

“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 Summer 2021**

April 30, 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 Spring 2021 Report.....	7
Committee Recommendations	7
Return to Campus.....	7
Risk Mitigation.....	8
Campus Screening.....	8
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	11
Travel	11
Vulnerable Populations.....	12
Specialized Programs.....	12
Faculty and Staff.....	12
Co-Curricular Activities	13
Monitoring, Testing and Case Tracking	14
Symptomatic Testing.....	14
Mitigation Testing	14
Contact Tracing.....	15
Isolation and Quarantine	15
Vaccinations	16
Mental Health	16
COVID-19 Data Monitoring.....	16
Assuring Compliance	16
Education and Communications.....	17
Community Engagement	17
References Cited and Additional Sources	18



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 will consult the EALC and others and decide how these recommendations can be implemented to ensure the safety of faculty, staff, and students.

Committee Members and Focus Areas

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LEGAL AND ETHICAL ISSUES

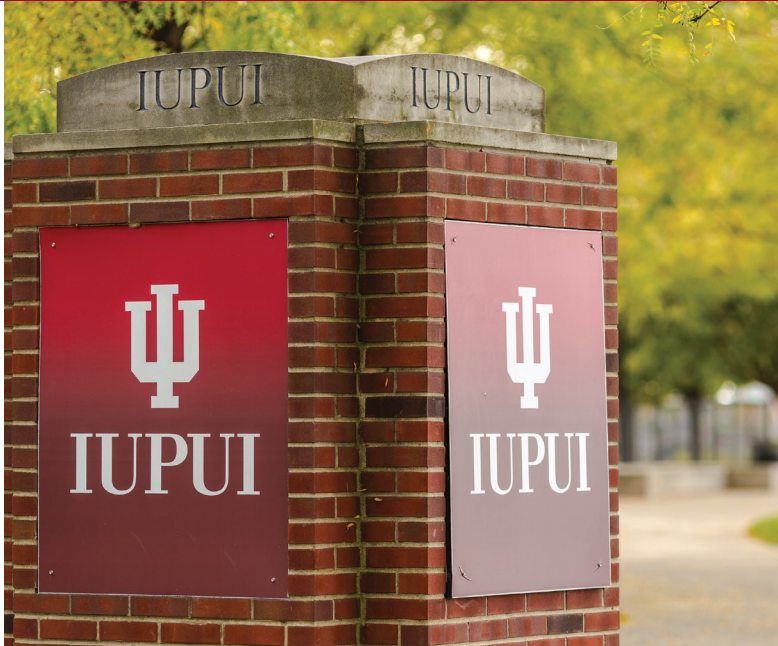
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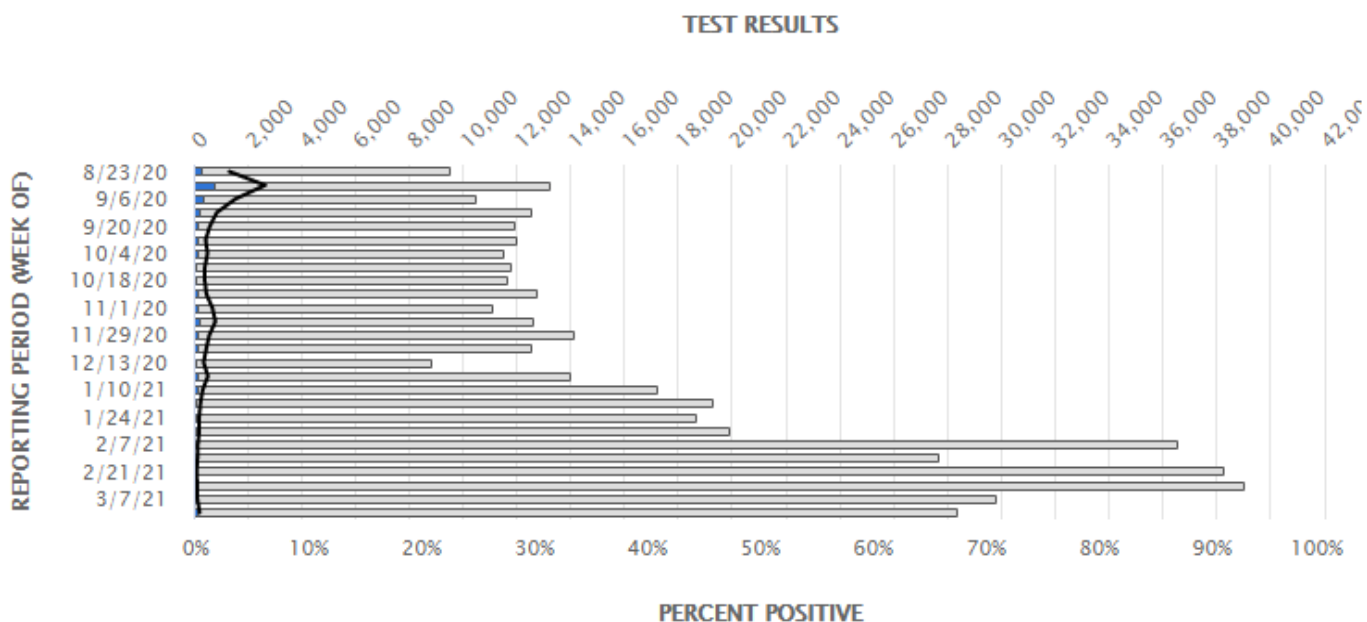
Introduction

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 to a lesser degree through aerosol transmission and contact with contaminated surfaces¹. 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 students, faculty, and staff, 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 Summer semester, we are operating under the assumption that there will continue to be community spread until herd immunity is achieved through vaccination and infection and recovery. While vaccination ramps up, it is unclear what proportion of the IU community will be vaccinated over the summer months. **Because of this, proposals for liberalized events in completely vaccinated groups will not be entertained throughout the summer.**

Therefore, as IU transitions to summer activities, the primary tools to limit the viral spread and harm continue to be primarily prevention, through vaccination and a combination of personal and public health practices and supportive therapy. The Committee’s recommendations, wherever possible, are evidence-based and intended to facilitate faculty, staff, and students returning to campus as safely as possible. This involves balancing risk with benefit.

The duration of this pandemic remains unclear, and the situation is dynamic and continues to develop. 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

- Vaccination should be encouraged for all current and future constituents throughout the summer.
- Herd immunity is unlikely to be achieved without vaccination
- Safe and effective vaccines against SARS-CoV-2 have been developed and are available to everyone in Indiana 16 years old and older starting on March 31, 2021.
- Approximately 40-50% of individuals infected by SARS-CoV-2, and capable of shedding virus are asymptomatic.⁴ Pre-symptomatic and asymptomatic spread are estimated to account for more than 50% of spread, according to the CDC.
- A number of potentially more contagious SARS-CoV-2 genetic variants 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 reported in Indiana, accounting for more than one-third of cases in March, 2021.



- A variety of risk mitigation and monitoring strategies need to be in place. Further strategies should be considered as technologies advance and more data becomes available.
- In the event of a resurgence, criteria and procedures need to be in place for a campus or campuses to isolate or reduce in-person activity rapidly.
- If viral spread continues to decrease, restrictions may be relaxed in a phased approach.
- Plans may differ for the undergraduate, masters, and doctoral programs and for the health sciences schools.
- Special consideration must be given to the individual susceptibilities of vulnerable populations within the faculty, staff, and student community.
- The variations among campuses must be considered and policies governing various locations must abide by local health department guidelines.
- Faculty and staff should continue working on a remote basis if feasible, or until directed to return to campus by human resources.
- Clarity of roles and responsibilities of IU, IU Health, the IDOH and local health departments is important.
- The “dose” of exposure matters so policies and prevention techniques are needed to reduce the amount of exposure to the virus to the lowest levels possible in those situations where infected individuals are on campus but have not yet been identified and quarantined.

Major Changes from Spring 2021 Report

1. Vaccines are now strongly encouraged, and should be reported to IU at <https://iuforms-fireform.eas.iu.edu/online/form/authen/covidvacc>. (Page 16)
2. Those who have reported their vaccinations to IU will be excluded from mitigation testing (Page 15) and will no longer need to quarantine if they have been a close contact to someone with COVID and are asymptomatic. (Page 16)
3. Travel policies have been changed to mirror updated CDC guidance. (Page 11)
4. Guidance for large events had been updated to meet local guidance. (Page 8)
5. These and other, more minor, changes are highlighted throughout the report.

Committee Recommendations

Return to Campus

1. This report covers the time period from May 16 (after commencements) to July 31.
2. Further changes above and beyond this report will depend on the amount of viral spread in the community, having sufficient testing capacity, contact tracing capacity, hospital capacity and other metrics that are reviewed regularly by the Medical Response Team (MRT)

Risk Mitigation

Campus Screening

1. Faculty, staff and students must comply with mitigation testing and contact tracing, quarantine and isolation.
2. Mitigation testing will continue throughout the summer session. Those who are fully vaccinated (two weeks after the final dose) and have reported their status to IU will be excluded from mitigation testing.
3. All individuals returning to campus will conduct self-screening for COVID-19 (and other illnesses such as flu to reduce overall illness risk and burden) with protocols provided by IU.
4. Faculty, staff and students in special situations such as athletics, theater, and dance where physical distancing and other public health measures are difficult may undergo more frequent monitoring and testing (see Specialized Programs and Co-curricular Activities below).

Physical Distancing

1. Maintain at least 6 feet between people/workstations. Current CDC recommendations allowing 3ft are specific to classroom settings in K-12 environments and have not yet been expanded beyond that.
2. Maintain barriers at high-visited areas such as reception desks and check-in points.
3. Provide signage at entrances indicating public health measures to be taken.
4. Large Events
 - a. Are defined as any gathering of >25 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. Masking continues to be required and specific guidance can be found at <https://docs.google.com/document/d/1G4Y0twGC1KykMpBVo-OSRRfPJvYb4w-/edit>
3. Require hand hygiene and respiratory etiquette (i.e., no hand shaking, cough in elbow etc.).
4. Instruct all students, faculty, and staff to stay home if sick or if he/she is a close contact of someone diagnosed with COVID-19.
5. All students, faculty, and staff must be prepared to isolate or quarantine when necessary. Everyone must be prepared to participate in any case investigation and contact tracing with state, local, or university health officials.
6. All students, faculty, and staff must self-monitor health for symptoms of COVID-19 and use IU's symptom monitoring protocol when symptomatic.
7. All students, faculty, and staff that are COVID-19 positive must work with contact tracers to identify close contacts so they can be notified of their exposure.



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.
4. Identify high-touch areas (doors, cabinets, etc.) and investigate options to implement no/ reduced touch options

Campus Housing

1. Double dorm room occupancy will be feasible if students are allowed to choose their roommates.
 - a. Allow students in vulnerable populations to request a single room.
2. Assign students to specific bathrooms if there are multiple units on a floor.
 - a. Schedule times for grooming and showering to reduce simultaneous occupancy when possible.
3. Clean shared bathrooms at least two times per day.
4. Restrict events and social activities as per current physical distancing guidance. Establish allowable occupancy and develop plans to monitor and enforce.

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.

Food Service

1. Provide pick-up, drop-off, delivery, and single meal and plated meal service only.
2. Self-service beverage stations are permitted. Self-service food stations (buffets, salad bars, etc.) are discouraged but permitted as long as a staff member serves customers (not to exceed local health order).
3. 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.
4. Space in-person dining areas to allow for physical distancing and prioritize outdoor dining areas, where feasible.
5. Limit number of indoor diners to 25% of capacity and limit tables to six or fewer guests. This may be revisited throughout the summer as individuals get vaccinated and depending on the local epidemiology.
6. Ensure that ventilation systems operate properly and evaluate options for increasing fresh air to the space.
7. All lines need to accommodate and be marked for physical distancing.
8. Assign vulnerable workers to duties that minimize their contact with customers and other employees.

9. Enforce frequent handwashing, physical distancing, and the use of masks for employees.
10. Offer staff sick leave and add COVID-19 as reportable for food service employees.
11. Use touchless payment options as much as possible and encourage pre-order and pre-payment options.
12. Consider physical barriers, at cash registers, or other food pickup areas where maintaining physical distance of at least 6 feet is difficult.
13. Ensure employees are regularly monitoring their health.
14. Post signage on how to stop the spread of COVID-19 and promote everyday protection measures.

Classes: Instruction and Learning Environments

1. Organize classes to minimize risk.
 - a. Adjust schedules to avoid traffic.
 - b. Minimize class sizes to achieve physical distancing of at least 6 feet.
 - c. Masks shall be worn on campus and in classes.
 - d. Implementation of a hybrid mode of face-to-face and online instruction will likely be necessary for summer
 - e. Implement close monitoring and tracking of in-person attendance to facilitate contact tracing in the event of an exposure.

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 and physical distancing reminders.
 - d. Place appropriate signage at entrances and within buildings indicating pathways and positions for standing, waiting, etc., where applicable.
2. Investigate options to implement no/reduce touch options such as, card access, or sensor-triggered doors.
3. Outbreak management measures in facilities include:
 - a. Utilize crowd-sourced cleaning and disinfection in public areas by providing wipes and signage in common areas to increase frequency of cleaning.
 - b. Allocate space within buildings through layout and design to allow for physical distancing where possible.
 - c. Post educational signage.
 - d. Prohibit non-essential vendors and deliveries.
 - e. Conduct activities outdoors when possible (classrooms, dining, events, etc.).
 - f. Consider streets or parking lots that can be closed to cars in order to maximize space for walking through campus.



- g. Consider barriers, at high-traffic point-of-sale, service, reception or other locations where frequent face-to-face interaction must occur.
- h. Provide routine cleaning and disinfection
- i. Increase visibility (signage) and availability of handwashing facilities.
- j. Ensure handwashing facilities are fully stocked and operational.
- k. All high touch points should be regularly cleaned and disinfected.

Transportation: On and Off Campus

1. Physical distancing may not be feasible when using campus transportation (vans, buses). Longer trips increase the possibility of viral transmission. Passengers should keep risks to a minimum by following CDC guidance⁸ and using the following risk minimizing strategies:
 - a. Encourage walking and biking as much as possible.
 - b. Limit capacity to 50%.
 - c. Avoiding eating or drinking on buses.
 - d. Wear masks, preferably surgical masks, particularly on longer trips, on all public transportation (<https://docs.google.com/document/d/1G4Y0twGC1KykMpBVo-OSRRfPJvYb4w-/edit>).
 - e. Provide routine cleaning and disinfection.

Travel

1. Travel remains restricted. The policy for domestic travel is set forth by Travel Management Services (<https://iuttravel.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. Travelers undertaking approved travel pursuant to these policies should follow all health precautions recommended by the CDC, and are encouraged to delay travel until they are fully vaccinated.
 - b. Guidance for vaccinated and unvaccinated individuals differs, and individuals should determine the correct actions to take:
 - i. Vaccinated travelers are not required to minimize activities, quarantine, or pursue testing upon return. However, international travelers are encouraged to pursue testing 3-5 days after return.
 - ii. Non-vaccinated individuals returning to campus should minimize non-essential activities as much as possible for at least 7 days and pursue testing 3-5 days after return.
 - c. International travel for undergraduate students remains suspended, with the exception of a small number of study abroad programs. Approval for these programs will be granted on a case-by-case basis by the Office of the Vice President for International Affairs in consultation with the Medical Response Team.
2. Travel guidelines and restrictions for visitors:
 - a. Consider alternatives before extending invitations to visit campus.
 - i. Limit to only most critical visitors.
 - ii. Continue an approval process.

- iii. Implement pre-conditions for campus visits including self-screening and self-temperature checks.
 - iv. Provide masks if necessary.
3. Structure the academic calendar, where possible, to minimize travel associated with breaks.

Vulnerable Populations

1. Certain populations are more vulnerable for severe COVID-19 infections and may need special considerations to reduce their risk of exposure. “Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at a higher risk for severe illness from COVID-19.”² CDC identifies “older adult” to be 65 years of age or greater.
2. Individuals with higher risk of severe illness, or living with an individual of higher risk, should consider risk-reducing strategies such as telework, and online course delivery, where feasible. Specific work situations should be discussed with campus health services and human resources to determine the most appropriate resolution.

Specialized Programs

1. Health Sciences Students
 - a. Continue to follow guidelines established by the health sciences deans, which are aligned with their respective professional organizations.
 - b. Students may work with suspected known COVID-19 patients either as part of the required curriculum or in circumstances where volunteers are needed for healthcare delivery provided this is done in accordance with the American Association of Medical Colleges guidelines, which include having adequate PPE, adequate supervision, the ready availability and reporting of viral testing¹¹.
 - c. **Essential laboratory activities may be held at increased capacity as long as they comply with current distance and masking guidance. Questions about this will be reviewed by the Medical Response Team.**
2. Music, Dance and Theater Students
 - a. Abide by recommended risk mitigation strategies, including maintain physical distancing and attempt to increase distance between people when there may be singing, yelling, heavy breathing, etc. Further guidance on specific activities will be forthcoming. More specific guidance for the performing arts is provided [here](#).
 - b. Consider outdoor activities and continued virtual instruction, where possible.
 - c. Frequent testing of faculty, staff and students involved in prioritized rehearsals and performances may be required. Students and faculty who wish to participate in activities that necessitate larger groups gathering or physical contact may be required to participate in daily antigen testing.

Faculty and Staff

1. Extend sick leave to essential and high-contact staff who do not currently have sick leave (i.e. food service staff, facilities, etc.).
2. Review and update leave policies specifically to COVID-19.
3. Review attendance policies as related to COVID-19.
4. Require university community to stay home and cooperate with efforts to notify their close contacts



when diagnosed with COVID-19.

5. Require employees to participate in all case investigations and contact tracing needs of state, local, and university health officials.
6. Encourage telework, distance learning, stagger return of on-campus community and work schedules, where feasible.
7. Consider special accommodations for faculty and staff in the vulnerable population involving Human Resources as necessary.

Co-Curricular Activities

Athletics: As all athletes are students, university guidelines should be applied universally.

Because athletics presents challenges with physical distancing and minimization of groups, particularly with contact sports, special considerations should be made to protect the student-athletes, coaches, athletic trainers, and strength staff. Specific guidance on monitoring, testing and expectations for these individuals involved in intramural and intercollegiate sports is available for [gyms/fitness centers](#), [outdoor recreational activities](#), [indoor recreational activities](#), and IU athletics in [Phase 1](#) and [Phase 2](#).

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

1. Class sizes and equipment must be spaced to accommodate physical distancing (at least 6 feet between people and equipment).
2. Limit users to 25% occupancy initially, to be revisited as outbreak conditions change.
3. Continue to offer virtual workout options.
4. High-risk employees should minimize their contact with other guests and employees.
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. Consider expanded crowd-sourced cleaning.
9. Use approved disinfectants and contact times rated to be effective against SARS-CoV-2.
10. Screen employees at the start of each shift.
11. Employees must wear masks.
12. Outdoor pools are safer than indoor pools, and are recommended.

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. Give priority of care to essential workers.
2. Advise those faculty and staff in COVID-19 vulnerable populations about the potential enhanced risk of providing care.
3. Maintain physical distance and not allowing more than 20 children within one classroom or area.



4. Recommend maintaining children in consistent groups with the same caregivers to minimize mingling.
5. Allow one hour a day for cleaning and disinfection without children present.
6. 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 faculty, staff and students 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 faculty, staff and students 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. Faculty, staff, and students 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 students, faculty and staff. As this testing evolves, it will be reviewed and assessed for possible broader implementation.

Mitigation testing

IU will administer an intensive mitigation program to keep the number of infections on campus as low as possible. For the summer, this includes:

1. Mitigation testing of randomly selected unvaccinated faculty, staff and students will be performed. Some at-risk populations may be tested weekly or more frequently. Constituents be notified by email each week if they have been selected for testing, and then will be instructed to schedule a test online. Mitigation testing is mandatory.
2. In addition, voluntary asymptomatic testing will be available to constituents who are not selected for



mitigation testing, but would like to be tested, on some campuses, which will expand over time.

3. Those who have reported their fully vaccinated status (two weeks after the last dose of vaccine) to IU will be excluded from the mitigation testing pool. They may still get voluntary testing if desired. They should follow symptomatic pathways and get tested per IU's virtual symptom checking protocol (testing.iu.edu).

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 a close contact of a case not known to IU must also self-report using the self-report form. Individual faculty, staff, students 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 faculty and staff and will be a requirement for admission and returning to campus for students.
 - c. Faculty, staff and students 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 check platform to support daily monitoring for individuals who have tested positive for COVID-19 and those in quarantine. Faculty, staff and students 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.

4. Those identified as close contacts should remain in quarantine for at least 10 days as per CDC guidelines and IDOH policy. Vaccinated individuals are not required to quarantine after close contact if they have submitted their vaccination status to IU. 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. Multiple COVID-19 vaccines have been approved by the FDA for Emergency Use Authorization (EUA). These vaccines will be critical tools for ending the COVID pandemic. These vaccines are available for those 16 years and older starting on March 31, 2021. All current and future IU constituents are encouraged to get the vaccine as soon as possible. A communication and education plan will be important to encourage faculty, staff and students to undergo vaccination.
2. All IU constituents should report their vaccinations to IU at <https://iuforms-fireform.eas.iu.edu/online/form/authen/covidvacc>.

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 faculty, staff and students 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 including physical distancing and wearing masks in indoor spaces and whenever physical distancing is not possible, outside, along with compliance with Mitigation Testing, Contact Tracing, Quarantine and Isolation, and Vaccination requirements, 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
 - e. Physical distancing requirements and facility flows – dormitories, lecture halls, classrooms, laboratories, cafeteria
 - f. Personal hygiene protocol
 - g. Post travel (domestic and international) protocol
 - h. 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 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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