



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

Michael A. McRobbie
President, Indiana University

INDIANA UNIVERSITY

RESTART COMMITTEE RECOMMENDATIONS

FOR Fall 2021

July 6, 2021

TABLE OF CONTENTS

IU Restart Committee Charter	3
Committee Members and Focus Areas	4
Introduction	5
Guiding Principles, Premises for Committee	6
Major Changes from Summer 2021 Report	7
Committee Recommendations	7
Return to Campus	7
Risk Surveillance	7
Campus Screening.....	7
Physical Distancing.....	8
Personal Hygiene and Prevention Measures	8
Public Hygiene.....	9
Campus Housing	9
Greek and Other Off-Campus Housing	9
Food Service	9
Classes: Instruction and Learning Environments.....	10
Facilities	10
Transportation: On and Off Campus.....	10
Travel	10
Vulnerable Populations.....	11
Vaccine Exemptions	11
Faculty and Staff	11
Co-Curricular Activities	11
Monitoring, Testing and Case Tracking	12
Symptomatic Testing	12
Surveillance Testing	13
Contact Tracing.....	13
Isolation and Quarantine	13
Vaccinations	14
Mental Health	15
COVID-19 Data Monitoring	15
Assuring Compliance.....	15
Education and Communications	15
Community Engagement.....	16
References Cited and Additional Sources	17



IU Restart Committee Charter (updated April 30, 2021)

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

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

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

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

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

Once President McRobbie receives recommendations from the Restart Committee, he consults the EALC and others and decides how these recommendations can be implemented to ensure the safety of all constituents.

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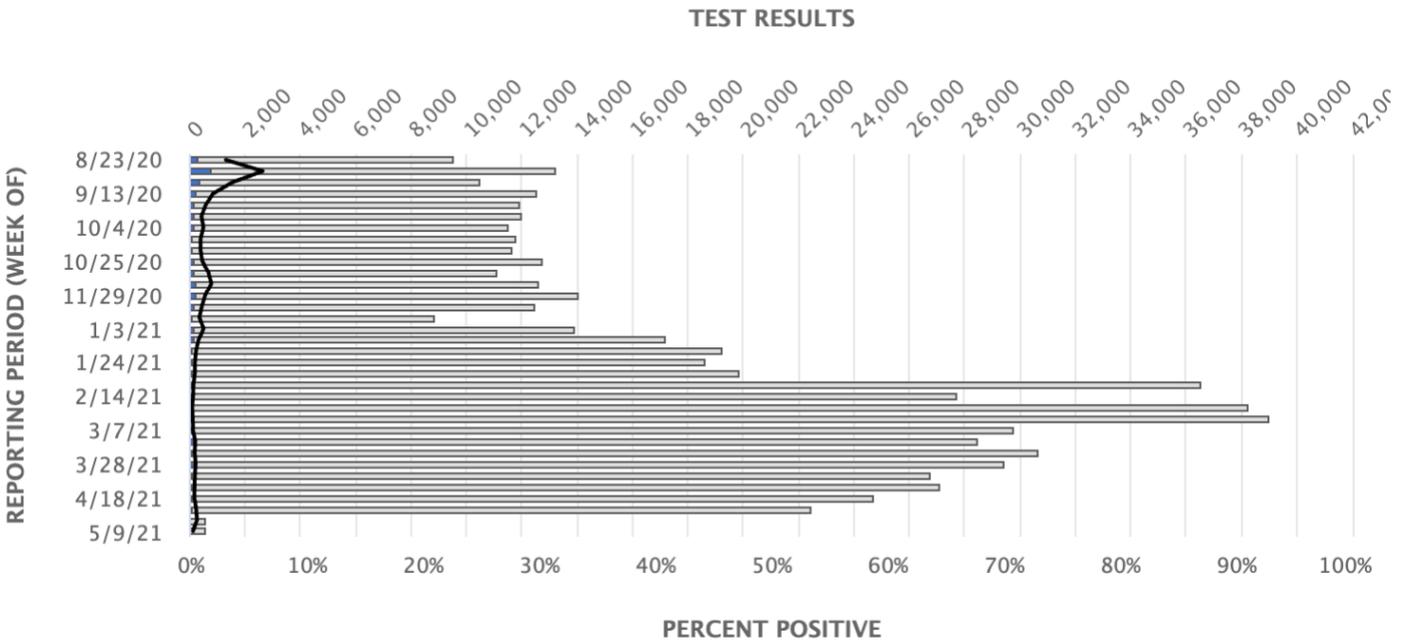
Introduction

COVID-19 is an infectious disease caused by the novel coronavirus (SARS-CoV-2). The virus spreads from person-to-person primarily through respiratory droplets and through aerosol transmission.¹ It is a particular threat for older patients and those with certain pre-existing medical conditions.² However, there is still much to learn about the virus and consider in the context of risk and risk mitigation for Indiana University (IU) populations.

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

Our overall goal has always been to make it safer to be part of the IU community than not to be a part of it. This not only protects IU constituents, but also protects the communities in which we operate. Analysis of the available epidemiologic data indicates that over the 2020-2021 academic year, at a minimum, IU did not add to the incidence of COVID-19 in our communities and in some cases likely drove down the incidence. Our symptomatic management and testing; contact tracing, quarantine, and isolation; widespread asymptomatic testing and mitigation; and robust communication and behavioral recommendations were a success during the 2020-2021 academic year. After an anticipated small surge at the beginning of the semester, we maintained overall positivity rates that were much lower than the rest of the state, especially as Indiana started to see a surge in late October.

● Tested ● Positive test results ● Percent positive



In developing recommendations for the 2021 Fall semester, we are operating under the assumption that the vast majority of our constituents will be vaccinated, allowing us to achieve herd immunity in our community. Currently, multiple trials have shown that the vaccines currently available for distribution in the United States are highly effective in preventing both morbidity and infectivity. These vaccines have also proven to be extremely safe, and contraindications to their administration are few.

Hence, we recommend that IU implement a vaccine mandate that requires all constituents - IU faculty, staff, students, residents and fellows - to be vaccinated by a set date before the beginning of the Fall semester. With such a mandate in place, IU can return to mostly normal operations for the 2021 Fall semester. To do so, and to provide the high-quality educational experience that we did prior to the pandemic, we must assure all IU constituents are protected – including those who are unable to get the vaccine due to specific medical conditions and religious exemptions. To ensure the highest amount of protection possible for all constituents, proof of complete COVID-19 vaccination will be required for the Fall 2021 semester. While we have had very low hospital utilization, morbidity, and mortality across the IU community, the addition of vaccination to this population promises to help us further reduce risk and return to pre-pandemic practices.

While restrictions will be relaxed, there will still be the need for continued monitoring. Much is still unknown about the consequences of variants on our population, the duration of immunity, and seasonal reoccurrence. The Committee will regularly review public health guidance, scientific knowledge, and clinical best practices and update its recommendations as the need arises.

Guiding Principles and Premises for the Committee

- Vaccines against COVID-19 are safe and protective against infectivity and morbidity.
- A number of potentially more contagious genetic variants of SARS-CoV2 emerged in the second half of 2020 and are rapidly spreading within the United States. Vigilance by the IU community is necessary since these variants have been detected in Indiana, accounting for more than one-third of cases in March, 2021.
- The IU population to date has had a very low rates of hospitalization and death due to COVID-19 infection.
- Vulnerable constituents (or those unable to be vaccinated for reasons that are listed for exemption), are partially



protected by an immune population around them (herd immunity), but continue to require additional risk mitigation strategies like testing, masking, and potentially distancing.

- While vaccination will protect those in the IU community, more care and restrictions may be necessary when engaging with the outside community, which may have different levels of protection.
- Continued surveillance, will be necessary along with plans to revert back to more restrictive strategies if local conditions warrant them.
- The variations among campuses must be considered and policies governing various locations must abide by local health department guidelines.

Major Changes from Summer 2021 Report

1. Vaccines are now mandated for all IU constituents - faculty, staff, students, residents and fellows - with medical and religious exemptions.
2. Most restrictions on distancing and masking requirements are lifted with exceptions described in the report.
3. Mitigation testing will end except for those few who are exempt from the vaccine mandate. Surveillance testing will begin, but at much lower numbers than mitigation testing.

Committee Recommendations

Return to Campus

1. This report covers the time period from August 1 to December 31.
2. Face-to-face instruction and other in-person activities will be normalized to pre-pandemic levels, subject to change if conditions on campus warrant it.
3. It is recommended to continue to provide educational options for those who are in isolation or quarantine.

Risk Surveillance

Campus Screening

1. Mitigation testing will transition to a surveillance strategy to monitor for outbreaks or areas of concern. As always this can be scaled up or down depending on presence or absence of need based on positivity.
2. Those who are exempt from vaccination will have regular, non-random testing.
3. IU constituents must comply with surveillance testing, contact tracing, and isolation, even if they are fully vaccinated.
4. International students and other learners arriving on campus who have received a vaccine that is not FDA authorized or WHO recommended will not be considered vaccinated. They will need to receive one of the FDA authorized vaccines on arrival.
5. Those constituents in communal living who are unable to get vaccinated or who exempt by one of the approved criteria will need to be screened for COVID-19 prior to entry to campus. If arrival testing is positive, the individual will be allowed to return home or stay in the isolation dorm for the duration of isolation. After this period, they will be offered the vaccine or expected to file an exemption. If arrival testing is negative, the individual will be offered vaccine (or asked to submit an approved exemption) and allowed to enter, but must sign an acknowledgement of risk statement and will be subject to more frequent surveillance testing.

Physical Distancing

1. Distancing and barriers are no longer necessary with a vaccine mandate. Capacity in classrooms and event spaces can



be increased to pre-pandemic capacity.

2. Individuals who are exempt from vaccination must take additional measures for protection (such as wearing a mask).
3. Individuals with concerns for infection, despite vaccination, are strongly encouraged to continue to wear a mask at their discretion.
4. Large Events
 - a. Are defined as any gathering of > 250 individuals.
 - b. Proposals for such events must be reviewed by the local unit, then by the events review committee, and then by campus leadership if necessary.
 - c. Should be held outside when possible.

Personal Hygiene and Prevention Measures

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

1. Promote education and awareness. Post signs and symptoms of COVID-19 and what to do if symptomatic.
2. The vaccine protects against shedding infectious virus as well as from catching infectious virus. Hence, there will no longer be a mask mandate. However, those who exempt from vaccination must continue to wear a mask. Of course, any vaccinated individual who would feel safer in a mask should continue to wear one as well.
3. Practice frequent hand hygiene and proper respiratory etiquette.
4. Instruct all IU constituents to stay home if sick with any illness or if they are a close contact of someone diagnosed with COVID-19.
5. All IU constituents must be prepared to isolate when necessary. Isolation will continue to be required for anyone who tests positive for COVID-19 (regardless of testing mechanism or platform) and regardless of vaccination. Quarantine will not be required for those who have verified proof of vaccination as long as they remain asymptomatic. Those who have exempted themselves from vaccination will still need to quarantine if exposed. Everyone must be prepared to participate in any case investigation and contact tracing with state, local, or university health officials.
6. All IU constituents must self-monitor health for symptoms of COVID-19 and use IU's symptom monitoring protocol when symptomatic.
7. All IU constituents who are COVID-19 positive must work with contact tracers to identify close contacts so they can be notified of their exposure. As above, close contacts who have been vaccinated and who remain asymptomatic do not need to quarantine, but should monitor their symptoms and test if they develop.
8. The influenza vaccine will be mandated as it was last year.

Public Hygiene

Public hygiene measures are effective and should be maintained.

1. Ensure regular cleaning and disinfecting of public spaces.
2. Ensure regular cleaning and disinfecting of high-touch surfaces (mass transit, lobbies, classrooms, hallways, dining, sporting/gym areas).
3. Provide hand sanitizing stations at major entrances to buildings and in high-traffic areas and investigate options to



implement no/reduced touch options.

Campus Housing

1. Campuses with communal dorm living must have a plan for quarantine and isolation for those residents who may require it (any positive case and vaccine exempted close contacts).
2. A signed document acknowledging risk of COVID-19 acquisition must be signed by those who are exempt from vaccination and still requesting to live in communal living facilities. These individuals will also be subject to mitigation testing.
3. Complete vaccination status (two weeks after the last dose of the vaccine series) must be submitted with enough time to schedule staggered move-ins for those who are vaccinated and those who are exempt from vaccination to allow for arrival testing in this latter group.
4. Any vaccinated person will be guaranteed a vaccinated roommate. Exempt students may be roomed with other exempt students. If a vaccinated student and an exempt student both request to be roommates, this is permitted but must be documented.
5. All visitors helping with moving in who are unvaccinated must wear masks.
6. Clean shared bathrooms at least two times per day.

Greek and Other Off-Campus Housing

1. Recommend that housed Greek organizations, and where applicable, other off-campus housing organizations implement similar protocols for housing, dining, social gatherings, meetings and events and require students in Greek organizations comply with any local regulations, county-imposed quarantines, and university testing and contact tracing requirements.
2. Providing separate quarantine and isolation space apart from other house students is critical for controlling viral spread.
3. Houses should be able to delineate which individuals in their residence have been vaccinated and which have submitted an exemption. Vaccination is necessary for safety in this population.

Food Service

1. Cafeterias and shared eating areas can return to pre-pandemic capacity. Meal delivery systems should continue to remain available for those in isolation and quarantine. Meal pickup services should continue to remain available to those who do not want to eat in communal areas.
2. Clean and disinfect frequently touched surfaces (for example, door handles, workstations, cash registers) at least daily and shared objects (for example, payment terminals, tables, countertops/bars, receipt trays, condiment holders) between use.
3. In-person dining areas can be converted back to pre-pandemic occupancy levels. Enforce frequent handwashing.
4. Consider touchless payment options and prepayment options.
5. Ensure employees are regularly monitoring their health.
6. Post signage on how to stop the spread of COVID-19 and promote everyday protection measures.
7. COVID-19 is reportable for food service employees and should be supported with staff sick leave.

Classes: Instruction and Learning Environments

1. Class scheduling and room occupancy can return to pre-pandemic baselines. Masks are no longer required for vaccinated individuals in classrooms, but may be worn at an individual's own discretion. Masks will continue to be



required for those who are not able to be vaccinated.

Facilities

1. Post and promote hygiene prevention strategies.
 - a. Provide hand sanitizer upon entry to all buildings.
 - b. Increase visibility (signage) and availability of handwashing facilities and hand hygiene products.
 - c. Provide masks reminders for those that are exempt.
2. Outbreak management measures in facilities include:
 - a. Post educational signage.
 - b. Purchasing will take the lead to reach out to vendors and service providers to campus to require them to either have a policy on vaccination or require frequent COVID testing of employees who are in contact with the IU community. If they do have a mandatory vaccination policy their employees would be exempt from mask requirements.
 - c. Return to routine cleaning procedures.
 - d. Increase visibility (signage) and availability of handwashing facilities.
 - e. Ensure handwashing facilities are fully stocked and operational.

Transportation: On and Off Campus

1. Return to pre-pandemic levels of capacity is acceptable.
2. Per federal order, masks are required regardless of vaccination status on all public transportation, including university and city busses.

Travel

1. The policy for domestic travel is set forth by Travel Management Services (<https://iutavel.iu.edu/covid/covid19-message.shtml>) and the policy for international travel is set forth by the Office of the Vice President for International Affairs (<https://global.iu.edu/resources/coronavirus/mobility-updates.html>).
 - a. International travel continues to pose greater challenges due to stress on local health systems and the emergence of new variants of concern.
 - b. Travelers undertaking approved travel pursuant to these policies should follow all health precautions recommended by the CDC for vaccinated and unvaccinated individuals (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>; <https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel-during-covid19.html>).
2. Official University visitors will be subject to the same COVID-19 policies as IU constituents.
3. Fall and Holiday breaks can be scheduled as they were pre-pandemic.

Vulnerable Populations

1. Certain populations are more vulnerable to severe COVID-19 infections, but should be protected by immunity from vaccination (as well as having as many people vaccinated around them as possible). They should continue to wear a mask, but masking is not required for vaccinated individuals who will be around them.
2. Individuals who exempt from vaccination are at higher risk for becoming infected with COVID-19. They must



continue to wear a mask and need to monitor symptoms regularly.

Vaccine Exemptions

1. Religious exemption per Indiana state law.
2. Medical exemption with documentation from provider: allergy to the COVID-19 vaccines, or their components (ex: polyethylene glycol, sorbates).
3. Medical Deferrals:
 - A. Only applies to the following circumstances, and a provider note is required for all:
 - a. Active pregnancy or active breastfeeding ONLY IF the provider is requesting an exemption (knowing this is not a contraindication for vaccination)
 - i. This does not apply to those planning pregnancy
 - ii. This exemption lasts only until no longer actively pregnant or actively breastfeeding
 - b. Immunocompromised patients only per provider request and only under the following circumstances:
 - i. Recent hematopoietic or solid organ transplant within the past 3-6 months
 - ii. On active treatment with Rituximab within the past 3-6 months
 - c. Receipt of COVID-specific monoclonal antibodies in the past 90 days
 - B. Age < 12 years and until they are 12 years of age (this is subject to change if vaccines become available to those < 12 years of age)
4. An online program exemption for students who are in a [100% online program](#) with no on-campus component. This must be an online program; not simply taking all online classes.

Faculty and Staff

1. Return sick leave policies to pre-pandemic baselines.
2. Require university community to stay home and cooperate with efforts to notify their close contacts when diagnosed with COVID-19.
3. Require employees to participate in all case investigations and contact tracing needs of state, local, and university health officials.
4. Faculty and staff must report vaccination status or consent to access to COVID-19 Host Immune Response Pathogenesis (CHIRP) data.

Co-Curricular Activities

Athletics: As all athletes are students, university guidelines should be applied universally. Asymptomatic testing may continue for this group where available. Given widespread vaccine availability, athletics activities, practices, training, and attendance at events can return to pre-pandemic baselines under the guidance in prior sections of this report.

Gyms, Pools and Fitness Centers must abide by recommended risk mitigation strategies along with state² and local health department guidelines.

1. Spacing restrictions are no longer mandated.
2. Occupancy can return to pre-pandemic baselines.
3. Continue to offer virtual workout options.
4. High-risk employees who are exempt from vaccination should minimize their contact with other guests and employees for their own safety.
5. Consider the use of outdoor exercise classes.
6. Clean and disinfect the facility often including common touch surfaces.



7. Clean and disinfect equipment after each use.
8. Maintain crowd-sourced cleaning.
9. Use approved disinfectants and contact times rated to be effective against SARS-CoV-2.
10. Employees should self-monitor their health before each shift.
11. Masks are required for those who are exempt from vaccination.

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

1. Given the currently inability to vaccinate young children, require vaccination for childcare staff as mandated by the university.
2. Maintain capacity based on physical distancing of 3-6 feet in classroom settings.
3. Recommend maintaining children in consistent groups with the same caregivers to minimize mingling.
4. Allow one hour a day for cleaning and disinfection without children present.
5. Require anyone over the age of 2 to wear masks.

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

Monitoring, Testing and Case Tracking

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

Symptomatic Testing

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

1. Symptomatic individuals will be tested using PCR tests approved by the Medical Response Team.
 - a. Symptomatic testing locations will be available to university constituents on all campuses.
2. Symptomatic students waiting for COVID-19 test results should isolate in their rooms and avoid contact with any other individuals.
3. Symptomatic faculty and staff should stay at home.
4. In addition to testing, encourage individuals to conduct self-screening for COVID-19 (and other illnesses such as flu to reduce overall illness risk and burden) with protocols provided by IU.
 - a. Utilize IU's virtual symptom checking protocol (testing.iu.edu).
 - b. IU constituents should have ready access to thermometers.
 - c. When symptomatic, constituents should pursue symptomatic testing through IU and self-isolate until the test results are available. The constituents will be notified of their results and instructed on next steps for management. If positive, constituents will have symptoms monitored daily. If symptoms worsen, they will be referred for additional medical care or assessment.
5. Serologic Testing: At this time, the committee does not recommend employing serologic testing in managing the pandemic response for IU. Such testing may be useful for research and to establish baseline population data in Indiana and perhaps in a representative sample of university constituents. As this testing evolves, it will be reviewed and



assessed for possible broader implementation.

Surveillance Testing

IU will administer an ongoing surveillance program to monitor breakthrough infections on campus. This includes:

1. On-arrival testing for students returning to campus in the Fall of 2021 who are living in congregate housing and have not yet been vaccinated with an FDA authorized or WHO recommended vaccine or are exempt from vaccination.
2. Surveillance testing, whereby a portion of IU constituents will be randomly tested each week to monitor changes in disease activity, ongoing efficacy of the vaccine, breakthrough of variants, and risk to unvaccinated individuals. Surveillance testing is mandatory even for those who have been vaccinated unless an exemption is approved. Unvaccinated constituents will be up-weighted in selection for surveillance testing.
3. In addition, voluntary asymptomatic testing will be available to constituents who are not selected for surveillance testing, but would like to be tested.

Contact Tracing

IU works in concert with IDOH and local health departments to perform contact tracing¹². As this is vital for the success in controlling the virus, all members of the IU Community must cooperate with contact tracer efforts and quarantine and isolation guidelines. IU contact tracers will contact all individuals within the IU community who have a confirmed positive result and individuals identified as close contacts based on the CDC definition. They will collect relevant information about campus activities and will provide information and advice about isolation and quarantine. Any member of the IU community who tests positive outside of the symptomatic, mitigation or voluntary testing pathways administered by IU, must self-report using the self-report form available at www.one.iu.edu. Any member of the IU community who is exempt from vaccination who is a close contact of a case not known to IU must also self-report using the self-report form. Individual constituents do not need to conduct their own contact tracing or close labs, classrooms unless this decision is made in conjunction with contact tracing leadership.

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

Isolation and Quarantine

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

1. Continue public health practices in Isolation facilities for COVID-19 positive patients on each campus that offers student housing.³ Bathrooms for isolation rooms should only be used by COVID-19 positive patients.
 - a. Compliance with isolation and quarantine requirements needs to be monitored and enforced.
 - b. Agreement to this policy will be a requirement for all constituents.
 - c. Constituents living off-campus should quarantine and isolate in their homes or other appropriate locations where individuals can isolate or quarantine safely (hotels, etc.).
 - d. Ensure COVID-19 positive patients and their university affiliated close contacts have access to a thermometer for self-monitoring.
2. As instructed, use IU's COVID-19 check platform to support daily monitoring for individuals who have tested positive for COVID-19 and those in quarantine. Constituents with a positive test result or identified as close contacts will receive daily messages for self-evaluation of symptom severity. This provides an avenue where

constituents can be guided to medical care when worsening and allows the adaptation of quarantine and isolation guidance based on disease evolution.

3. People with COVID-19 who have isolated at home may leave home when all of the following conditions are true: no fever for at least 24 hours without fever-reducing medication, other symptoms have improved, and at least 10 days have passed since the onset of symptoms, or from the date of a positive test if asymptomatic.
4. Those who are exempt from vaccination and identified as close contacts should remain in quarantine for at least 10 days as per CDC guidelines and IDOH policy. Such close contacts should monitor daily for symptoms of infection. Once individuals are deemed to have met the criteria for release, individuals will be released from quarantine to resume normal activities or a 10-day quarantine period with no test, upon which normal activities may be resumed.

Vaccinations

1. All IU constituents (includes faculty, staff, students, residents, and fellows) must be fully vaccinated. A few exemptions are accepted and are detailed earlier in this report. Fully vaccinated means two weeks after a single-dose vaccine (e.g., Johnson & Johnson), or two weeks after the second dose of a two-dose vaccine (e.g., Pfizer or Moderna).
2. Any FDA authorized or WHO recommended vaccine is acceptable and should be considered equally efficacious for our population.
3. All IU constituents should report their vaccinations to IU at <https://iuforms-fireform.eas.iu.edu/online/form/authen/covidvacc>.
4. Vaccinated individuals will not need to quarantine after exposure to a COVID-19 positive patient as long as they remain asymptomatic.
5. Vaccinated individuals will need to adhere to surveillance testing throughout the semester.
6. IU requires an annual influenza vaccine for all members of the university community (including vendors who work on campus as their job/location and are in close contact with each other and/or IU constituents, adjunct or part time faculty, and other outside parties spending anything more than a brief stay on campus) each year.
7. COVID-19 booster vaccinations may be mandated for those non-exempt, based on Advisory Committee on Immunization Practices recommendations.

Mental Health

During the pandemic, mental health services will be more important than ever.

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

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

COVID-19 Data Monitoring

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

1. Epidemiology of viral infection in the state on a county by county basis
2. Number of people using virtual screening



3. Number of tests administered and number positive
4. Number of persons in quarantine and in isolation
5. Test turnaround times
6. Hospital ICU capacity
7. Isolation facility capacity
8. Personal protective equipment (PPE), including masks, supply levels
9. Vaccination rates for influenza and COVID-19

Assuring Compliance

Compliance with the IU policies is essential to stop spread of the virus and keeping the IU community safe. In the event that these policies are violated, individuals will face academic/administrative consequences. The specific way these are implemented depends on whether the person who fails to comply is a student, staff or faculty member.

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

Education and Communications

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

1. Education and Training
 - a. Self-monitoring symptoms protocol
 - b. Known risk factors – personal and situational
 - c. Self-monitoring if COVID-19 positive
 - d. PPE, including masks when necessary
 - e. Personal hygiene protocol
 - f. Post travel (domestic and international) protocol
 - g. Quarantine and isolation procedures
2. Communications
 - a. The restart plan and guidelines
 - b. Education and training materials and expectations
 - c. Expectations and consequences of non-adherence to restart guidelines and requirements
 - d. We will continue to hold weekly webinars (or as needed) to give updates, answer questions, and discuss plans. In addition, we will plan regular webinars with individual campuses and constituents to answer their questions.
 - e. The covid.iu.edu website will be continuously updated with information, links, and FAQs to answer any and all questions that constituents might have.

Community Engagement



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



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