President's Advisory Committee on Public Health
CONFIDENTIAL: DRAFT, PRELIMINARY AND ADVISORY
May 29, 2020

Executive Summary

Returning students to the University of Michigan for an in-residence academic year beginning in Fall 2020 will prioritize the health and safety of all members of the campus community and the university's ability to continue its world-class education and research. Every effort should be made to mitigate risk and to protect individuals within vulnerable populations. Students who are at high risk of severe illness should strongly consider remaining at home and engaging in remote instruction, as even aggressive risk mitigation strategies may be insufficient.

Education, housing, dining, transportation, co-curricular and social activities are essential parts of the University of Michigan residential experience. The committee recommends modifying the academic calendar to minimize travel to and from campus. Instructional strategies that both target high-quality educational experiences and reduce risk of transmission should be considered, where feasible. Examples include a hybrid-flexible instructional model pairing in-person and online instruction as well as rotating blocks of students alternating between in-person and remote instruction. Return to campus risk mitigation strategies should be forged with a strengthened campus public health infrastructure for disease recognition and tracking. There are three foundational components to this infrastructure: testing, containment, and monitoring.

Testing

A comprehensive approach to widespread, rapid testing is critical to delivering a public health informed in-residence fall semester. An effective testing strategy can reduce the risk to on-campus housing, dining and in-person learning by tracking and enabling containment of outbreaks should they occur. The committee recommends a testing framework with three major functions: (1) Baseline testing for early identification of virus transmission stemming largely from students repopulating campus, (2) Widespread, early testing of symptomatic students, faculty and staff and exposed contacts of these individuals and (3) Continued active monitoring, or sentinel surveillance, across campus to enable early identification of emerging outbreaks (appendix A).

Resource needs for a widespread testing platform include test kits and the staff and infrastructure to support high volumes of specimen collection, laboratory work, and data reporting. The vast majority of testing currently available for SARS-CoV-2 is PCR-based and is used to detect the current presence of the virus in a symptomatic or asymptomatic individual. Current recommendations are centered around virus testing. However, serology testing for antibodies that indicates past infection is an active area of development worldwide. Serology

testing may be increasingly incorporated, particularly in surveillance, in the proposed testing framework moving forward.

Containment

The second foundational component of a public health infrastructure is a thorough disease containment plan. Committee recommendations include establishing quarantine and isolation requirements in concert with the recommended comprehensive testing plan, and reserving adequate space on campus to accommodate ill students. Faculty and staff who experience COVID-like symptoms should remain home.

The conditions that individuals may progress through include healthy, exposed, and infected (appendix B). Protective measures are associated with each stage and should be followed. Housing contracts, the university's Standard Practice Guide, and academic policies should include the detailed requirements and processes.

Monitoring

Enabled by a robust testing and containment process, monitoring and syndromic surveillance strategies will allow the university to make data driven decisions regarding risk level, mitigation requirements, and targeted testing needs. Committee recommendations include building innovative digital tools, technologies, processes, and policies to leverage real-time data. The committee recommends building a customized U-M real time syndromic surveillance data infrastructure, reporting, alerting and visualization tool set. In addition, faculty, staff and students should participate in a daily self-assessment of COVID symptoms, signs, testing and exposure. Confidentiality and privacy should be prioritized across tools, technologies and processes.

Leveraging Adaptability and "Stacked Practices" for Health and Safety

The committee recommends the use of "stacked practices" to leverage adaptability and shared accountability for effective risk mitigation. Public health stacked practices include administrative controls, engineering controls, and personal behaviors, such as adhering to social distancing guidelines, complying with hand hygiene protocols, and wearing personal protective equipment. Aggressive risk mitigation strategies should be employed as campus is repopulated. These strategies may be scaled back as testing and surveillance measures show less risk of spread throughout the campus community. Cleaning and sanitation protocols for all facilities should follow UM Environment, Health & Safety and Centers for Disease Control and

Prevention (CDC) guidelines. Additional recommended stacked practices for housing and dining are briefly described below.

Housing

The committee recommends students self-quarantine for 7-14 days prior to arriving at on-campus housing. To combat the annual increase in influenza, residence hall staff and students should receive the seasonal influenza vaccine as soon as it is available. In addition, restricting entry and staggering movement in and out of housing buildings should be adopted as an administrative control. Housing recommendations should be closely aligned with dining plans.

Dining

Stacked practices within our dining recommendations include social distancing, regular and meticulous cleaning and sanitation, use of personal protective equipment, limiting access and using physical barriers to help protect dining staff. Risk of respiratory transmission is of particular concern in a dining setting as individuals wait in lines, gather around serving stations, and eat at common tables. The committee recommends de-densifying tactics such as use of grab and go meals, disposable service ware and limited seating areas. Engineered controls such as use of plexiglass barriers and increased air exchanges is recommended. A safe food delivery protocol should be established for students in isolation.

Conclusion

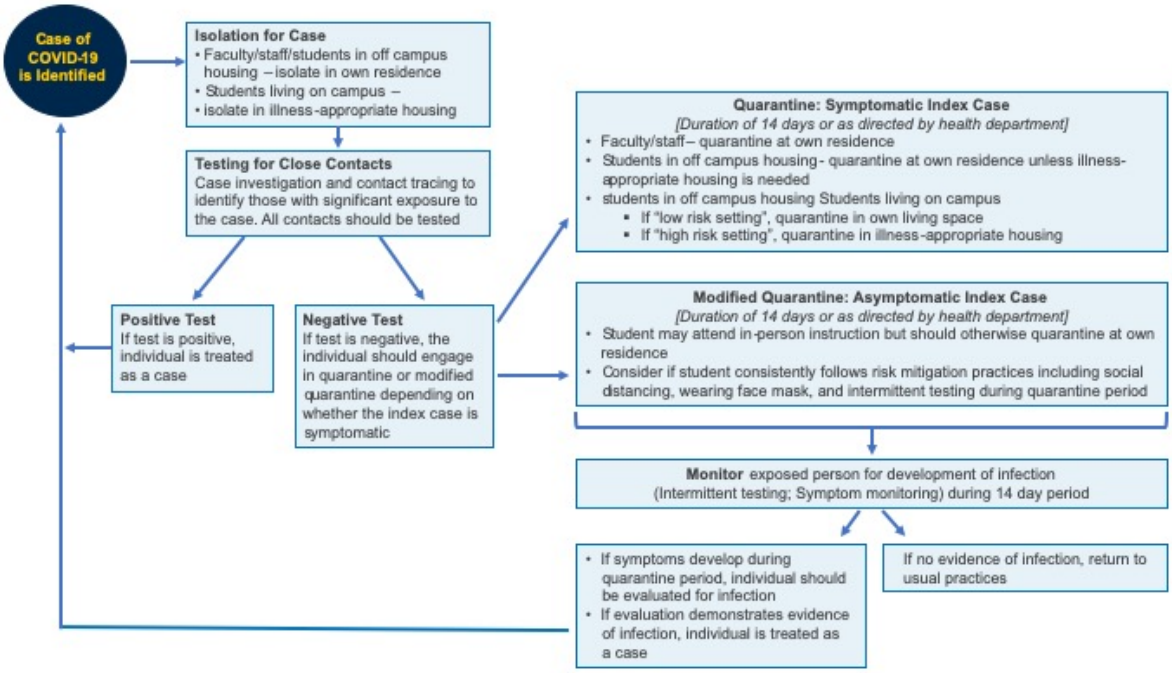
Published guidelines and plans from public health and academic organizations and institutions of higher learning, as well as real time epidemiological data have informed the committee's recommendations. Due to the ever changing nature of the pandemic, recommendations may need to be modified over time as additional public health guidance becomes available. Therefore, multiple recommendations have been provided for alignment and scaling, assuming campus will have progressed to Phase 5 ("Containing") of the MI Safe Start Plan at the start of the academic year. Close coordination across campus units and with state and local public health will be essential for success.

Finally, the development and implementation of a comprehensive campus-wide communication plan is essential to social behavior change and adherence of risk mitigation strategies. Communication strategies must carefully consider the risk of driving the culture of stigma surrounding COVID-19 in implementing risk mitigation strategies. Compassion, equity and inclusion are important aspects of public health that should be cultivated and strengthened as the campus community moves forward.

Appendix A

Right Test x Right Time = Preventive Health
1
Baseline Testing
To begin this semester
RECOMMENDATION
2
Symptomatic Case
Testing and contact tracing throughout academic year
RECOMMENDATION
3
Active Surveillance
For early outbreak detection – ongoing
RECOMMENDATION
4
Use of Serology Tests
To inform epidemiology and planning (when feasible)
RECOMMENDATION
STUDENTS
FACULTY
STAFF
UNIVERSITY OF MICHIGAN
Inclusion/Equity Considerations
1. Equitable access to testing
2. Protection of high risk individuals
3. Communication/education to reduce stigma
PUBLIC HEALTH

Appendix B


Case of COVID-19 is Identified
Isolation for Case
• Faculty/staff/students in off campus housing – isolate in own residence
• Students living on campus –
• isolate in illness-appropriate housing
Testing for Close Contacts
Case investigation and contact tracing to identify those with significant exposure to the case. All contacts should be tested
Positive Test
If test is positive, individual is treated as a case
Negative Test
If test is negative, the individual should engage in quarantine or modified quarantine depending on whether the index case is symptomatic
Quarantine: Symptomatic Index Case
[Duration of 14 days or as directed by health department]
• Faculty/staff – quarantine at own residence
• Students in off campus housing - quarantine at own residence unless illness-appropriate housing is needed
• students in off campus housing Students living on campus
▪ If "low risk setting", quarantine in own living space
▪ If "high risk setting", quarantine in illness-appropriate housing
Modified Quarantine: Asymptomatic Index Case
[Duration of 14 days or as directed by health department]
• Student may attend in-person instruction but should otherwise quarantine at own residence
• Consider if student consistently follows risk mitigation practices including social distancing, wearing face mask, and intermittent testing during quarantine period
Monitor exposed person for development of infection
(Intermittent testing; Symptom monitoring) during 14 day period
• If symptoms develop during quarantine period, individual should be evaluated for infection
• If evaluation demonstrates evidence of infection, individual is treated as a case
If no evidence of infection, return to usual practices