President's Advisory Committee on Public Health
CONFIDENTIAL: DRAFT, PRELIMINARY AND ADVISORY

Building a Public Health Informed Semester

May 29, 2020

SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF MICHIGAN

PUBLIC HEALTH

Guiding Principles of a Public Health Informed Semester

- Prioritize the health and safety of all members of the UM community with special consideration and thought toward more vulnerable sub-populations
- Maintain continuity of high-quality educational experience for students
- Use real-time epidemiological data to inform decision making
- A robust communication strategy will be required up front and ongoing
- Attend to our core position of equity/inclusion and access
- Learn from others' experiences (e.g., closed society model in China; peer domestic institutions)
- Must be prepared to plan, monitor and pivot as needed due to the ever-changing nature of the pandemic

PUBLIC HEALTH

Dining

Dining: Working Group

Emily Martin (Associate Professor of Epidemiology and Co-director of the CDC-funded influenza vaccine effectiveness surveillance efforts for the state of Michigan)

Rob Ernst (Executive Director of UHS)

Preeti Malani (Chief Health Officer)

Ellen Crissey (School of Public Health Chief Operating Officer)

PUBLIC HEALTH

Dining: Key Factors for Planning

- Michigan Dining consists of 9 full-service dining halls and over 20 retail locations that serve the UM community.
- The recommendations presented assume that the state of Michigan is in Stage 5 (Containing) of the Michigan Safe Start and that there is widespread availability of rapid testing and effective surveillance and monitoring for the campus community
- Dining, cleaning, and sanitation protocols should follow UM Environment, Health & Safety and Centers for Disease Control and Prevention (CDC) guidelines
- Recommendations may need to be updated as federal, state, or local public health guidance changes.

PUBLIC HEALTH

Dining: Recommendations

Recommendation 1. Provide grab-and-go options for meals or use individually-plated meals

- Grab-and-go options should be considered for every meal within residence halls and availability should be increased across campus through use of smaller catering kitchens.

Recommendation 2. Use disposable food service items when feasible.

- When disposable items are not feasible or desirable for use, CDC guidance states that "non-disposable food service items should be handled with gloves and washed with dish soap and hot water or in a dishwasher.

PUBLIC HEALTH

Dining: Recommendations

Recommendation 3. De-densify dining spaces and close seating areas during times of heightened community risk.

- CDC currently recommends closing shared spaces, including dining halls, if possible. When community risk is heightened, seating areas for dining should be substantially restricted and potentially eliminated in favor of grab-and-go options.
- If in-facility dining is offered, steps should be taken to control the density of seating areas in dining spaces.
  - Physically spaced 6-foot floor markings for waiting lines.
  - Staggered seating
  - Establish a target number for maximum capacity

[In addition to indoor dining facilities, the university could increase outdoor dining options on open spaces across campus]

PUBLIC HEALTH

Dining: Recommendations

Recommendation 4. Review food service spaces to ensure that mitigation measures are in place to protect staff from respiratory exposure.

- Plexiglass barriers
- Air flow controls to ensure appropriate air exchange and ventilation

Recommendation 5. Build increased infrastructure for food delivery to individuals who are self-isolating. Consider delivery alternatives more generally.

- A procedure for service to individuals self-isolating was piloted during the Winter 2020 term.
- A mobile app could be used to permit students to choose preferences and timing of deliveries.

PUBLIC HEALTH

Dining: Recommendations

Recommendation 6. Staff should follow infection prevention guidelines to protect diners and fellow co-workers

Examples may include the following:

- Stay home when ill
- Practice physical distancing
- Practice proper hand hygiene
- Clean and disinfect frequently touched surfaces throughout the workday
- Use personal protective equipment
- Perform temperature checks prior to shifts and record results as part of a daily self-assessment of symptoms
- Dining staff should wear cloth face masks and gloves while working and interacting with the public

PUBLIC HEALTH

Monitoring

Monitoring: Working Group

Sachin Kheterpal (co-lead of Precision Health initiative; Prof. of Anesthesiology; IT entrepreneur)

Riccardo Valdez (Professor and Director of Clinical Pathology)

Sharon Kardia (Professor of Epidemiology and Associate Dean for Public Health Education)

DuBois Bowman (Chair; Dean, School of Public Health)

Emily Martin (Associate Professor of Epidemiology and Co-director of the CDC-funded influenza vaccine effectiveness surveillance efforts for the state of Michigan)

PUBLIC HEALTH

Monitoring: Key Factors for Planning

- Enabled by a robust testing and containment process, monitoring and syndromic surveillance strategies enable the university to provide data driven decisions regarding re-opening, risk level, mitigation requirements, and targeted testing needs.
- The following recommendations focus on tools, technologies, processes, and policies assuming an operationalized testing and containment process.
- Monitoring involves public health surveillance

  Systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, intervention, and evaluation of public health practice.

PUBLIC HEALTH

Monitoring: Recommendations

Recommendation 1: A graded scale to communicate aggregate "risk-level" at the campus, school / college, and university building levels

- Current statewide reporting employs a 6-level risk scale
  - MI Safe Start Plan: Uncontrolled growth, persistent spread, flattening, improving, containing, and post-pandemic.
    - Individual counties are provided a specific risk level based upon cases, deaths, and testing.
- This risk scale can be adapted for University purposes to include elements unique to a campus community with self-contained testing and quarantine expectations.

PUBLIC HEALTH

Monitoring: Recommendations

Recommendation 2: Establish a governance process, integrated across the three missions of education, research, and service, to act upon identified infection "hot-spots"

- Testing and containment plans may identify isolated infections or suspected exposures.
- To appropriately take action on larger outbreaks or "hot spots", we recommend establishing a decision making U-M governing body
  - E.g., may include U-M public health and medical experts and U-M leadership.

PUBLIC HEALTH

Monitoring: Recommendations

Recommendation 3: Establish a robust *U-M specific* and *real-time* syndromic surveillance data infrastructure, reporting, alerting, and visualization tool set

- U-M ITS could play an important role.
- Use single tool across the research and education missions of all 19 units.
- Monitoring systems should ideally be able to establish faculty, student, and staff physical presence on specific locations on the U-M campus.

Recommendation 4: Faculty, student, and staff involved in the in-residence fall semester should complete a daily self-assessment of COVID symptoms, signs, testing, and exposure.

- Encourage use of U-M provided tools

PUBLIC HEALTH

Monitoring: Recommendations

Recommendation 5: Faculty, student, and staff should complete a confidential baseline health status assessment to inform their personal risk of COVID prior to each term (and as health status changes)

- Encourage use of U-M provided tools

Recommendation 6: The full breadth of U-M data sources (Housing, Facilities, GIS, MCommunity, Fraternity Sorority Life, University Health Service, ITS wireless networking), should begin functionality-driven data integration scoping.

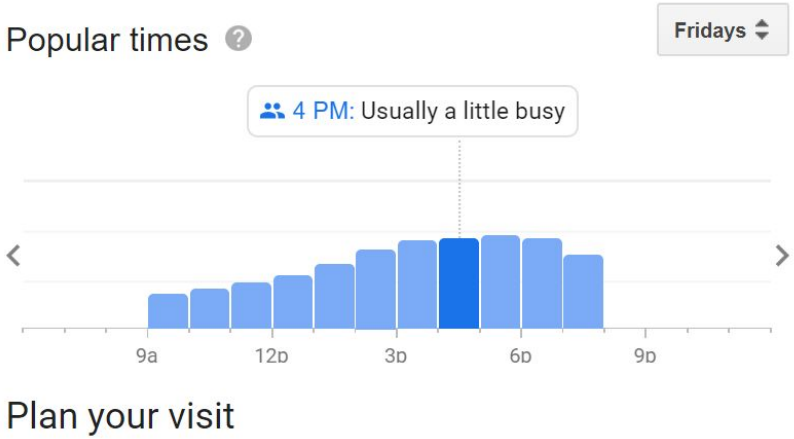
PUBLIC HEALTH

Monitoring: Recommendations

Recommendation 7: Use of single smartphone application (with web-alternatives) for individual COVID self-assessment and passport requirements for in-person campus involvement

- Integrate user authentication, daily self assessment, COVID testing results, quarantine/isolation status, “return of results”, and education should be provided to all faculty, students, and staff.

Recommendation 8: Explore opt-in, privacy preserving software enabling assessment of social distancing adherence, mobility, and digital contact-tracing



Monitoring: Recommendations

Recommendation 9: As a notifiable disease, COVID-19 requires any U-M monitoring system to include a public output consistent with requirements at the county and state level.

- Washtenaw County Department of Health will deputize university staff, enabling contact tracing and documentation by U-M teams. Data outputs must enable state mandated documentation.

Recommendation 10: Data collected and derived in response to COVID-19 monitoring and surveillance needs must be governed by a data use agreement and cannot be used for staff evaluation, faculty promotion, student grading, or other University business purposes.

PUBLIC HEALTH

Monitoring: Recommendations

Recommendation 11: A data use governance committee, composed of faculty, staff, and students, should evaluate and approve any data use requests outside the core COVID-19 monitoring and surveillance needs (research, quality improvement, education)

Recommendation 12: The Community Living at the University of Michigan (CLAM) agreement, student code of conduct, and respective faculty and staff codes of conduct should include consent to increased access control, data sharing, and monitoring

PUBLIC HEALTH

END

Path to a Public Health Informed Semester