance social distancing. Stepping up cleaning of work areas also helps. The break between the fall and spring semesters provides an opportunity to review plans and actions taken so far and implement additional measures to improve safety before the spring semester starts.

• All work areas should be evaluated (or re-evaluated) for possible modifications to enhance social distancing. Modifications could include such actions as:
  o Changing cubicle, shared office, and conference room setups;
  o Rearranging breakrooms, lunchrooms, and other common work areas, or limiting access if this is not possible; and
  o Erecting plexiglass barriers in reception areas, at service counters, or between work areas where social distance of least six feet cannot be maintained.

• Cleaning schedules should be established to provide:
  o Closure for at least 24 hours and deep cleaning and disinfecting of workspaces and other areas used by COVID-19 positive employees or students;
  o Thorough cleaning and sanitizing of all workplaces daily; and
  o More frequent cleaning of high touch areas (e.g. restroom facilities, door handles, stair rails, elevator buttons, phones, copy machines, vending machines, water coolers, etc.)

• Furniture in all common areas occupied by students, including classrooms, residence hall common spaces, libraries, cafeterias, building lobbies, etc., should be rearranged or removed to promote social distancing and discourage casual congregation.

Communication is Key:

Protecting employee health and safety in the current crisis requires robust communication between management and UUP campus representatives and the broader campus community.

• Campus level joint labor/management health and safety committees (which include representatives from all interested bargaining units) must be established at all campuses. These committees should meet weekly during the semester to best assure that COVID-related health and safety issues can be rapidly identified and addressed before outbreaks occur.
• Campus risk assessments to identify exposure risks and possible responses to address the risks should be jointly conducted by management and union representatives.

• Draft campus safety plans should be shared with UUP chapter representatives for review and input prior to implementation. Certain aspects of these plans may require negotiations with UUP representatives to implement. Beyond that, union input is imperative for ensuring that employee concerns are addressed.

• Clear, transparent communication with campus employees is also a must. Campus employees need to know and understand that our and our students’ health and safety is the campus’s top priority.

Protecting Mental Health - Not Just a Concern for Our Students

These are unprecedented times, not just for our students but also for academic and professional staff. Our members have had—and continue to deal with—extraordinary disruption of their work and personal lives causing COVID-related stress, anxiety, and depression. Many of our members at the SUNY hospitals are experiencing post-traumatic stress and now face the specter of another surge in cases. Many of our members on all campuses across the state bear significant responsibility for campus COVID-response efforts, adding significantly to workload and work-related stress. Campuses should acknowledge and support these employees and must explore ways to increase mental health support for all members of our campus communities.

• Campuses should work with Employee Assistance Program (EAP) committees and EAP coordinators to better identify, advertise, and promote on campus and community mental health resources available to campus employees. Each UUP chapter should have a chapter representative on its campus EAP committee.

• Campuses should advertise the availability of EAP, wellness, counseling, and crisis services, and encourage employees to seek assistance with COVID-related mental health issues in campus communications targeted to employees.

• Additional information on and resources for coping with COVID-related mental health concerns can be found at: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html#community

Flu Shots are Critical This Flu Season

This flu season, it is more important than ever that members of the campus community are vaccinated for the flu. Circulation of seasonal flu at the same time that COVID outbreaks occur this winter and spring could overwhelm campus health services and local hospitals as they respond to flu and COVID outbreaks simultaneously. It could seriously complicate or threaten campus testing, contact tracing, and quarantine capabilities.
• All members of the campus community should be actively encouraged to obtain flu vaccinations though on-campus public service messaging.

• Campuses should hold on-campus flu vaccination clinics to provide all members of the campus community easy access to vaccinations.

• Students appearing for baseline reentry testing, and all members of the campus community appearing for surveillance testing should be offered the opportunity to be vaccinated for the flu simultaneously.

And finally, our hospitals remain on the frontline of the pandemic:

New York’s health care system was woefully unprepared last spring for this pandemic. Critical shortages of personal protective equipment and diagnostic testing capacity placed health care workers—including our members at the SUNY academic medical centers and the Long Island Veterans Home—at elevated risk as they performed their jobs.

As we move forward, our hospitals and nursing home must be placed on sounder footing. While many of the principles discussed above are also relevant for the SUNY academic medical centers, our health care workers face additional risks which must be addressed.

• Our hospitals and nursing home must have sufficient PPE to truly protect our members, our co-workers, our patients, and our families. This should include 90-day stockpiles of PPE sufficient to assure that:
  o New N-95 respirators are available for every patient care session with COVID-19 patients or persons under investigation (PUIs) as well as for employees who have contact with patients or the public throughout the hospital (replacements provided after every session with COVID-19 patients or PUIs or when the PPE is otherwise soiled or contaminated);
  o Other PPE (gowns, face shields, head coverings, booties, gloves) are available on all units with replacements provided after every patient care session with COVID-19 patients or PUIs or when the PPE is otherwise soiled or contaminated;
  o Surgical masks are provided to all patients, all visitors, and all hospital staff who have no contact with the public; and
  o PPE designed for single use should not be “decontaminated” or “sterilized” and reused.

• Health care employees must be provided with all state and federal statutory COVID-19-related leave rights, as needed, without pressure to return to work until medically cleared for duty by their own physician or until appropriate childcare is available.

• At-risk health care workers who self-identify should be assigned to alternate duties away from possible contact with COVID-19 patients, PUIs, or the public.
• Staff treating COVID-19 patients or PUIs or who have contact with the public (e.g. Emergency Room reception) should be provided housing, if desired, at no expense to the staff member to protect family members from possible infection.

• All patients admitted to the hospitals for elective procedures should be tested for COVID-19 prior to the admission.

• COVID-19-specific standard precautions (like universal precautions for bloodborne pathogens) must be implemented for all units and procedures, including in operating rooms and for labor and delivery.

• Current restrictions on patient visitation must be maintained and actively enforced. We cannot return to unlimited open-door visitation policies.

Additional Resources:

• NYS Guidelines for Higher Education

• NYS Summary Guidelines for Higher Education

• NYS Supplemental Guidance for Higher Education

• NYS Detailed Guidance for Office-Based Work

• NYS Summary Guidelines for Office Based Work

• Considerations for Institutions of Higher Education, Centers for Disease Control and Prevention

• Testing Screening and Outbreak Response for Institutions of Higher Education, Centers for Disease Control and Prevention

• Considerations for Reopening Institutions of Higher Education in the COVID ERA, American College Health Association

• Creating Safe and Resilient Campuses, The Commission on Independent Colleges and Universities in New York
  https://cicu.org/application/files/1115/8981/5082/NY_State -
The CDC currently estimates that 40 percent of individuals with COVID-19 infections are asymptomatic and these individuals are 75 percent as infectious as symptomatic individuals. The CDC also estimates that 50 percent of COVID-19 transmission by symptomatic individuals occurs prior to the onset of their symptoms. https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html#table-1.

A Yale study found that more than 50 percent of coronavirus transmission occurs due to contact with asymptomatic or pre-symptomatic individuals. https://www.pnas.org/content/early/2020/07/02/2008373117

The NYS Department of Health documented that much of the COVID-19 infection among nursing home residents occurred due to contact with asymptomatic or pre-symptomatic staff who unknowingly brought the infection to work. https://www.health.ny.gov/press/releases/2020/docs/nh_factors_report.pdf.


Responding to recent cluster outbreaks, the governor has ordered that K-12 schools located in precautionary “yellow zones” much test at least 20 percent of in-person students and staff weekly. https://coronavirus.health.ny.gov/system/files/documents/2020/10/guidance_for_school_testing_in_yellow_zone10_9_2020.pdf

The Harvard Global Health Institute has concluded that “mitigation level” testing (i.e. testing of symptomatic individuals and contacts) is insufficient to stop COVID-19 outbreaks. “Suppression level” testing is necessary. “This requires large, proactive testing — including regular testing of asymptomatic people in high-risk environments such as nursing homes, colleges, and parts of the service industry — paired with rapid contact tracing and supported isolation (TTSI), as well as other measures.” https://globalhealth.harvard.edu/new-testing-targets-as-covid-19-outbreaks-grow-more-severe-most-u-s-states-still-fall-far-short-on-testing/ (emphasis added)