Response to New York State Department of Health
Interim Guidance for Higher-Education
During the COVID-19 Public Health Emergency

Date of Submission: July 17, 2020
Overview

Syracuse University intends to reactivate a residential campus and offer in-person instruction beginning on August 24, 2020. Consistent with the Interim Guidance for Higher-Education During the COVID-19 Public Health Emergency - issued by the New York State (NYS) Department of Health on June 28th, 2020 - this document is provided as a mechanism to:

1. Affirm to NYS the intention of Syracuse University to resume residential instruction on August 24, 2020, and
2. Demonstrate that Syracuse University’s reopening plan is consistent with the policies, protocols, and requirements of NYS related to reactivating our residential campus for in-person instruction.

The foundation of Syracuse University’s plan for reopening and in-person instruction is a commitment to prioritize the health, safety and well-being of students, faculty, staff and the Central New York Community. To that end, in April (2020), Syracuse University leadership created and chartered a Public Health and Emergency Management working group, focused on developing recommendations and policies supporting a safe re-opening and the resumption of residential instruction on campus. Members of the Subcommittee included faculty, staff, and administrators from across the campus community, with focused expertise and experience in the areas of public health practice, epidemiology, medicine, health promotion, law and emergency management. Specifically, this group was chartered to offer recommendations and strategies consistent with public sector policy guidance and best public health practice, and as appropriate for the Syracuse University campus setting.

The Public Health and Emergency Management committee completed its initial report - titled Syracuse University SAFE; A COVID-19 Public Health & Emergency Response Framework Supporting Reactivation of a Residential Campus - on June 10th. The report’s 127 recommendations are designed to promote individual and public health and apply broadly to all campus-wide operational activities. Importantly, those recommendations have also informed planning related to classroom teaching, residential life, student experience activities and other policies impacting a return to a residential campus experience in the fall of 2020. The Syracuse University SAFE report is posted publicly on Syracuse University Fall 2020 website and has been socialized broadly with the campus community.

Accordingly, we have included three exhibits as supplemental to this submission as a means to provide NYS additional detail and context related to the protocols and policies Syracuse University is currently implementing to ensure the health, safety, and well-being of students, faculty, staff and the Central New York Community. Those supplemental attachments are as follows:

1. Syracuse University SAFE; A COVID-19 Public Health & Emergency Response Framework Supporting Reactivation of a Residential Campus; Syracuse University’s health, safety, and
emergency management framework supporting resumption of residential instruction in fall 2020.

2. Return to Campus Guide for Faculty & Staff (Summer 2020); Syracuse University’s policies, protocols and recommendations for returning faculty and staff to campus.

3. Reopening Syracuse University Athletics; A Health & Safety Framework; Acknowledging the unique social, living and travel routines characteristic of student-athletes, we have developed a specific COVID-19 health and emergency management protocol supporting Athletics.

In what follows, we address Syracuse University’s planning and preparedness efforts consistent with the requirements detailed by the NYS Department of Health in the Interim Guidance for Higher-Education During the COVID-19 Public Health Emergency, and more generally our plan to reopen and operate for the duration of the COVID-19 public health emergency, until circumstances and State requirements allow for a modification of the plan.

Our plan reflects engagement with campus stakeholders, including (but not limited to) administrators, faculty, staff, students and, where appropriate, affiliated organizations. Importantly, we also acknowledge that institutions of higher education are composed of a variety of workplace settings and vocational roles. For that reason, where applicable our planning efforts are also informed by relevant “industry specific” guidelines provided by the NYS Department of Health for operations of dining halls (NYS Interim Guidance for Food Services during the COVID-19 Public Health Emergency), research (NYS Interim Guidance for Higher Education Research during the COVID-19 Public Health Emergency), office workspaces (Interim Guidance for Office-Based Work during the COVID-19 Public Health Emergency), transportation (Interim Guidance for Public Transportation Activities during the COVID-19 Public Health Emergency) retail stores (Interim Guidance for Retail Business Activities during the COVID-19 Public Health Emergency), and others, as applicable. We have organized this submission consistent with the outline and guidance detailed by the NYS Department of Health on June 28th, 2020. Specifically, this submission is organized based on the following structure and subject areas:

1. Campus Organizing & Response Structure

2. Reopening of the Syracuse University Campus:
   a. Capacity
   b. PPE
   c. Testing
   d. Residential Living
   e. Operational Activity
   f. Restart Operations
   g. Extracurriculars
h. Vulnerable Populations
i. Hygiene, Cleaning and Disinfection

3. **Monitoring of Health Conditions:**
   a. Testing Responsibility
   b. Testing Frequency and protocols
   c. Early warning signs
   d. Tracing
   e. Screening

4. **Containment:**
   a. Isolation
   b. Quarantine
   c. Students confirmed or suspected to have COVID-19
   d. Hygiene, Cleaning and Disinfection
   e. Communication

5. **Shutdown of In-Person Operations (if required):**
   a. Operational Activity
   b. Move-out
   c. Communication

Syracuse University has assumed a deliberate, thoughtful, and science-based approach to our planned reactivation of a residential campus experience for students and faculty in the fall of 2020. Working closely with the Onondaga County Health Department and local leaders, we have prioritized COVID-19 prevention, planning and preparedness and a commitment to ensuring the health and wellbeing of our campus and the Central New York Community. Further, we are committed to maintain the policies and procedures detailed in this submission and included in the supplemental exhibits throughout the duration of the COVID-19 health emergency, or until such time as NYS requirements allow for a modification of the plan.
1. Campus Organizing & Response Structure

Syracuse University has established a full-time COVID-19 Project Management Office (PMO), designed as a whole-of-the-University organizing and response infrastructure in support of the resumption of residential campus life. The function of the PMO will be to coordinate, monitor and manage Syracuse University’s day-to-day efforts to assess, prevent, contain and mitigate the spread of COVID-19 within the campus community. Specifically, the function of the PMO will include (but is not limited to) the following activities and responsibilities:

a. As appropriate, provide accurate data to the Onondaga County Health Department, the NYS Department of Health, and/or other governmental or public health entities
b. Coordinate the University’s virus surveillance and clinical testing schedule, capability and activities
c. Track COVID-19 testing outcomes and associated data, and safeguard that data as required to ensure individual privacy
d. Manage and coordinate Syracuse University’s wastewater testing and virus surveillance
e. Serve as liaison to Syracuse University’s virus surveillance testing partner (Upstate Medical University)
f. Manage the University’s contact tracing program, in coordination with the Syracuse University Medical Director and the Onondaga County Health Department
g. Facilitate and coordinate resources and shared services with the Onondaga County Health Department with respect to contact tracing and reporting
h. Coordinate day-to-day operations of the University isolation and quarantine facilities
i. Coordinate appropriate transportation services associated with isolation and quarantine facilities
j. Establish a regular communications update to University leadership and the campus community related to data and metrics to support policy making and operational concerns
k. Serve as a COVID-19 information clearinghouse to help address campus and community questions related to University policies and operational status
l. Support University reporting responsibilities to governmental and public health entities
m. Plan, coordinate, and execute the University’s response to COVID-19 crisis and emergency situations
n. Develop and deliver training to Syracuse University students, faculty, and staff to enhance University community preparedness
The Syracuse University COVID-19 PMO will be staffed by two full-time employees with experience in emergency management and is directly accountable to a senior member of the University's executive leadership team. In addition, the University has designated two experienced public health epidemiologists (faculty) to serve as technical directors of the PMO. The Syracuse University Medical Director will serve as the clinical director of the PMO.

In addition, to support information sharing and expedited decision-making, the PMO will identify and designate liaisons representing key units across the campus enterprise. These liaisons will serve as operational contacts responsible for coordinating day-to-day COVID-19 issues and response across the schools, colleges and units. Operational liaisons will convene on a regular basis to review and determine those actions required to manage COVID-19 concerns across campus and in the community. The Syracuse University COVID-19 PMO will remain in operation for the duration of the health emergency.

2. Reopening of the Syracuse University Campus

a. **Capacity**: Importantly, Syracuse University’s initial actions related to reopening for faculty and staff commenced on May 14, 2020, when Onondaga County was given permission by NYS to commence Phase One of the statewide re-opening blueprint (see: Return to Campus Guide for Faculty & Staff). That effort is ongoing and proceeding consistent with the Interim Guidance for Office-Based Work during the COVID-19 Public Health Emergency, and other relevant guidance issued by the NYS Department of Health. In what follows, we specifically address re-opening as it relates to the resumption of residential campus (in-person) instruction, in response to the mandatory requirements and best-practice recommendations detailed in the NYS Department of Health’s Interim Guidance for Higher-Education During the COVID-19 Public Health Emergency (June 28th, 2020).

Syracuse University plans to welcome approximately 17,000 students to our residential campus. The University will implement a modified academic calendar that eliminates the requirement that students return to campus following the Thanksgiving break.

Syracuse University students will arrive on campus in phases, in cohorts of approximately 2,000-2,500 per day, over a 4-5-day period beginning on/about August 17, 2020. Only one parent, relative or guardian will be permitted to accompany an arriving student, and that escort cannot remain with the student/in Central New York beyond the time required for the residential move-in process. Any domestic or international student traveling to Syracuse University from a location subject to a NYS or federal travel advisory will be required to observe applicable quarantine requirements prior to arriving at Syracuse University and accessing the Syracuse University campus. Further, any domestic or international student who is subject to a NYS or federal travel advisory -
and who intends to live in an on-campus residence hall will be required to quarantine at an off-campus location (non-Syracuse University owned or operated) prior to arriving on campus.

To mitigate the person-to-person contact typical of residential move-in, the University is requiring that students ship the majority of their personal property to the University at least one week prior to their scheduled move-in date/time. This personal property will be stored by the University, on behalf of the student, and will be made available to the student upon move-in.

Across all residential, academic and student-centric spaces, we are acting to reconfigure facilities—to the maximum extent practical—to support public health practices and behaviors identified as conducive to reducing the risk associated with virus transmission. Specifically, the University is implementing the following strategic actions aligned with ensuring the institution’s capacity to safely support residential enrollments at the scale currently anticipated:

- The University will implement a ‘HyFlex’ model of residential instruction, designed specifically to reduce classroom density so as not to exceed 50% of a given classroom’s capacity limit (assuming individuals can maintain 6 feet of separation). Masks will be required of all faculty and students while in the classroom.

- The University is reconfiguring all work and public space to allow for least 6 feet between individuals, to include the installation of protective barriers as required, removing chairs and desks to ensure proper physical distancing in conference and waiting rooms and introducing wayfinding signage at entrances indicating how to proceed (avoid unnecessary wandering, congregating or human-to-human direction seeking).

- To mitigate potential clinical capacity constraints at the Syracuse University Health Center—and to also support expedited diagnosis of COVID-19 infection—Syracuse University will make the influenza vaccine mandatory for all students, faculty and staff who will reside or work on campus in the fall of 2020 (subject to certain medical, religious or other approved exceptions).

- Syracuse University is installing hand sanitizer stations at all entrances and high-traffic areas and providing students and faculty sanitizing supplies (‘kits’) for individuals to clean their academic spaces before and after use. The University will maintain hand hygiene stations throughout the institution, including handwashing with soap, running warm water and disposable paper towels, as well as alcohol-based hand sanitizer containing 60% or more alcohol for areas where handwashing is not feasible. Further, the University is removing high-touch items such as magazines, common pens, etc. from all classrooms and common spaces, and installing “airport-style” ropes or other barriers to distance people in high-traffic areas, and at desks and kiosks.

- Syracuse University will severely restrict visitors to campus, and limit public events and other convenings on campus during the fall semester in support of reduced physical density across campus. Faculty, staff and student travel will also be limited, and those who do travel will be subject to NYS quarantine requirements prior to returning to campus (if applicable).
• Syracuse University will also launch educational programming that will inform new and returning students about the health behaviors expected and required during the fall semester. These programs will communicate social distancing norms, emphasize enforcement of rules around social distancing or other safety or hygiene measures, with considerations of perceptions of public safety and marginalized populations, particularly as it relates to parties, social events, etc.

b. **Personal Protective Equipment**: Syracuse University will require that faculty, staff, and students wear face masks while on campus. The University will provide all faculty, staff, and students a supply of washable cloth masks upon return to campus, at the University's expense. In some environments, such as in experiential academic settings where social distancing cannot be reliably maintained, students and faculty will also be provided face shields (in addition to masks). Also, to the extent a greater level of PPE is required, the University will supply such safety equipment in accordance with OSHA Guidelines. The University has developed a sustainable supply chain and vendor relationships appropriate to support projected PPE requirements throughout the academic year.

In addition, Syracuse University has developed and will implement a comprehensive health promotion communications effort, that emphasizes the importance of PPE usage as a strategy to mitigate virus transmission. This campaign includes physical and digital signage, social media posts and badges and regular campus notifications. The University will also require returning students to acknowledge a 'social contract' regarding compliance with public health behaviors, to include wearing face coverings at all times while on campus. The Syracuse University Code of Student Conduct and related policy documents and communications clearly convey that compliance with University and government public health directives - to include PPE usage - is an enforceable requirement to remain in good standing at Syracuse University.

c. **Testing**: Syracuse University’s plan for testing and screening is robust, comprehensive and designed by epidemiologists, biologists, and other public health professionals at Syracuse University and in collaboration with Upstate Medical University. Specifically, for students:

• All returning students will be required to provide the University documentation of a negative COVID-19 test within 7 days prior to their travel to CNY. Only students who comply with this requirement will be permitted access to the Syracuse University campus.

• Upon arrival on campus, all returning students will be screened for the presence of COVID-19 infection.

• Specifically, over a staggered, 4-5 day return to campus schedule for students, we will screen the entire student population using pooled sample saliva testing; that is, each student will provide a saliva sample, and those samples will be combined into a pool of between 20-25 students for testing.
• Returning students will be grouped into pools (or cohorts) based on residence hall assignments. For off-campus students, these pools will be based on cohabitating students and off-campus student neighborhoods.

• The pooled samples will be tested overnight (24-hour return of results) by a lab at Upstate Medical University. Students will be instructed to self-quarantine until screening results are returned to the University.

• Any pool sample that returns a COVID-positive result would then immediately trigger individual diagnostic testing of each student who contributed a sample to that pool.

• Syracuse University is implementing its own on campus capability to conduct rapid COVID tests at the University’s Barnes Center at the Arch (the student health center). Specifically, the University has procured five (5) rapid test platforms and analyzers (FDA and NYS-approved) that will return results within 30 minutes. The University will leverage this capability to confirm symptomatic cases, as well as to support individual-level testing given positive results from our pooled sample virus surveillance program.

• Those individuals who receive a COVID-positive result via diagnostic testing will be transported to University-provided isolation housing. Transportation to, from, and between isolation and quarantine residential facilities will be provided by the Syracuse University Ambulance service (NYS credentialed EMTs).

• The University will implement this same population screening routine (pooled sampling virus surveillance) a second time, for the entire population, two weeks after students return.

• In addition, the University will be conducting routine, random and ongoing testing of students throughout the semester, which is described in additional detail in a subsequent section of this submission.

• Importantly, it will be a mandatory requirement that all students participate in this testing program to access campus privileges. The University will use the ID-card system to track participation.

• The University has identified both isolation and quarantine residential facilities for students. These facilities are owned and controlled by Syracuse University, and offer significant capability and capacity to support anticipated isolation and quarantine requirements. Students required to isolate or quarantine will be assigned a University case manager, who will support the needs of those students during the isolation/quarantine period.

Diagnostic testing for symptomatic faculty and staff will be accomplished by the employee’s primary care physician, or at one of the community-based COVID-19 testing locations throughout Central New York. All faculty and staff are required to conduct daily online health checks prior to receiving electronic permission from the University (via email) to come to campus each day. Any failed health screen results in the faculty or staff member being directed to stay home and to proceed to a testing
Faculty and staff will also participate in the ongoing and routine pool sample monitoring program described previously and the University’s campus-wide wastewater surveillance testing.

d. **Residential Living**: Capacity in common areas (lounges, dining facilities, elevators, study rooms) across all residential living spaces will be reduced by 50% at a minimum. In all residential living spaces, bathrooms, common areas, elevators, doorknobs and handrails will be cleaned regularly; and, in compliance with NYS and CDC guidelines, sanitation centers will be installed in common areas and high traffic areas. Syracuse University will provide all students with a sanitation/PPE ‘kit’ upon arrival; this will include three facemasks and hand sanitizer. As stated previously, the University will require students to wear masks when on campus, including in residence hall common space. As with classroom-based activities, community building and student experience activities will proceed in a hybrid model that minimizes the need for in-person experiences.

Residence hall staff practices have been adapted to minimize contact by employing technology and modifying practices (i.e. Resident Assistant rounds, mail pick-up, spare key processes). Physical barriers will be installed at residence hall main desks and residential security stations. Custom signage will be installed in all residence halls. This will remind students of public health guidelines (mask wearing, social distancing, hand washing). Signage will be installed in high traffic areas to demarcate 6-foot distance for service lines. Common areas will have signage that informs students where to sit and room capacity.

Syracuse University has created a social compact and pledge (https://www.syracuse.edu/stay-safe-pledge/) that will guide interpersonal interactions. Residential staff will provide programming that adheres to this compact and will enforce adherence. The guest policy will be amended to state that only students living in a specific residence hall will be allowed entry to that hall, improving our ability to track and trace. Roommate agreements will include explicit information about public health requirements and expectations within residence hall rooms.

All approved housing accommodations will be implemented, specifically students who require a single room and private bath will be accommodated. The University has identified locations for isolation and quarantine and will provide guidance for students in these spaces; failing to adhere to this guidance will result in Student Code of Conduct charges.

e. **Operational Activity**: The University plans to implement a hybrid or ‘HyFlex’ model of residential instruction, designed specifically to reduce classroom density. The objective of this strategy is to leverage technology as a bridge between residential and online learning (i.e. A/B schedules and remote instruction), and therefore enable a model where in-person attendance does not exceed 50% of a given classroom’s capacity limit (assuming individuals can maintain 6 feet of separation). Syracuse University has implemented an aggressive summer technology revision program focused on the University’s classroom inventory and in support of the ability to deliver this hybrid or ‘HyFlex’ model of residential instruction. Given this initiative, currently more than 80% of the University’s academic spaces are equipped to support a hybrid or ‘HyFlex’ model of residential
instruction. In addition, Syracuse University will require masks for all faculty and students while in any classroom, and anytime while on campus.

Beyond the classroom, the University is implementing de-densification strategies across the campus, and protocols for regular cleaning and disinfection of facilities and more frequent cleaning and disinfection for high-traffic areas or other areas with frequently touched surfaces, including regular cleaning and disinfection of restrooms. Finally, the University has developed a decision framework to identify and respond to scenarios that may require decreasing on-campus activities and operations, and/or closing the campus. That framework is detailed in the concluding section of this submission, and includes complementary details related to how students would safely depart campus in the instance of a campus closure.

f. **Restart Operations:** Syracuse University is currently conducting an infrastructure evaluation on every campus building, to develop a specific operating plan for each campus facility. This review includes an evaluation of all classrooms, meeting and convening space, and extends to considerations such as the means of travel in and through the building, de-densification strategies, and an evaluation of the airflow/air quality in each facility.

The University’s portfolio of facilities has a range of types of HVAC systems, and thus vary relative to the potential risk associated with airborne transmission of COVID-19. That said, the relative risk levels associated with University facilities are substantially the same as any educational, commercial, or retail environment; and thus any and all possible HVAC system modifications are currently being executed in collaboration with operational and service model changes, de-densification strategies, the wearing of masks and other PPE, and diligent cleanliness. The evaluation of relative air flow/air quality risk levels has been conducted utilizing the latest guidance and directives from the CDC, NYSDOH and ASHRAE. To date, the University has taken the following actions with regard to addressing airflow/air quality in each facility:

- Demand control ventilation (DCV) has been disabled. By disabling this feature, outdoor air ventilation is run continuously.
- Toilet room exhaust fans controlled by the campus energy management system have been enabled to operate continuously.
- Our main building air handlers that use return air from the occupied spaces have been identified and MERV 13 or MERV 14 (depending on the capability of the unit) filters have been ordered and will be installed. CDC recommendation is to utilize MERV 13 filters where technically possible.
- Where capable and when outdoor air conditions are favorable, we are ventilating with higher outdoor air rates.
- The University has also removed all forced air hand dryers from restroom facilities.
In addition, the University is exploring other internal air quality measures such as HEPA filtration in those facilities without MERV13 filters in return air ducts. Given emerging science related to the potential of airborne transmission of the virus that causes COVID-19 disease, efforts to address air flow/air quality concerns will continue throughout the summer and fall.

In addition, the University is reconfiguring all work and public space to allow for least 6 feet between individuals, to include the installation of protective barriers as required, removing chairs and desks to ensure proper physical distancing in conference and waiting rooms, and introducing wayfinding signage at entrances indicating how to proceed (avoid unnecessary wandering, congregating or human-to-human direction seeking). Facilities revisions will continue throughout the summer on air systems, water systems, and other key facility considerations in support of restart operations, as informed by the most current guidance and directives from the CDC, NYSDOH, and ASHRAE.

g. **Extracurriculars:** Syracuse University has created a procedure and process to review and evaluate fall semester extracurricular activities - and also all experiential learning programs within the academic enterprise - to determine the appropriateness of offering these programs during the COVID-19 health emergency. Those extracurricular and experiential programs that cannot proceed in a way aligned with best public health practice (i.e. in a socially distanced manner, while using masks, not requiring travel outside of CNY, etc.) will be suspended during the fall semester.

h. **Vulnerable Populations:** Syracuse University is not requiring any student or faculty member who is not comfortable returning in the fall (for any reason), to do so. Online learning options will be available to students who wish to continue their academic progress remotely. Further, faculty have been provided the option to ‘opt-out’ of residential instruction for the fall, if for any reason they do not feel comfortable returning to in-person instruction.

i. **Hygiene, Cleaning, and Disinfection:** Frequent cleaning and disinfecting are key to reducing the risk of exposure to COVID-19 on campus, and, for that reason, Syracuse University has established a campus-wide cleaning and disinfection protocol. Specifically, that protocol has been developed to be consistent with guidance issued by the CDC (see: Guidance for Administrators of Institution of Higher Education; [https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-ihe-response.html](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-ihe-response.html)). The protocol includes regular cleaning and disinfection of facilities and more frequent cleaning and disinfection for high-traffic areas or other areas with frequently touched surfaces, including regular cleaning and disinfection of restrooms.

As per CDC guidance, our cleaning and disinfecting protocols include three levels of sanitation, based on the level of community transmission: 1) when there is no community transmission (preparedness phase); 2) when there is minimal to moderate community transmission; and 3) when there is substantial community transmission. Complementary to this effort, we are also emphasizing (via multiple communication channels) those ongoing preventive actions positioned to reduce the risk of exposure to COVID-19 on campus while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands.
3. Monitoring of Health Conditions

Syracuse University has instituted a robust plan to monitor and track health conditions related to COVID-19 on campus on an ongoing basis. The University’s COVID-19 PMO will manage implementation of testing, early warning, contact tracing and screening initiatives. Capacity for testing and screening of students, faculty and staff has been established, along with relevant responsibility assignments and frequency protocols. A virus surveillance protocol is also in place that will readily detect the emergence and spread of infection at an early stage. The University’s contact tracing plan will be central to controlling the spread of the infection on campus. These initiatives were developed in consultation with Onondaga County Health Department and will serve to reduce and mitigate the risk posed by COVID-19 to the campus community.

a. Testing Responsibility: Diagnostic testing will be administered by the Barnes Center at The Arch, which serves as Syracuse University’s student health center. The Barnes Center is a state-of-the-art health and wellness complex providing holistic, integrated services. As the hub for student wellness, the Barnes Center features modern and integrated clinical programs, services and offerings that promote health and well-being, all in one accessible, centralized space on campus. The Barnes Center provides clinical care that includes after-hours care, emergency services and a full-service pharmacy. The Barnes Center has responsibility for purchasing and administering clinic-based testing (a NYS approved laboratory). Syracuse University will utilize two forms of clinical/diagnostic tests: a mail-away model utilizing Quest Diagnostics, and a rapid testing system (FDA and NYS-approved) from Cepheid / Xpert Xpress SARS-CoV-2. Syracuse University has purchased five Cepheid rapid testing machines. The health center is staffed by physicians, physicians’ assistants, nurse practitioners, and registered nurses who will administer tests. To protect the safety and cleanliness of the Barnes Center, Syracuse University will employ a separate, central site (Flanagan Gym) for individuals to receive a COVID test external to the Barnes Center. This testing center will be set up solely for COVID-19 testing. Symptomatic patients will receive a rapid test, which will provide results within 30 minutes. Asymptomatic patients will receive mail-away tests, as well as rapid tests if necessary. Positive test results are relayed through the Barnes Center to the Onondaga County Health Department. Positive cases will receive notification from both the Syracuse University Barnes Center and the Onondaga County Health Department.

b. Testing Frequency and Protocols: Syracuse University will require that all students be tested for COVID-19 before traveling to campus in August and provide a negative test result to the University as approval to travel to campus. Once arrived on campus, the University will screen the entire student population for the presence of COVID-19 infection. This testing will proceed via a pooled sample saliva, under the direction (protocol) of Upstate Medical University. Each student will provide a saliva sample, and those samples will be combined into
a pool of between 20-25 students. Returning students will be grouped into pools based on residence halls and floors of residence halls. For off-campus students, these pools will be based on cohabitating students and neighborhoods. The pooled samples will be tested overnight by a lab at Upstate Medical University. Any positive pool would then immediately trigger individual diagnostic testing of each student who contributed a sample to that pool. This process will repeat a second time two weeks after students return. In addition, the University will conduct routine, random and ongoing virus surveillance testing of students throughout the semester.

As an additional virus surveillance tool, Syracuse University will also conduct wastewater surveillance of residence halls and other selected campus buildings at regular intervals throughout the summer and fall. Other environmental surveillance strategies will be considered as the science advances. All virus surveillance data will be coordinated with the Onondaga County Health Department to understand transmission dynamics in the county and within Syracuse University. An increasing trend in environmental surveillance results would trigger freedom from disease sampling of affected residence halls. Twenty-four-hour composite samples of wastewater will be collected from all sampling points twice weekly. Samples will be delivered to Quadrant Biosciences for analysis. The trend of the campus-wide wastewater stream will be monitored as an early warning signal. An increasing trend in six data points (three weeks) will prompt enhanced mitigation efforts across campus, enhanced testing, and potentially limits on campus activities. Streams from residence halls will be analyzed in a presence/absence fashion.

The presence of SARS-CoV-2 RNA will prompt a quarantine of the residence hall and human screening within the hall. Students will be tested in pools of no more than 25 using a saliva test developed at Upstate Medical University. Any pool testing positive will prompt a clinical-grade test of the students in that pool. Any positives identified will prompt isolation and contact tracing guidelines. Students in the quarantined residence hall will be tested a second time 72 hours following the first test before being released from quarantine. In coordination with Onondaga County, we also plan for wastewater testing in off-campus student neighborhoods.

c. Early Warning Signs: The transmission of COVID-19 is currently sufficiently controlled in Central New York so as to support a safe reactivation of residential operations at Syracuse University. Based on best public health guidance, as applied to the Central New York region—and specifically in Onondaga County, this metric translates to 1) a sustained low and not significantly increasing rate of new infections, and 2) a sustained low and not-increasing long-term rate of hospitalizations. In addition, New York State has outlined additional metrics that will be monitored by the New York State Department of Health to determine the level of restriction required in Central New York. Additional metrics that the University will evaluate include wastewater surveillance data; number of available isolation beds; number of available quarantine beds; infection rate in Onondaga County and percentage of Onondaga County cases comprised of Syracuse University students or employees. The University’s COVID PMO will regularly monitor these metrics to detect early warning signs.
d. **Tracing:** In partnership with the Onondaga County Health Department, Syracuse University is establishing its own contract tracing team managed by the University’s COVID PMO, in coordination with the Syracuse University Medical Director. This team will work in collaboration with the Onondaga County Health Department to assist with contact tracing among Syracuse University students. Upon identification of a COVID-19 infection in the campus community, contact tracers will coordinate an immediate response. First, information on classmates and house/floor mates will be pulled from an internal database. Second, the team will interview the incident case to identify friendships, social activities, and other instances where exposure may have occurred. For all contacts identified, initial contact will be made via cell phone (both calls and text messages), email and social media platforms.

All contacts will be informed about possible exposure, placed into quarantine, and informed about public health risk. The contact tracing team will organize initial testing for each contact, either by deploying the testing team to a residence or instructing contacts to present themselves for testing within 24 hours. The contact tracing team will instruct contacts to present themselves again for testing at the sign of symptoms and/or 72 hours following the first test in order to end quarantine.

The assigned contact tracing team will also serve as a support system for contacts placed into quarantine. Contact tracers will assist with coordinating social support, food and hygiene support, as well as academic support for quarantined contacts. At a minimum, the team will converse with each contact daily until quarantine is ended, either through isolation of a positive case or a second negative diagnostic test.

e. **Screening:** As required by New York State, Syracuse University has implemented a daily health screening protocol for all faculty and staff. Additionally, over a staggered 4-5 day return to campus schedule for students, the University will initially screen the entire student population for the presence of COVID-19 infection. This will be accomplished through pooled sample saliva testing. Each student will provide a saliva sample, and those samples will be combined into a pool of between 20-25 students. Returning students will be grouped into pools (or cohorts) based on residence halls, and floors of residence halls. For off-campus students, these pools will be based on cohabitating students and neighborhoods. The pooled samples will be tested overnight by a lab at Upstate Medical University. Any positive pool would then immediately trigger individual testing of each student who contributed a sample to that pool. Those positive individuals will be moved to isolation housing until a negative test is achieved. This process will repeat two weeks after students return. In addition, the University will conduct routine, random, and ongoing pool testing inclusive of students, faculty, and staff throughout the semester.
5. Containment

Syracuse University has developed comprehensive procedures to contain the spread of COVID-19 on its campus. The University is implementing appropriate protocols for isolation and quarantine of positive and suspected COVID-19 cases among students, faculty and staff. These protocols include the provision of ample supports to such individuals during their period of isolation and/or quarantine. A plan has also been developed for students who test positive, are in isolation, need more advanced medical care and/or who are awaiting test results. Syracuse University will also ensure thorough strategies for cleaning and disinfection of any exposed areas and provide appropriate notification to those areas’ occupants. Finally, the University will continue to regularly communicate with the campus community and other stakeholders on its protocols and measures taken in such instances. These plans were developed in consultation with the Onondaga County Health Department and will be key to containing any spread of COVID-19 at the University.

a. **Isolation**: Symptomatic individuals will be referred to the Barnes Center for testing at the Flanagan Gym testing site. Once tested, either by rapid or mail-away method, the student will be brought to the designated isolation space (the Sheraton Hotel at Syracuse University). These individuals will be transported by Syracuse University medical transport to retrieve their belongings and delivered to the hotel for their required isolation time. Each isolated student will be assigned a case manager and academic support staff to support them through their recovery. The University has made arrangements with the hotel to establish a pre-approved room service menu that will be delivered to the student for their dining needs. Health and welfare checks will be made daily by Syracuse University health center staff to monitor the student’s condition while in isolation. These checks will include a review of symptoms, condition and temperature checks. All students in isolation will have their University ID cards annotated and access privileges limited during the assigned isolation period. Any violation of an isolation order will be addressed appropriately.

b. **Quarantine**: Once a student is identified for quarantine, they will be told to quarantine and be provided with rules surrounding their quarantine. Quarantined students will be provided a case manager and academic support resources to help them manage their time in quarantine. Daily checks will be recorded by the case manager to determine if a quarantined individual develops symptoms and requires treatment. In the event an individual requires treatment, he/she will be transported by Syracuse University medical transport for treatment and COVID testing will be administered at the Flanagan Gym site. All students in quarantine will have their University ID cards flagged during their assigned times. Any violation of a quarantine order will be addressed appropriately.

c. **Students confirmed or suspected to have COVID-19**: All quarantined and isolated students will be monitored by case managers and Barnes Center health care providers. Students
conditions will be monitored, and if a student’s condition warrants, appropriate medical services will be provided as needed. In the event of hospitalization, notification will be made through the University’s standard hospitalization protocol and transport will be provided by the Syracuse University Ambulance service (NYS credentialed EMTs) local emergency medical services from the isolation or quarantine location.

d. **Hygiene, Cleaning, and Disinfection**: Syracuse University Facilities Services will work with relevant University departments to identify impacted areas in the event an individual tests positive for COVID-19 or is suspected of COVID-19 exposure. Impacted areas will include offices and other areas the individual frequented for an extended period (15 minutes or more within the preceding 72 hours). Identified impacted areas will be closed off for 24 hours whenever possible, before initiation of cleaning and disinfection. Signage will be posted to advise that the impacted area(s) must not be entered. Facilities Services will clean the impacted areas using an electrostatic sprayer disinfect machine and a disinfecting product approved by the US EPA for combating the COVID-19 virus. Facilities Service staff will wear an N95 respirator, protective clothing, gloves, goggles, and a face shield while disinfecting the impacted area. After the cleaning and disinfecting process is complete, the impacted areas will be re-opened for regular occupancy. Non-impacted areas will be cleaned following normal daily cleaning and disinfecting protocols.

e. **Communication**: Since the beginning of the COVID-19 pandemic, Syracuse University has created a comprehensive campus and community information campaign focused on the University’s ongoing planning and response. This campaign has been shaped by stakeholder engagement, including more than 170 individuals engaged in a task force and subcommittees focused on plans for the fall semester, engagement with student association and graduate student organization elected representatives, the University Senate and leadership meetings with faculty from all schools and colleges from across the University.

Syracuse University routinely disseminates public health best practices, updates regarding COVID-related developments on campus, and other issues of relevance through the following channels:

- A dedicated web site at [https://syracuse.edu/fall2020](https://syracuse.edu/fall2020) that consolidates all campus communication, information of interest to the University’s key audiences, a comprehensive frequently asked questions document, and copies of reopening plans
- A dedicated COVID-19 telephone hotline
- Syracuse University's primary social media channels
- Weekly emails from University leadership to the entire campus community
- Responses to incoming email inquiries (answers to frequently asked questions are added to the web site)
• A weekly webcast open to the campus community (video is subsequently posted on the web site posted above)
• Web conferences with key stakeholders (faculty, staff, graduate students, parents, and families)
• Regular emails tailored to key audiences (trustees, faculty/staff, graduate students, international students, on-campus and off-campus students, student-athletes, parents, and families)
• Media outreach to local and national outlets

Syracuse University has designated media spokespersons and regularly draws on leadership and faculty expertise to answer phone and email inquiries. Standardized and evidence-informed responses are included in the frequently asked questions document, which is disseminated to the call center, Office of Parent and Family Programs, the Division of Enrollment the Student Experience, the Office of First Year and Transfer Programs, Athletics, and Academic Affairs.

Finally, Syracuse University is committed to transparency related to the status of COVID-19 related illness across the campus community. For that reason, Syracuse University is collaborating with Onondaga County to design an accessible COVID-19 ‘dashboard’ that will aggregate de-identified data related to positive COVID-19 tests and active cases commensurate within the campus community. This dashboard will conform to best health practices related to information sharing and dissemination.

6. Shutdown of In-Person Operations (if required):

In consultation with public health experts and given an assessment of the University’s capacity and capability to act in response to instances of community spread disease within the campus community, Syracuse University has developed a decision framework informing scenarios that may require decreasing on-campus activities and operations and/or closing the campus. That framework is detailed below, along with complementary details related to how students would safely depart campus in the instance of a campus closure.

a. **Operational Activity**: The decision framework informing scenarios that may require decreasing on-campus activities and operations and/or closing the campus is based on varying levels of infection and exposure with the campus community - and the corresponding ability of Syracuse University to contain, isolate and remediate those instances. Specifically, the University has identified a 5-level decision framework as follows:

• **Level 1**: A small number of individuals have tested COVID-positive and contact tracing suggests that exposures are confined to 10 or fewer people. In this instance, epidemiology and contact tracing suggests that the situation can be contained, isolated and remediated.
i. **Impact on Campus Operations**: The scenario lends itself to a focused response. Affected personnel are counseled, quarantined or isolated as appropriate. Affected areas are contained, isolated and decontaminated. University medical staff will monitor for possible escalation. All other campus operations remain unaffected.

ii. **Impact on Residential Life**: If the scenario includes residents, they are identified, counseled and referred to quarantine or isolation as needed. If the exposure is believed to be limited to a specific room, restroom, floor or common area; that area is contained, isolated and decontaminated. All other residential life activity remains unaffected.

- **Level 2**: The number of infected or exposed people is estimated at between 10 and 100 people. Circumstances allow for effective contact tracing and epidemiology, and there is high confidence in the ability to contain, isolate and remediate the flare-up.

  i. **Impact on Campus Operations**: This scenario may require the precise curtailment of operations in specific areas (rooms, floors, buildings). In addition to decontamination, the areas or programs remain curtailed for a period of time to prevent ongoing exposures.

  ii. **Impact on Residential Life**: In this scenario, a larger number of residential life students may be impacted, covering a broader area (multiple floors, a whole building). A larger area is placed under quarantine or referred to isolation as needed.

- **Level 3**: A small outbreak is occurring in what appears to be a defined population (e.g. a certain School or degree program). The number of potential exposures is greater than 100 and confidence in the ability to accurately complete contact tracing is moderate. It is also the case that it may be difficult to identify a specific area for containment, isolation, and remediation.

  i. **Impact on Campus Operations**: This scenario may require the curtailment of operations in select programs or areas, but falls short of a campus-wide response. The objective is to reduce ongoing exposures by scaling down specific programs, buildings, and areas. Select programs move back into an online-only environment with non-resident students staying off campus, resident students staying in their rooms and non-essential affected employees working from home.

  ii. **Impact on Residential Life**: Known exposures to quarantine, potentially in bulk (e.g. entire building or more). Infections move to isolation. Others shelter-in-place (stay and study in their rooms).

- **Level 4**: A significant outbreak in excess of approximately 100 infections has occurred and there is low confidence in the ability to provide identification of all affected parties or spaces, containment and isolation campus-wide.

  i. **Impact on Campus Operations**: Campus as a whole comes to a full “pause”. All programs move to online alternatives. Campus access is restricted. Non-resident students and non-essential employees are told to work from home and stay away from campus. This
provides time to assess the extent of the outbreak, maximize distancing to prevent new exposures and develop a remediation plan. The underlying intent is to eventually control the situation and resume normal operations (1-4 weeks).

ii. **Impact on Residential Life**: Under a campus-wide “pause”, all residential students are instructed to shelter-in-place (confined to their rooms, restrooms, floors). Students with the opportunity to leave campus for the pause will be encouraged to do so. The underlying assumption is that they will return to their rooms at the end of the pause period.

- **Level 5**: The situation has escalated to the point where ongoing campus or community transmission is occurring at a significant rate. There is no realistic strategy to contain or control the situation. It is estimated that it will take in excess of a month to “flatten the curve.” Given the timing in the academic calendar, the University has no other option than to shut down on-campus operations completely, again.

  i. **Impact on Campus Operations**: All campus operations come to a halt and all activities move to an online environment for the remainder of the semester. Campus access is restricted and non-essential employees work from home.

  ii. **Impact on Residential Life**: Students will be informed that residential instruction and other in-person campus activities are indefinitely suspended, and that the campus is transitioning to a ‘closed’ operating status for the remainder of the semester.

b. **Move-Out**: Given a Level-5 scenario, assuming permission from public health officials, a 72-hour move out/shut down process will be initiated. Students are asked to pack up and move out with their possessions. A formal check-out process (key drop) will be implemented.

- Those with the means to travel within 8-10 hours of Syracuse will be asked to leave within 24 hours.
- Those who need to arrange travel to other areas of the United States will be asked to leave within 48 hours.
- Those students who are able to arrange international travel are asked to leave within 72 hours.
- Those unable to leave will appeal to remain on campus. Syracuse University will support any student who, for financial or other hardship reasons, cannot depart campus in response to a shutdown scenario.
- If the scenario is more extreme, students may be asked to evacuate campus immediately with only those items they can carry with them. All other possessions are left behind. A virtual check out process will be utilized.

c. **Communication**: In preparation for the fall semester, Syracuse University has developed a multi-mode strategy to communicate with both students and parents. This strategy includes email, all-student text messages via the Orange Alert system, and direct messaging over social media...
platforms. In coordination with local and NYS officials, Syracuse University would message internally and externally any and all scenarios that would necessitate decreasing on-campus activities and operations, and/or closing the campus. These communications will be frequent, authentic, detailed and designed to maintain real-time, proactive and collaborative lines of communications with key campus and community stakeholders. University communications will target audiences and campus and community stakeholders that include (but are not limited to):

- On-campus students
- Off-campus students
- Parents/Families
- Student association/Graduate student organization
- International students
- Underrepresented student groups
- Faculty and Staff
- Greek life
- Athletics
- Neighborhood groups
- Elected officials
- Local media

Summary

Consistent with the requirements detailed in the Interim Guidance for Higher-Education During the COVID-19 Public Health Emergency, issued by the New York State Department of Health (June 28th, 2020), this document summarizes the strategic policies, protocols and requirements associated with Syracuse University’s plan to re-activate our residential campus for in-person instruction on August 24, 2020. Additional detail and context supporting this plan is provided in the three supplemental exhibits included with this submission. Again, Syracuse University has assumed a deliberate, thoughtful and science-based approach to our planned reactivation of a residential campus experience for students and faculty in the fall of 2020. Our efforts have prioritized COVID-19 prevention, planning, and preparedness and a commitment to ensuring the health and wellbeing of our campus and the Central New York Community. To that end, we are committed to work closely with New York State, the Onondaga County Health Department and local leaders to ensure a safe reopening of our residential campus. Further, we are committed to maintaining the policies and procedures detailed in this submission, and included in the supplemental exhibits, throughout the duration of the COVID-19 health emergency.
University Contacts:

- Cydney Johnson, Director of NYS and Local Government Relations; cmjohnso@syr.edu
- Dr. Mike Haynie, Vice Chancellor; jmhaynie@syr.edu

Supplemental Exhibits:

1. *Syracuse University SAFE; A COVID-19 Public Health & Emergency Response Framework Supporting Reactivation of a Residential Campus*
2. *Return to Campus Guide for Faculty & Staff (Summer 2020)*
3. *Syracuse University Athletics Health & Safety Framework*
EXECUTIVE SUMMARY

The Public Health and Emergency Management Subcommittee (the “Subcommittee”) was tasked to consider and offer recommendations relevant to health, safety and emergency management issues associated with planning to resume a residential campus at Syracuse University in the fall of 2020. Given that purpose, this report details the findings and recommendations of the Subcommittee.

Specifically, this report details 127 recommendations designed to promote individual and public health for a return to a residential campus experience in the fall of 2020. The Subcommittee’s recommendations are also designed to support an appropriate response on the part of the University if the campus were to experience a COVID-19 related health emergency after residential campus activities resume. The recommendations in this report are not intended to be all-inclusive. Each school, college, department and unit will tailor its plans, policies, procedures and operations based on its unique facts and circumstances, community and activities, as well as guidelines from federal, state and local governments and public health officials in effect at the start of, and throughout, the fall 2020 semester.

The Subcommittee’s recommendations prioritize the health, safety and well-being of students, faculty, staff and the Central New York community. Further, the Subcommittee acted purposefully to situate its recommendations within the context of current and anticipated public health guidance and policy directives advanced by governmental entities, including the U.S. Centers for Disease Control and Prevention (CDC), the New York State Governor, the New York State Department of Health and the Onondaga County Department of Health. The findings and recommendations contained within this report are informed by the unique expertise and experiences of Subcommittee members. Members of the Subcommittee include faculty, staff and administrators from across the campus community, with focused expertise and experience in the areas of public health practice, epidemiology, medicine, health promotion, law and emergency management.

The Subcommittee acknowledges that even in the face of robust planning and strict adherence to public health directives, it is unlikely the University can entirely mitigate the risk of student, faculty or staff exposure to the COVID-19 disease. That said, the recommendations detailed in this report, if enacted as part of an interconnected system of COVID-19 prevention, planning and preparedness protocols, serve to significantly reduce COVID-related risk to the campus and Central New York communities. For that reason, the Subcommittee concludes that—under deliberate, controlled and monitored conditions—it is reasonable to pursue a reactivation of a residential campus experience.

While the Subcommittee’s recommendations are intended to be considered together and as an interconnected system of COVID-19 preparedness protocols, not all are equal relative to impacting the efficacy of the University’s COVID-19 preparedness framework. Accordingly, the Subcommittee has identified 20 of this report’s recommendations as uniquely important relative to safeguarding individual
and public health, given the objective of resuming a residential campus in the fall of 2020. Those key strategic recommendations are as follows:

1. Syracuse University should consider a modified academic calendar that would eliminate the requirement that students return to campus following the Thanksgiving break.

2. Syracuse University should broadly screen the student population at the start of the semester, and again two weeks after the start of the semester, using pooled saliva polymerase chain reaction (PCR) screening. In addition, the University should implement regularly scheduled random samples of students, faculty and staff to monitor possible virus transmission.

3. Syracuse University should make the influenza vaccine mandatory for all students, faculty and staff who will reside or work on campus in the fall of 2020, subject to certain medical or religious exceptions.

4. Syracuse University should implement a residence hall wastewater COVID-19 surveillance program, as well as require students, faculty and staff to undergo regular temperature screening.

5. Syracuse University should implement a rapid diagnostic point of care test at a site (external to the Barnes Center) for testing any suspected infection of COVID-19.

6. Syracuse University should designate a facility and plan appropriately to isolate suspected or confirmed virus carriers.

7. Syracuse University should take the necessary steps to conduct contact tracing given evidence of a SARS-CoV-2 infection (the cause of COVID-19 virus) among a member of the campus community.

8. Syracuse University should create and implement a comprehensive health promotion communications effort, that includes physical and digital signage, social media posts and badges and regular campus notifications.

9. Syracuse University should require face masks or face coverings for all students, faculty, staff and visitors while on campus and in the presence of others, and in public settings where social distancing measures are difficult to maintain. In addition, hand sanitizing stations should be installed throughout campus, with an emphasis on classrooms, residence halls and higher-traffic public spaces.

10. The Code of Student Conduct and related policy documents and communications should clearly convey that compliance with University and government public health directives is an enforceable requirement to remain in good standing at Syracuse University. Further, Syracuse University should demonstrate an unwavering commitment to enforcing policies aimed at preventing the transmission of the SARS-CoV-2 virus.

11. Syracuse University should create and require an online educational seminar that will inform new and returning students about the health behaviors expected and required during the fall semester. This seminar should communicate social distancing norms, emphasize any
enforcement of rules around social distancing or other safety or hygiene measures, with considerations of perceptions of public safety and marginalized populations, particularly as it relates to parties, social events, etc.

12. Syracuse University should temporarily establish a COVID-19 public health advisory group, composed of representatives from the medical and public health professions, for the purpose of advising University leadership regarding any COVID-related contingencies impacting the fall 2020 semester and beyond (if required).

13. Syracuse University should limit the size of in-person meetings and classes based on the guidance from local, state and federal orders and guidelines, and generally not exceed 30 persons. Larger meetings may be considered in physical spaces where 6 feet of social distancing can be accommodated, and the number of participants should generally not exceed 50 percent of the room’s stated capacity.

14. Syracuse University should establish a process, in addition to any existing disability accommodation process, to entertain requests for flexible working arrangements for faculty or staff with increased risk of severe illness given complications associated with COVID-19 disease, or over the age of 65.

15. Syracuse University should promote limitations on travel, as practical, for faculty, students and staff. Those individuals traveling away from Central New York should be subject to mandatory testing and/or possible quarantine before returning to campus.

16. Visitors and guests should generally be restricted from accessing residence halls and other campus facilities, unless as part of an official University tour, or approved in advance by the relevant dean, director or unit leader.

17. People with disabilities may face unique challenges related to the COVID-19 health emergency, and very specifically related to the resumption of residential academic life. Syracuse University should follow established processes to meet the needs of students, faculty and staff with disabilities.

18. Syracuse University should plan to make remote learning and working options available in the event that an increase in local infections necessitates continued physical distancing and to support vulnerable students and staff, students in quarantine or isolation and students and staff who cannot physically return to campus.

19. The University should develop a COVID-19-specific plan to maintain proactive and collaborative lines of communications with key government and community stakeholders.

20. Upon resuming a residential campus experience, Syracuse University should be prepared to provide necessary supports and service to all members of the University community in an inclusive and culturally competent manner.
Again, with some exceptions, the Subcommittee acted purposefully to avoid prescribing detailed procedures and protocols regarding the implementation of its recommendations. The Subcommittee recommends the schools, colleges and units develop detailed plans to enact this report’s recommendations (in alignment with this master plan).

University leadership should also consider assigning an individual or committee to ensure alignment of these plans with Syracuse University’s broader public health guidance. Further, the Subcommittee recommends the University create a comprehensive approach to providing both the strategic and operational data as well as analytics necessary to implement these recommendations. All relevant data should also be maintained and analyzed throughout the academic year in real time to ensure policies and protocols are effective and to mitigate health risks stemming from noncompliance.

Finally, the members of the Subcommittee appreciate the opportunity to contribute their expertise and experience to inform what we believe is a robust and appropriate system of policies and protocols supporting the objective of safely resuming residential campus life at Syracuse University. To that end, the Subcommittee recommends that the University consider this report as a “living document,” and act to update and revise the findings and recommendations of the Subcommittee over time, as COVID-19 science, public health guidance and local conditions require. The members of the Subcommittee remain committed to continuing in their advisory role, as the University works toward the important objective of resuming residential campus life at Syracuse University.
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1. CHARTER & PURPOSE

The Public Health and Emergency Management Subcommittee was tasked to develop strategic recommendations supporting the objective of resuming a residential campus at Syracuse University (fall of 2020). Specifically, the Subcommittee was directed to offer recommendations and strategies consistent with best public health and emergency management practice, current and anticipated public sector policy guidance, and as appropriate for the Syracuse University campus setting.

Accordingly, this report details a broad-based public health and emergency response framework—and corresponding recommendations for action—that establishes and defines conditions to safely resume a residential campus experience at Syracuse University (August 2020). The Subcommittee’s recommendations prioritize the health and well-being of students, faculty, staff and the community, address and anticipate relevant directives from governmental agencies, and identify new and existing resources that must be deployed in support of this effort. The Subcommittee’s recommendations are intended to apply broadly to all campuswide operational activities, and assume planning related to classroom teaching, residential life, student experience activities and policies impacting employees and our community will be informed by the findings and recommendations detailed in this report.

2. SUBCOMMITTEE MEMBERSHIP

The members of the Public Health and Emergency Management Subcommittee are as follows:

- Mike Haynie (Subcommittee Chair, Vice Chancellor)
- George Athanas (Director, Residence Life)
- Tony Callisto (Senior Vice President for Safety and Chief Law Enforcement Officer)
- Carly Colbert (Le Moyne College Representative)
- Kathleen Coughlin (Director of Operations, Health and Wellness)
- Dan French (Senior Vice President and University Counsel)
- Andy Gordon (Senior Vice President and Chief Human Resources Officer)
- Mary Pat Grzymala (Senior Associate Director, Facilities Services)
- Chad D. Hendrick (Senior Associate Director, Facilities Services)
- Joe Hernon (Director, Emergency Management)
- Cydney Johnson (Executive Director, Government Relations)
- Brittany Kmush (Assistant Professor of Public Health, Falk College)
- David Larsen (Associate Professor of Public Health, Falk College)
- Jamie Mullin (Senior Associate Athletics Director)
3. REPORT OVERVIEW & ORGANIZATION

The report leverages the unique expertise and relevant experiences of Subcommittee members—who include public health faculty and epidemiologists from Falk College, the dean of Falk College, Syracuse University’s medical director, medical and wellness professionals representing the Barnes Center at The Arch, and representatives from student life, facilities and other relevant departments across campus—for the purpose of defining policies and recommendations appropriate to promote the well-being of the Syracuse University and Central New York communities, given planning to resume a residential campus experience at Syracuse University (August 2020). This report is informed by the most current public health and scientific information available to the Subcommittee. The findings and recommendations detailed in this report are intended to be considered together, as part of an interconnected system of policies and protocols positioned to advance a whole-of-the-University approach to COVID-19 prevention, planning and preparedness.

Importantly, this framework acknowledges that even in the face of robust planning and strict adherence to public health directives, it is unreasonable to assume the ability to entirely mitigate the risk of student, faculty or staff exposure to COVID-19. However, it is the carefully considered conclusion of the Subcommittee that—given deliberate, controlled and monitored conditions aligned with best public health practice—it is not unreasonable for Syracuse University to pursue a reactivation of a residential campus experience in August of 2020.

In what follows, we first present the planning assumptions, and then detail what the Subcommittee has determined to be conditions most important to resuming residential learning in the fall of 2020. We also present specific findings and recommendations relevant to promoting the well-being of Syracuse University students, staff, faculty and our community, in the context of the planning assumption that we will resume in-person instruction at Syracuse University.
Finally, it is important to make explicit that the Subcommittee did not extend its purpose to specifically defining and describing unit-level, operational protocols and procedures appropriate to implement the recommendations detailed in this report. Instead, the Subcommittee assumes and acknowledges that unit-level leaders, faculty and staff are best positioned to understand the specific implications (for their units) associated with implementing the recommendations detailed in this report. Therefore, in most instances, the Subcommittee acted with intent to avoid prescribing detailed procedures and protocols regarding unit-level implementation of its recommendations. Exceptions to this guiding principle include findings and recommendations related to COVID-19 testing, surveillance, isolation/quarantine procedures and clinical care issues for individuals who become infected by the SARS-CoV-2 virus.

It is the Subcommittee’s recommendation, that following leadership review of this report—and specific decisions related to accepting, modifying or rejecting the policy recommendations of the Subcommittee—Syracuse University’s schools, colleges and units should develop plans for unit-specific implementation (in alignment with this master plan), appropriate to the function and unique operations of individual units, and subject to what is possible or feasible, and meets their unique needs.

4. PLANNING ASSUMPTIONS

The following planning assumptions have informed this effort and report:

a. Syracuse University intends to resume a residential campus experience, in some manner, in the fall of 2020.

b. Syracuse University will be permitted—by relevant public health authorities—to resume a residential campus experience, in some manner, in the fall of 2020.

c. Based on current enrollments and course registrations for fall 2020, students and parents generally support resumption of a residential campus in the fall of 2020.

d. Syracuse University will have the lead time required to transition from remote work, in late spring/early summer of 2020, such that the faculty and staff necessary to prepare the campus to resume a residential campus experience are available to support this effort.

e. COVID-19 will be present in our community, and in communities across the globe, in the fall of 2020.

f. Syracuse University students, faculty and staff will not have access to a COVID-19 vaccine before fall 2020, nor will there be a widely available and highly effective treatment for COVID-19 disease.

g. Upon resuming a residential campus experience, Syracuse University will be prepared to take reasonable and appropriate steps to promote the health and well-being of students, faculty, staff and our Central New York community. This includes (but is not limited to) a robust infrastructure to support COVID-19 testing, contact tracing, surveillance and isolation (where required and feasible).
h. Upon resuming a residential campus experience, Syracuse University will be prepared to provide
necessary supports and service to all members of the University community, in an inclusive and
culturally competent manner.

i. Upon resuming residential instruction, Syracuse University will be supported in its efforts by local,
regional and state elected leaders and the Syracuse community.

j. Upon resuming residential instruction, Syracuse University assumes and acknowledges that—even
in the face of robust preparedness, planning, and adherence to public health directives—risk of
student, faculty and staff exposure to COVID-19 cannot be mitigated entirely.

k. Finally, acknowledging that the risk of exposure to COVID-19 cannot be mitigated entirely, no
individual will be required to participate in a reactivated residential campus experience, and
the University will be as flexible as reasonably possible in helping achieve continued academic
progress for any student who chooses not to participate. The University will also be as flexible
as reasonably practical with respect to faculty and staff member considerations regarding a
reactivated campus experience.

5. NECESSARY CONDITIONS FOR A RESIDENTIAL CAMPUS

Given the planning assumptions detailed above—and the concomitant student, faculty, staff and
community expectations associated with what it means to resume a residential experience at Syracuse
University—the Subcommittee identified the following “conditions” as central elements of any planning
and preparedness strategy, aligned with the objective of reactivating a residential campus in the fall
of 2020:

a. The transmission of COVID-19 is sufficiently controlled in Central New York, so as to support
a safe reactivation of residential operations at Syracuse University. Based on best public health
guidance, as applied to the Central New York region—and specifically in Onondaga County, this
metric translates to 1) a sustained low and not significantly increasing rate of new infections and
2) a sustained low and not-increasing long-term rate of hospitalizations. In addition, New York
State has outlined additional metrics that will be monitored by the New York State Department
of Health, to determine the level of restriction required in Central New York. Those metrics are
detailed at: NY Forward.

b. Syracuse University—working with public-sector public health officials—can access an
adequate supply (for the population) of viral diagnostic tests and the resources (financial
and personnel) to administer those tests as a dimension of a broad-based COVID-19 screening
and surveillance program.

c. Syracuse University—working with public-sector public health officials—can confirm adequate
capacity to conduct contact tracing and isolation of COVID-19 exposed and COVID-19
positive students and employees. This capacity could be sourced internally or sourced as a
collaboration with the Onondaga County Department of Public Health (pending appropriate
public-sector guidance).
d. Syracuse University can confirm access and centrally resource an adequate, predictable and sustainable supply of personal protective equipment (PPE), appropriate to implement best public health practices and directives and the recommendations detailed in this report.

e. Syracuse University has in place campuswide policies related to use of masks/face coverings, standards for physical distancing and physical density, sanitation and other related best public health guidelines as prescribed by New York State and the U.S. Centers for Disease Control and Prevention.

f. Syracuse University can demonstrate a plan and adequate capacity to address cases of COVID-19 among students, particularly those whose illness requires advanced care and/or hospitalization.

Given assumptions and conditions detailed above, what follows are specific findings and recommendations identified by the Subcommittee, as broadly appropriate to promote the well-being of Syracuse University students, staff, faculty and our community, given the planning assumption that Syracuse University will resume a residential campus experience in the fall of 2020.

The findings and corresponding recommendations of the Subcommittee are organized based on key operational and policy categories relevant to the whole of campus. Again, with some exceptions, the Subcommittee acted with intent to avoid prescribing detailed procedures and protocols regarding unit-level implementation of the recommendations that follow. It is the position of the Subcommittee that Syracuse University’s schools, colleges and units are best positioned to develop a plan for implementation and compliance appropriate to the function and operational responsibilities of individual divisions, units, schools and colleges.

6. PLANNING, PREPAREDNESS & RESPONSE

In what follows, we detail findings and recommendations relevant to COVID-19 planning, preparedness and response on the part of Syracuse University’s residential campus, given the assumption that COVID-19 will be present in this community, and in communities across the globe, in the fall of 2020. The recommendations and prescriptions detailed below are generally applicable to all segments of our campus community, but in some cases are considered uniquely for students, faculty and staff, given the idiosyncratic activities and circumstances characteristic of a residential academic enterprise.

A. HEALTH PROMOTION

Findings

1. A robust communications effort focused on healthy behaviors while on campus will support proactive prevention and transmission of the virus. This includes communications regarding specific protections for students, faculty and staff who have predisposed medical risk.

2. People with disabilities may face unique challenges related to the COVID-19 health emergency, and very specifically related to the resumption of residential academic life.
3. Promoting social distancing during University activities (teaching, dining, extracurricular activities, etc.), including facilities modifications where appropriate, is an effective method of prevention and mitigation.

4. Promoting proactive steps to mitigate the potential for confounding illness in the campus population—such as influenza—will support early COVID-19 diagnosis and treatment.

Recommendations

1. Syracuse University should create and implement a comprehensive health promotion communications effort, that includes physical and digital signage, social media posts and badges and regular campus notifications.

2. Syracuse University should ensure that signage and messaging comply with accessibility standards and best practices, and that health promotion communications are designed and shared in a way that is accessible to the blind and visually impaired.

3. Health promotion communications should leverage a “social media norms campaign,” potentially developed with the input of students and employees.

4. Syracuse University should create and distribute branded promotional items for students, employees, and visitors that describe and promote healthy behaviors (e.g. hand sanitizer stations that include reminders about social distancing, face coverings, water bottles, etc.).

5. Syracuse University should create and require an online educational seminar that will inform new and returning students about the health behaviors expected and required during the fall semester. This seminar should communicate social distancing/physical distancing norms, emphasize any enforcement of rules around social distancing with considerations of perceptions of public safety and marginalized populations, particularly as it relates to parties, social events, etc.

6. Syracuse University should make the influenza vaccine mandatory for all students, faculty and staff, subject to medical or religious exemptions, and develop and implement a communications campaign to advance the influenza vaccination as a social norm and strategy to expedite diagnosis of the COVID-19 disease.

7. In the context of a health promotion strategy, special considerations for outreach may include the following areas and populations:
   - Alcohol and other substance considerations
   - Student athletes
   - Fraternities and sororities
   - International students
   - People with disabilities
• Under-represented populations and communities
• Issues related to: Off-campus living
• Issues related to: Sexual health
• Issues related to: Mental health and resiliency
• Issues related to: Bias and discrimination

B. SCREENING, TESTING, TRACING & SURVEILLANCE

Findings

1. Capacity for immediate viral testing of all symptomatic students, faculty and staff—including the ability to rapidly test contacts and isolate infected individuals—is critical to the ability to resume residential activities in fall 2020.

2. A plan for surveillance virus testing and symptom surveillance should be in place that readily detects the emergence and spread of infection.

3. A testing process must be identified for faculty, staff and students, that includes both an initial screening for infection prior to return to campus and ongoing monitoring throughout the fall semester.

4. A contact tracing plan is central to controlling the spread of the SARS-CoV-2 infection on campus.

5. A critical component of any contact tracing plan is the ability to contact quickly and directly (by phone or text) students, faculty and staff.

6. Metrics and a framework to detect any surge of infection on campus, and a shared understanding of the conditions that would require interruption or a shutdown of residential instruction, must be established.

Recommendations

1. Syracuse University should plan to screen the entire student population at the start of the fall semester, and again two weeks after the return to campus, using pooled saliva PCR or other reasonably effective methods. A positive initial screening test should lead to isolation, followed by a negative diagnostic test before resuming regular campus access.

2. Syracuse University should pursue a random sample of students, faculty and staff at the start of the semester to obtain a baseline seroprevalence estimate of the campus community.

3. Syracuse University should enact a plan to routinely screen each residence hall utilizing freedom from disease sampling to ensure no transmission among residents. If a residence hall fails the freedom from disease sampling procedure, all residents should be tested for a SARS-CoV-2 infection.
4. Syracuse University should require all students, faculty and staff undergo regular temperature screening. If a fever is detected, the individual should be directed to receive a SARS-CoV-2 infection test prior to engaging in campus-based activities.

5. Syracuse University should establish regularly scheduled random surveys of students, faculty and staff to monitor seroprevalence.

6. Syracuse University should conduct wastewater surveillance for residence halls and other selected buildings at regular intervals. Other environmental surveillance strategies should be considered as the science advances. All surveillance data will be coordinated with Onondaga County Health Department to understand transmission dynamics in the county and within Syracuse University. An increasing trend in environmental surveillance would trigger freedom from disease sampling of affected residence halls.

7. Syracuse University should establish rapid diagnostic point-of-care testing capabilities, at a site external to the Barnes Center, available for testing any suspected infection of SARS-CoV-2. Students, faculty and staff may seek or obtain COVID-19 testing from another location or primary care provider. If at any time a student, faculty or staff tests positive for COVID-19 they should notify the appropriate Syracuse University entity/representative.

8. Syracuse University should maintain a record of positive COVID-19 test results that can be coordinated with the county and state COVID-19 databases. Coordination will allow for notification, required by law, of any Syracuse University student, faculty or staff who tests positive for COVID-19. Data privacy concerns should be accounted for in this process.

9. Syracuse University should establish a contact tracing plan in response to positive SARS-CoV-2 infection tests. Contacts identified by qualified contract tracers should be traced including classmates, co-workers, club affiliates, social acquaintances and house/floor mates. All contacts should be directed to self-quarantine based on the standard recommended by health officials in place at the time, or based on a modified campus quarantine procedure if approved by New York State.

   a. A critical component of this plan is the ability to contact quickly and directly (by phone or text) students, faculty and staff. Therefore, at the start of the semester, all Syracuse University students should be required to register and/or update their personal cell phone (or alternative contact information) with the Barnes Center.

   b. It is important that the plan for contact tracing acknowledges the broad diversity represented by the campus community, therefore contact tracing should proceed in an inclusive and culturally competent manner.
10. Syracuse University should consider suspending certain (high-density) recreational/fitness areas of the Barnes Center until surveillance information has been received. An absence of on-campus transmission could lead to reopening these facilities.

11. Syracuse University should require that individuals traveling to high-risk locations, away from Central New York, be subject to testing and/or possible quarantine before returning to campus.

C. CONTAINMENT, ISOLATION & QUARANTINE

Findings

1. Definitions (U.S. Centers for Disease Control and Prevention):
   a. Isolation: An action to separate sick people with a contagious disease from people who are not sick.
   b. Quarantine: An action to separate and restrict the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms.

2. Preventing the spread of COVID-19 disease depends, in part, on isolating infected individuals, and quarantining those possibly exposed to the virus that causes COVID-19 disease.

3. It is critical to identify facilities appropriate to quickly isolate/quarantine suspected or confirmed virus carriers.

4. Related to the above, students in isolation or quarantine face unique challenges that must be acknowledged and proactively addressed.

Recommendations

1. Syracuse University should take action to create capacity for isolation and quarantine housing for students, to include students living off-campus (if necessary and feasible).

2. Syracuse University should develop isolation plans for students who test positive for COVID-19, consistent with CDC and other guidelines.

3. Syracuse University should provide transportation to designated isolation and quarantine spaces. The student should be assigned a case manager to assist in academic and other support coordination. Food and other necessities should be provided.

4. Syracuse University should ensure that isolation and quarantine rooms are physically separated from other residential student rooms.

5. Syracuse University should ensure that quarantine rooms have private bathroom facilities and are stocked with a thermometer, sanitizing wipes, tissues, soap, hand sanitizer and toiletries.

6. Syracuse University should ensure that counseling services and/or Hendricks Chapel be available remotely to students in isolation or quarantine as needed.
7. Syracuse University should ensure that all students placed in isolation or quarantine will have their ID cards annotated to enforce isolation or quarantine requirements. Any violation of their isolation or quarantine order will result in a referral to the student conduct process.

8. Syracuse University should have a Barnes Center nurse call the student in isolation daily to monitor symptoms. If symptoms progress, the student may be transported for reevaluation at the Barnes Center or a local hospital depending on severity and time of day.

9. Syracuse University should require that a Barnes Center medical provider be available at all times to address any changes to health status experienced by an isolated student.

10. Syracuse University should require staff and faculty members who are symptomatic or asymptomatic (but test positive while at work) be sent home and directed to contact their primary care provider. Departments should collaborate with Human Resources to provide adequate support and care for that employee.

11. Syracuse University should adopt appropriate policies to ensure that faculty and staff who test positive (or are exposed to someone who tests positive) are able to quarantine or self-quarantine without concern for financial hardship.

12. Syracuse University contact tracers should, consistent with contact tracing standards, locate close contacts of all COVID-positive students and employees, and for students, arranging isolation/quarantine at the location prearranged by Syracuse University. All close contacts should be tested for COVID. Quarantine should last for 14 days, unless a modified campus quarantine procedure is approved by New York State.

13. To the degree reasonably feasible, isolated and quarantined students should be encouraged to continue academic activities remotely or be provided with note-takers. Syracuse University should implement appropriate policies to accommodate excused absences for isolated students.

D. TREATMENT & CARE OF COVID-INFECTED INDIVIDUALS

Findings

1. It is critical to establish an accessible health care response system to advise individuals who develop COVID-19 symptoms, or fear exposure to the virus.

2. All students who are symptomatic or suspect they are or will become symptomatic must have a clear line of communication with Barnes Center medical providers.

3. It is important that the health care response system allows for care by the Barnes Center staff, while also allowing other students to use the facility without risk.

4. Some complications related to COVID-19 disease may require a level of care that exceeds the capabilities of the Barnes Center.
Recommendations

1. Syracuse University should encourage—and create an accessible system—for students with any illness to notify the Barnes Center.

2. Syracuse University should assign a triage nurse or medical provider to speak with any (by phone or zoom) if they disclose any symptoms consistent with COVID.

3. Syracuse University should establish, for those who disclose any symptoms consistent with COVID-19, a testing site external to the Barnes Center and require testing before a student comes to the Barnes Center for further evaluation. Suspected COVID-19 cases should be tested with rapid PCR testing or other reasonably effective testing mechanisms.

4. Syracuse University should, until further notice, disallow walk-in appointments at the Barnes Center as a strategy to reduce possible exposure to the virus.

5. Syracuse University should require any student who visits the Barnes Center should to wear face masks/coverings.

6. Syracuse University should ensure procedures meet CDC guidelines for cleaning exam rooms following each patient visit if a student is found to be COVID-positive following a rapid test. Providers should wear full PPE for all COVID-related visits.

7. Syracuse University should take additional precautions throughout the Barnes Center to reduce possible transmission.

8. Precautions taken should include division of waiting room into well visit and sick visit sections, regular cleaning of common areas, splitting of schedule to place well visits earlier in the day and sick visits later in the day.

9. Syracuse University should refer COVID-19-positive students to necessary campus support services with a special emphasis on mental health supports.

10. Syracuse University should explore a formal relationship with a local hospital, to streamline access to advanced care for students who experience complications from COVID-19 disease that require clinical care beyond the capabilities of the Barnes Center.

E. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Findings

1. Personal protective equipment, particularly masks, face coverings, gloves and sanitization products is an effective prevention tool.

2. Appropriate use of face masks or alternative face coverings can minimize risks associated with the exposure to COVID-19.

3. The virus can be transmitted via asymptomatic individuals.
4. Broad access to (and use of) sanitation products for students, faculty and staff is important as a proactive strategy to prevent virus transmission, particularly in classrooms, residence halls and public spaces.

5. The above is particularly critical for individuals with personal risk factors. According to the CDC, certain people, including older adults and those with underlying conditions, such as heart or lung disease or diabetes, are at higher risk for developing more serious complications from COVID-19.

6. The supply chain associated with PPE has been unstable throughout the COVID-19 health emergency and, for certain items, may remain so for the foreseeable future.

**Recommendations**

1. Face masks or face coverings should be required by all students, faculty, staff and visitors while on campus and in the presence of others, and in public settings where other social distancing measures are difficult to maintain (e.g., common work spaces, meeting rooms, classrooms, etc.).

2. Syracuse University should provide an initial supply of washable/reusable high-quality cloth masks to faculty, staff and students.

3. Hand sanitizing stations should be installed throughout campus, with an emphasis on classrooms, residence halls, dining halls, recreation facilities and public spaces.

4. Syracuse University should develop and implement a focused procurement strategy to ensure a robust and reliable supply of PPE. This strategy should incorporate population data inclusive of faculty, staff and visitors and assume full residential operations. Further, this strategy should endeavor to source and secure a PPE inventory appropriate for a “rolling” 12-month period. That is, at any given time, Syracuse University has in inventory or on order, PPE appropriate to supply the campus community for a 12-month period.

5. The University’s research mission may dictate unique requirements related to PPE. The Vice President for Research should immediately initiate a campuswide survey of research-specific PPE requirements, and coordinate procurement as a dimension of the recommendation above.

**F. GENERAL FACILITIES CONSIDERATIONS**

**Findings**

1. Issues related to the general capacity, configuration and capability of University facilities to support social distancing and density practices represent an important factor impacting the likelihood of virus transmission between otherwise disconnected populations on campus and in the community.

2. In addition, managing access and entry to buildings and other facilities represents an important mechanism to reduce the likelihood of virus transmission between otherwise disconnected populations on campus and in the community.

3. Reducing density where possible for classrooms, dining halls, gathering spaces, hallways and entrances to buildings has been shown to reduce the likelihood of virus transmission.
4. Specifically for residential living, enhanced cleaning, social distancing, requiring personal face coverings in common areas, restrictions on group events and activities and limited cross-access by residential facilities has been shown to reduce the likelihood of virus transmission.

**Recommendations**

1. Syracuse University should act to configure facilities—to the maximum extent practical—to support public health practices and behaviors identified as reducing the risk associated with virus transmission. These include, but are not limited to, the following:
   a. Configure work and public space to allow for least 6 feet between individuals.
   b. In some limited situations, in workspaces where people must face each other and are unable to be 6 feet apart, consider installation of a protective barrier. Examples might include commonly visited areas such as reception desks and check-in points.
   c. Place appropriate wayfinding signage at entrances indicating how to proceed (avoid unnecessary wandering, congregating or human-to-human direction seeking).
   d. Use “airport-style” ropes or other barriers to distance people in high-traffic waiting rooms and at desks and kiosks.
   e. Remove chairs and desks to ensure proper physical distancing in conference and waiting rooms.
   f. Identify allowable occupancy to control workflow and/or establish maximum attendance.
   g. Make face coverings available for purchase throughout campus (e.g., at the bookstore, pharmacy, etc.).
   h. Post maximum occupancy in common break areas and configure to accommodate appropriate physical distancing.
   i. Provide sanitizing supplies for individuals to clean their areas before and after use.
   j. Eliminate reusable kitchen items (flatware, dishes, cups) and cleaning tools (sponges, brushes, towels) and replace with single-use options. Consider eliminating common touch dispensers and appliances in dining centers, break rooms, kitchenettes, etc. Reconsider use of vending machines moving forward.
   k. Remove high-touch items such as magazines, common pens, etc.
   l. Provide hand sanitizer at all entrances and high-traffic areas.
   m. Identify frequently touched areas (doors, cabinets, etc.) and investigate options to implement no/reduced touch options such as door removal, card access, foot-operated door pulls/pedals or sensor-triggered doors.

2. Syracuse University should require a valid identification card for entry to all buildings, and not permit any individual to hold or prop open exterior doors for any other person.
3. Departments and building coordinators should identify usable building access points and coordinate arrival and departure times of faculty and staff to reduce congestion during typical “rush hours” of the business day.

4. Departments and building coordinators should consider temperature screening opportunities at access points, including Bird Library and dormitories, to monitor the temperature of faculty, staff and students.

5. Visitors, guests and animals (with the exception of approved service animals) should not be allowed access to Syracuse University buildings or facilities, without prior approval from the relevant dean, director or unit leader. Exceptions may be allowed, under certain conditions, for official University events such as campus tours, etc.

6. Syracuse University should consider appropriate housing density standards for students.

G. EMERGENCY PREPAREDNESS & RESPONSE

Findings
1. A robust emergency management and response capability, situated specifically to address COVID-related contingencies, will help contain any outbreak.

2. Emergency preparedness education for all members of the University community, prior, to and during the fall semester, is an important tool to reduce transmission of, or respond appropriately to, COVID-19.

3. In the context of leadership decision-making regarding a COVID-19 related emergency, it is critical the University leaders can readily access and leverage subject matter experts on campus and in government.

4. A whole-of-community approach to emergency preparedness will contribute to prevention and response efforts.

Recommendations
1. Syracuse University should establish, within the existing Emergency Management Plan and infrastructure, a specific COVID-19 emergency response team. This team should include (but not necessarily be limited to) representatives from emergency operations, the Barnes Center, Student Experience, DPS, Communications and the University Medical Director.

2. Syracuse University should temporarily establish a COVID-19 public health advisory group, composed of faculty experts and representatives from the medical and public health professions, for the purpose of advising University leadership regarding any COVID-related contingencies impacting the fall 2020 semester and beyond.

3. Syracuse University should require return to campus training to explain basic emergency preparedness operations to students, faculty and staff. Aligned with a health promotion strategy
led by the Barnes Center, the implementation of a basic emergency preparedness orientation (BEPO) will provide situational awareness for all University community members. This education will reemphasize the well-known risks of the COVID-19 pandemic and reiterate best practices for how individuals can do their part to be safe and prepared.

7. SPECIAL POLICY CONSIDERATIONS

A. MEETINGS & EVENTS

Finding
1. Convening in groups increases the risk of viral transmission.

Recommendations
1. Where feasible, meetings should be held in whole or in part using the extensive range of available collaboration tools (e.g. Zoom, WebEx, Microsoft Teams, Skype, telephone, etc.).
2. In-person meetings should be limited in accordance with restrictions of local, state and federal orders, and generally should not exceed 50 percent of a room’s capacity (assuming individuals can maintain 6 feet of separation).
3. In-person public events and lectures are discouraged. Approval to host a public event or lecture should be required from the relevant dean or vice president.
4. Departments should remove or rearrange chairs and tables or add visual cue marks in meeting rooms to support social distancing practices between meeting attendees.

B. STUDENT BEHAVIOR & CODE OF CONDUCT

Findings
1. The degree to which students on and off campus comply with or disregard public health guidance and social distancing requirements will greatly impact the potential transmission of COVID in Syracuse during the fall semester.
2. Clearly communicating health and safety directives to students, and consequences for violating those directives, will help ensure compliance with all safety, prevention and response measures.
3. The most significant community-connected concern related to reactivation of a residential campus, is uncertainty associated with student behavior and conduct that could put others at risk.
Recommendations

1. The Code of Student Conduct (the “Code”) requires students to follow the directives of University officials. As such, the Code currently authorizes the University public health directives as enforceable requirements to remain in good standing. This aspect of the Code should be reemphasized with students as part of the University’s communications plan.

2. The Office of Student Rights and Responsibilities should develop plans to expeditiously perform student conduct investigations, informal resolution meetings and formal hearings through video/audio conference related to violations of public health guidance.

3. The Office of Student Rights and Responsibilities should issue periodic messages focused at students both on and off campus to reinforce that the Code requires compliance with all government/law enforcement/University directives regarding COVID-19 social distancing.

C. STUDENT, FACULTY & STAFF TRAVEL

Findings

1. Travel by students and employees to and from the Syracuse, New York, campus during the fall semester will pose an increased risk of COVID-19 exposure, contraction and transmission.

2. Accordingly, travel away from campus during the fall semester should be limited as much as practicable. For those students and employees who do travel away from campus, temperature screening and COVID-19 testing prior to travel would be beneficial.

3. University-sponsored international air travel, to any CDC Level-3 destination, represents considerable risk to the campus community.

4. Modification of travel policies should be ongoing given new information, clearly articulated as appropriate to Central New York, and aligned with relevant public-sector policy guidance.

5. Campus reentry for those traveling on University-business should be coordinated with the overall COVID-19 surveillance plan.

Recommendations

1. Student travel away from campus during the fall semester should be discouraged as much as practically possible. Recommended actions include:
   a. Implement an accelerated academic calendar, that would negate the requirement that students return to campus following the Thanksgiving break.
   b. Consistent with the above, reconfigure the academic calendar and consider scheduling Friday and/or weekend classes.
   c. Require that co-curricular or extracurricular travel for the fall be approved by the relevant dean or vice president. All student travel for University purposes should be registered.
d. In the context of all the above, reasonable accommodations and exceptions should be provided for personal/medical/family emergencies.

2. All personal travel for students and employees should be discouraged. Anyone who does travel should be directed to adhere to any return-to-campus protocols in place at the time of travel.

3. Faculty and staff travel away from the Central New York region should be strongly discouraged, except where a critical academic or business need requires:
   a. University-sponsored travel to any country specifically designated with a CDC Level-3 advisory should remain prohibited until further notice.
   b. All faculty and staff international travel, during the fall semester, should require the approval of the relevant dean or unit leader. The faculty or staff member must demonstrate a critical academic or business purpose supporting why the travel cannot be delayed and/or the reason the purpose for the travel cannot be accomplished via other means. Registration of all international travel by faculty and staff is required per existing travel safety policy.
   c. Faculty and staff traveling domestically by common carrier on nonessential University business should remain prohibited. Extreme caution is urged for all personal domestic travel by common carrier.
   d. Reasonable accommodations and exceptions should be provided for personal/medical/family emergencies, and for essential academic or business purposes.

D. POLICY ON CAMPUS VISITORS

Findings
1. Visitors to campus from areas outside of Central New York pose a risk of virus transmission to the University community. Accordingly, reasonable limitations should be imposed on campus visitors.

2. Modification of visitor and contractor policies should be clearly articulated as appropriate to Central New York, and visitor access to campus should be coordinated with the overall surveillance plan.

Recommendations
1. Generally speaking, permissible visitors to campus should be limited to current and prospective students, University employees, parents and families during move periods, designated vendors and service operators, and ride-hailing and food delivery drivers.

2. Visitors and guests should generally be restricted from accessing dormitory buildings and other campus facilities, unless as part of an official University tour, etc. or approved in advance by the relevant dean, director or unit leader.
3. Syracuse University should require that, to greatest extent practicable, schools/colleges/units utilize virtual meetings and events rather than invite outside visitors and guests to campus during the fall semester.

4. Syracuse University should prohibit faculty and staff from bringing their children or family members to campus, unless for University-provided childcare services or for another bona fide reason approved in advance by the appropriate dean, director or unit leader.

5. Any campus visitor or contractor who has traveled internationally within the past 14 days must agree to be tested for SARS-CoV-2 prior to engaging in campus activities, or self-isolate for a total of 14 days before access to campus is authorized.

6. Schools, colleges, and units should be required to maintain a list of all nonroutine visitors with name and contact information to facilitate any potential contact tracing.

**E. ON-CAMPUS & PUBLIC TRANSPORTATION (LOCAL)**

**Findings**

1. Without proper precautions, group transportation can enhance the risk of exposure and transmission between individuals and between otherwise disconnected populations on campus and in the community.

2. It is particularly difficult to practice, social distancing when utilizing the Syracuse University Trolley, or on public transportation.

**Recommendations**

1. Hand sanitizer should be available in every Syracuse University transportation vehicle, or other means of group transportation provided or sponsored by Syracuse University. Such vehicles should be subject to a regular surface disinfecting schedule.

2. Maximum passenger counts for the Syracuse University Trolley and other transportation vehicles should be established to allow for appropriate social distancing.

3. All employees assigned to drive the Syracuse University Trolley, or other means of group transportation provided or sponsored by Syracuse University, should wear a mask at all times throughout their shift.

4. All passengers utilizing the SU Trolley, or other means of group transportation provided or sponsored by Syracuse University, should utilize a mask or alternative face covering before entering the bus/vehicle and avoid touching surfaces with your hands.

5. Upon disembarking the SU Trolley, or other means of group transportation provided or sponsored by Syracuse University, passengers should wash their hands or use hand sanitizer with at least 60 percent alcohol as soon as possible (and before removing mask).
F. IMPLICATIONS FOR REMOTE LOCATIONS

Findings
1. Conditions in locations remote from main campus may be very different than those local to Syracuse.
2. Government requirements for operating in remote locations may be different than those present in New York State and Onondaga County.
3. Local health infrastructure must be capable of supporting treatment needs to operate a remote program.
4. Decisions to operate academic programs in remote locations should be made on a case-by-case basis with reference to local requirements and standards established for the operation of main campus.
5. Programs should not operate in areas where restrictions are such that programs may not reasonably proceed in a residential model and/or the risk of infection may not be reasonably mitigated.
6. Personnel resources in remote locations that operate must be sufficient to support the needs of participants given the current environment.

Recommendations
1. Syracuse University programs in remote locations should discern the requirements for operating educational programs in the particular jurisdiction.
2. Syracuse University should develop an operational plan for each remote location which details the programs compliance with local regulations and University standards.
3. Each Syracuse University remote location should “apply” to operate during the fall semester by submitting operational plans and documentation of local regulations to University leadership.
4. Syracuse University should ensure that any decision to operate a program remotely should be informed by local liability considerations and reviewed by general counsel.
5. Syracuse University should consider whether the program calendar for remote locations should be adjusted consistent with that of main campus.
6. Syracuse University should take steps to minimize movement of participants away from the program site to mitigate the risk of exposure posed by extracurricular travel.
7. Syracuse University should monitor local conditions on an ongoing basis.
8. Syracuse University should adopt any formal Conditions of Participation necessary to establish the expectation that students must comply with local COVID-19 requirements and that failure to do so will be adjudicated as a conduct violation.
9. Syracuse University should routinely provide health guidance to participants that is consistent with local practice and CDC guidelines.
10. Syracuse University should require that students that pursue study at a remote location may not return to main campus during the course of the semester without a period of self-quarantine and/or having tested negative for COVID-19 following their return.

G. IMPLICATIONS FOR PEOPLE WITH DISABILITIES

Findings
1. People with disabilities are valued members of the Syracuse University community.
2. People with disabilities may face unique challenges related to the COVID-19 health emergency, and very specifically related to the resumption of residential academic life.
3. The Syracuse University Disability Community Group and its faculty, student and staff allies provided input to the Public Health and Emergency Management Subcommittee.
4. The input of the Syracuse University Disability Community Group should be considered as expert testimony and incorporated in the Subcommittee’s recommendations, as appropriate to acknowledge and address the unique challenges related to the COVID-19 health emergency facing people with disabilities.

Recommendations
1. Syracuse University should follow established processes for providing reasonable accommodations to students and employees with disabilities.
2. Syracuse University should also consider additional adjustments or support for students and employees with health concerns that may not rise to the level of a disability as defined by law.
3. Syracuse University’s COVID-related communications, including signage and messaging, should adhere to accessibility standards. Health promotion communications should be designed to be accessible to the blind and visually impaired.
4. Given any plan to reconfigure access to campus buildings and facilities, Syracuse University should ensure accessible entrances and exits are maintained.

8. FACULTY & STAFF SPECIFIC CONSIDERATIONS

Findings
1. From a public health perspective, some faculty and staff may face unique challenges related to reactivation of a residential campus experience in the fall of 2020.
2. Any plan to resume a residential campus experience must uniformly incorporate policies, safeguards and protections prioritizing the health, safety and well-being of the University’s entire employee population.
Recommendations

1. Syracuse University should provide all faculty and staff with a supply of face masks or coverings which shall be worn at all times when on University property, unless the faculty or staff can be socially distanced from any other faculty, staff, student or visitor to campus. It is the responsibility of every faculty and staff to ensure appropriate socially distanced practices.

2. Faculty and staff should be informed as to regular personal cleaning protocols for their workspace and personal areas, which should include wipe down and sanitizing computer, keyboard, mouse, desk, lab bench, phone, chair, etc.

3. Syracuse University should centrally resource and provide sufficient cleaning materials for faculty and staff to perform personal cleaning of their workspace and personal areas.

4. Syracuse University should establish a process to consider remote working requests from all staff who can continue to maintain productivity and are not required to have in-person contact with other faculty, staff or students.

5. Syracuse University will ensure that faculty and staff who are required to (or ordinarily) meet with or directly support students can do so in a manner consistent with public health guidance including use of face mask or covering, maintaining social distancing etc.

6. Each school, college or unit leader should be responsible to develop a plan to ensure that faculty and staff can adhere to social distancing recommendations. These plans may include staggered work schedules, alternating shifts, use of remote working arrangements and use of virtual meeting technology. The plans should be reviewed with the Office of Human Resources.

7. Faculty and staff who receive a positive test for COVID, regardless of whether the test is performed on campus or through a private medical provider, should confidentially report the test to the Office of Human Resources. The Office of Human Resources should adopt appropriate policies and practices for reporting test results, available leave, quarantine and return to work.

9. STUDENT-SPECIFIC CONSIDERATIONS

A. IMPLICATIONS FOR TEACHING & LEARNING

Findings

1. The COVID-19 health emergency presents unique challenge for the learning/classroom environment.

2. The high touch, highly interactive, and densely populated learning environment typical of Syracuse University is an exemplar of a congregate setting with multiple risk factors for ready transmission of COVID-19.
3. Accordingly, meticulous adherence to public health practices, including hand hygiene, physical distancing, proper cough/sneeze etiquette, frequent disinfection of common and high traffic areas, symptom assessment, temperature checks and face covering is critical across the learning environment.

4. The academic enterprise must deploy and commit to primary public health controls to slow the transmission associated with COVID-19.

**Recommendations**

1. Syracuse University should prioritize in-person instruction for courses with academic outcomes that cannot be measured or achieved virtually, such as performance, laboratory and clinical experiences.

2. Syracuse University should make remote options available in the event that a rebound in local infections necessitates continued physical distancing and to support vulnerable students and staff, students in quarantine or isolation and students and staff who cannot physically return to campus.

3. Syracuse University should consider limiting the number of attendees for in-person courses/sections. In most cases, all in-person courses/sections should be limited to fewer than 30 participants and utilize other physical distancing measures. Consider creating multiple sections/shifts to reduce numbers.

4. Syracuse University should consider hybrid instructional models whereby courses with lecture and discussion or lab sections have some or all the lecture portions offered digitally.

5. Syracuse University should implement close monitoring and tracking of in-person attendance and seating arrangements to facilitate contact tracing in the event of an exposure.

6. Syracuse University should develop a physical distancing plan for each course that includes:
   a. Number of students and faculty present in each session.
   b. Length of session.
   c. Nature of activities.
   d. Mechanisms to conduct student and faculty symptom checks.
   e. Public health practices: face coverings, 6 feet of physical distancing, cough/sneeze etiquette, hand hygiene.
   f. Provisions for hand sanitizer and enhanced cleaning.
   g. Instructions to participants on the course-specific physical distancing protocol.
   h. Availability of remote options.

7. Syracuse University should develop specialized plans for students who are at increased risk due to the occupational nature of their studies. Examples, include health professional students and students engaged in out-of-classroom or community-based instruction. In those instances,
the University should ensure students are provided with adequate PPE, supervision, and other protections based on their risk.

8. Syracuse University should develop specialized plans for courses and instruction that do not permit physical distancing and/or involve activities of higher risk. Examples include dance, theater and performing arts.

9. Syracuse University should develop attendance and excuse policies that acknowledge and support students who become ill without creating barriers and without requiring unnecessary visits to health facilities for documentation of illness. Given that each class will have a digital version, appropriate mechanisms should be developed and included in every published curriculum regarding attendance in either the in-person or digital class.

10. Syracuse University should encourage faculty-student communication regarding health status and any changes in their ability to complete coursework and academic responsibilities.

11. Syracuse University should identify resources for students with learning disabilities or difficulties with remote learning platforms.

**B. INTERNATIONAL STUDENTS**

**Findings**

1. Due to the fact that U.S. consulates are closed in many parts of the world, particularly in China, and given the significant limitations in international air travel, there is a strong likelihood that many international students will not be able to return to campus by the beginning of the fall semester. In fact, admitted first-year students who are Chinese nationals are currently being given visa interview dates in mid-October, confirming this assertion. International students in graduate programs will be similarly challenged.

2. There are many government policymakers openly talking about limiting visas and eliminating Optional Practical Training (OPT), which could have profound impacts on the availability and value proposition of U.S. higher education to international students.

3. International juniors and seniors and graduate students tend to congregate in housing and extracurricular activities, making them susceptible to incidents and targeting due to prevailing political attitudes towards China or racial/cultural bias.

**Recommendations**

1. Syracuse University should make a digital version of each class offering available to accommodate the cohort of international students who cannot be present on campus. For those classes utilizing lecture capture, they must be recorded and provided as asynchronous content to accommodate the time differences.
2. The University should include public health information and planning at Syracuse University in any public statements or advocacy efforts related to visas and OPT impacting international students.

3. Currently, the CDC requires international students traveling to the U.S. to engage in a 14-day quarantine. If that requirement remains in effect in the fall, Syracuse University should be prepared to support those quarantined students.

4. The University must be particularly aware of bias incidents towards its international student body. This may be heightened should there be an outbreak in the international student population. The University should be ready to provide specific support to students who suffer from any such bias incidents.

10. GOVERNMENT COLLABORATION & COORDINATION

Findings

1. Syracuse University must routinely communicate and coordinate closely with local, state, and federal elected officials (and staff) during this uncertain and challenging time for our University, region and state.

2. Coordination with government entities and public health agencies, particularly at the state and county level, is critical given the importance of public sector guidance and approvals required for the resumption of residential activities on campus.

3. Close coordination between New York State, the local health department and Syracuse University is a necessary condition for safe reactivation of a residential campus.

Recommendations

1. The University should develop a COVID-19-specific plan to maintain proactive and collaborative lines of communications with key government stakeholders, with attention paid to New York State guidelines. That plan should include, among other components:

   a. Strategy for obtaining relevant guidance and approvals to support reopening for a fall semester in a residential modality.

   b. A process for communicating our plans for the fall semester, including a timeline for a phased return to campus.

   c. A process for communicating our plans for handling a case or an outbreak.

   d. A process for communicating under what conditions campus will close or partially close.

   e. A process for communicating plans for testing and contact tracing and how Syracuse University will work in concert with county public health officials.
f. A process for communicating who will be informed of positive cases on campus and what the timeline is for informing officials. This should include details of what information specifically will be shared (affected person’s name, for example).

2. The University should develop a plan to leverage relationships with associations (such as the American Council of Education and the Commission on Independent Colleges and Universities in New York State) to advance the University’s tactical and strategic public policy objectives supporting a resumption of residential activities on campus in fall 2020.

11. COMMUNICATIONS & COMMUNITY COORDINATION

Findings

1. Independent of communications supporting health promotion (addressed previously), frequent, authentic and detailed communications related to the University’s COVID-19 planning and preparedness—situated in public health and medical directives—will be central to resuming a residential campus and supporting social and mental well-being.

2. In Central New York, Syracuse University’s impact on neighbors and local partners is significant. As the largest private employer in the region, Syracuse University must continue to communicate and work with our community partners as we take steps to resume residential campus operations.

3. Our inability to effectively communicate our planning intentions, and actions (current and planned) related to safeguarding public health, could increase risk of transmission or an outbreak of COVID-19.

Recommendations

1. Syracuse University should develop a comprehensive, campus and community information campaign focused on the University’s ongoing COVID-19 planning and response. These communications should be frequent, authentic, and detailed. These communications should also be designed to maintain real-time, proactive and collaborative lines of communications with key campus and community stakeholders.

2. Syracuse University should routinely disseminate public health best practices, updates regarding COVID-related developments on campus and other issues of relevance to the broader Central New York community.

3. University communications should target audiences and campus and community stakeholders that include (but are not limited to):
   a. On-campus students
   b. Off-campus students
   c. Parents/Families
d. Student association/Graduate student organization  
e. International students  
f. Underrepresented student groups  
g. Faculty  
h. Staff  
i. Greek life  
j. Athletics  
k. Neighborhood groups  
l. Local elected officials  
m. Local media  

4. Syracuse University should develop a plan to maintain real-time, proactive, and collaborative lines of communications with key external influencers. The plan should include sharing of public health best practices, updates regarding COVID-related developments on campus and other issues of relevance to the broader Central New York community. The communications engage stakeholders, including:
   a. Neighborhood community centers and associations
   b. Landlord associations
   c. Local higher education partners
   d. Crouse-Marshall businesses
   e. Crouse Hospital/Upstate University Hospital
   f. Local foundations
   g. Other key community agencies

5. Syracuse University should designate spokespersons in key areas to speak with media (with oversight and support provided by Communications) and individuals to answer phone and email inquiries using standardized and evidence-informed responses.

6. Syracuse University should develop a plan for communicating about active cases as well as the death of a student, faculty, or staff member from COVID-19.

7. As the campus reopens, Syracuse University should consider hosting monthly (virtual) leadership updates or town hall meetings. These updates could occur with greater frequency (weekly or bi-weekly) as conditions warrant. A senior University leader should convene these sessions to discuss emerging topics and continue to emphasize that the health and safety of the campus community is our highest priority.
12. OTHER CONSIDERATIONS

A. SYRACUSE UNIVERSITY ATHLETICS

Findings

1. The unique activities and social, living, and travel routines associated with being a student-athlete translates to unique risk factors related to individual and community health concerns.

2. The robustness and sufficiency of the COVID-19 protocols, procedures, and preventative measures applied to the student-athlete population—given the connectedness of this population with the broader student/faculty population—will have direct implications for the entire campus community.

Recommendations

1. Syracuse University should task and charter a stand-alone working group, specifically focused on developing a COVID-19 health and emergency management plan for the athletics department.

2. That plan should include procedures and protocols designed to ensure compliance with the requirements and directives detailed in Syracuse University’s broader public health plan.

3. That plan should be subject to external review by local and regional health authorities.

4. Any proposed exception to the above should require consultation with Syracuse University’s medical director and ultimate approval by the director of athletics.

13. SUMMARY

This report details strategic recommendations supporting the objective of safely resuming a residential campus experience at Syracuse University. The recommendations detailed in this report are intended to be considered together, as part of an interconnected system of policies and protocols positioned to represent a whole-of-the-University approach to COVID-19 prevention, planning, and preparedness. Assuming that these recommendations can be implemented by the University as a system of policies and procedures, the Subcommittee concludes that—under deliberate, controlled and monitored conditions—it is not unreasonable for Syracuse University to pursue a reactivation of a residential campus experience for students and faculty in the fall of 2020.
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**Note:** The information in this book reflects known guidance as of June 12, 2020. 
This guidance applies to faculty and staff returning to work in the summer months. Additional guidance for faculty, staff and students for the Fall 2020 semester is under development and will be shared as finalized. For the most up-to-date information for faculty and staff, visit [hr.syr.edu/return](http://hr.syr.edu/return). 

Return to Campus Guide for Faculty and Staff
Working Together for the Greater Good

The past few months have challenged and tested us in countless ways.

Essential faculty and staff, including our Public Safety, Food Services and Facilities Services staff, who have remained on campus since March 15, stepped up to ensure that our most basic operations could continue and our students’ needs were met.

Our faculty had to swiftly transition to online learning and continue to invest their time and energy in planning for a myriad of scenarios for fall 2020.

Most of our campus community transitioned to remote work, juggling home, family and work responsibilities and getting the job done.

As we prepare to begin returning additional faculty and staff to campus, it will take all of us to keep our community healthy and to operate effectively under rapidly shifting definitions of “the new normal.”

We have a shared responsibility to ourselves, to our students, to one another and to the greater Syracuse community to abide by new requirements and procedures, with the goal of preventing a resurgence of COVID-19 infections.

Thank you for all you’ve done and all you will continue to do. Together, our Orange community will get through this and emerge stronger than ever because we are working collectively for a greater good.
Guiding Principles

Syracuse University’s policies, protocols and recommendations for returning faculty and staff to campus are rooted in the health and safety of our campus community.

Our plans will continue to be informed by orders and guidance from the City of Syracuse, Onondaga County, New York State and the federal government, including the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA).

Our knowledge and understanding of the COVID-19 virus will continue to evolve. Policies and plans will be updated as new or additional information becomes available. The most up-to-date information will always be posted at syracuse.edu/coronavirus.
COVID-19 Symptoms, Risks and Procedures

What Is COVID-19?

COVID-19 is the disease caused by a new coronavirus that emerged in late 2019. It manifests most often as a respiratory illness that is spread mainly person-to-person in close contact.

When someone with the coronavirus coughs, sneezes or talks, respiratory droplets are released, and the droplets may reach and infect people who are in close contact.

The droplets generally do not travel more than a few feet, which is why social and physical distancing is effective in preventing the spread.

Recent guidance from the CDC indicates that transmission from surfaces is very limited. However, COVID-19 may spread when a person touches a surface or object that has the virus on it, and then touches their mouth, nose or eyes. This is why frequent handwashing is another effective way to prevent the spread.

Until there is a vaccine for COVID-19, we are all vulnerable to it and we need to work together to protect ourselves and each other.

Common Symptoms

Persons infected with COVID-19 can present mild or no symptoms, or severe illness. Symptoms may appear two to 14 days after exposure to the virus.

Common symptoms include:

- Fever and/or chills
- Cough
- Shortness of breath or difficulty breathing
- New loss of taste or smell
- Runny or stuffy nose (that is unrelated to seasonal allergies)
- Sore throat
- Nausea, vomiting or diarrhea
- Fatigue
- Muscle aches, body aches or headaches (other than those resulting from strenuous activity, exercise or chronic medical or physical conditions)
Information for Faculty and Staff with Risk Factors

According to the CDC, older adults (those aged 65 years and older) and people of any age with certain serious medical conditions may be at higher risk of severe illness from COVID-19. Those medical conditions include:

- HIV
- Asthma (moderate to severe)
- Chronic lung disease
- Diabetes
- Serious heart conditions
- Chronic kidney disease being treated with dialysis
- Severe obesity
- Compromised immune system

If you are a staff member with a medical condition or disability who has been instructed to return to campus and wish to explore a reasonable accommodation to continue working remotely, contact the Office of Equal Opportunity, Inclusion and Resolution Services (inclusion.syr.edu). Staff may also consider a leave of absence. Faculty members whose personal circumstances may impact their ability to return to campus as scheduled should consult with the dean of their school or college to discuss available options.

Daily Health Screening Requirement of Faculty and Staff

It is important that you actively monitor your health and any COVID-19 symptoms, and stay home if you are not feeling well. The University is in the process of reviewing the latest guidance from New York State related to mandatory daily health screening practices and finalizing our screening requirements for faculty and staff. For the latest information, visit hr.syr.edu/return.
Phased Staffing

To promote social distancing, reduce campus density and ensure the availability of personal protective equipment and testing capabilities, faculty and staff will return to campus using a phased approach.

Deans, senior vice presidents and other leaders have assigned faculty and staff from each of their respective schools, colleges and units to one of four campus return phases.

Some of the factors used by leaders to make these assignments included the nature of employees’ job duties, seating arrangements and the ability to successfully perform work remotely.

Additionally, some faculty and staff will continue remote work arrangements and some faculty members will not return until residential instruction resumes in the fall.

Our phases and any corresponding dates are subject to change as we continue to monitor public health guidance, campus density, employee health and the effectiveness of social distancing in the workplace. For the latest information and updates on the campus return phases, visit hr.syr.edu/return.
Remote, Flexible and Alternative Work Arrangements

Until you are scheduled to return to campus by your supervisor, your flexible work arrangement (most likely completed through a Qualtrics form in March 2020) will remain in effect and no action is required on your part.

In some instances, supervisors may want to consider the following alternative arrangements for some staff to reduce office/building density. For faculty, determinations as to the appropriateness of alternate work arrangements will be made by the dean of the relevant school or college.

Remote Work

If a faculty or staff member has demonstrated the ability to perform productively remotely, supervisors or department leaders may consider extending such arrangements. These arrangements can be made in full or for partial days/weeks.

Alternate-Day Arrangements

If staff can do only part of their work remotely, departments should consider partial on-site staffing arrangements on alternating days (e.g., half of staff in the office on Monday, Wednesday and Friday and half of the staff in the office on Tuesday, Thursday and Saturday.)

Compressed Work Week

A compressed work week allows staff to work a traditional 40-hour week over a shorter period of working days. The most common arrangement is four 10-hour days instead of five eight-hour days. Departments may consider compressed work weeks for their staff to further reduce office density.

Staggered Shifts

When able, supervisors should allow flexibility for the working hours of staff members. Staggering shift start and end times can help reduce office density throughout the day and especially in commonly used entryways and exits at shared arrival and departure times.

For more information about remote, flexible and alternative work arrangements, visit hr.syr.edu/return.
What the University Is Doing to Keep You Safe

Since February, the University has followed all standard protocols from the CDC and OSHA for cleaning and disinfecting all campus buildings. Additionally, our Facilities Services team has increased the frequency of cleaning surfaces in high-traffic areas and new hand sanitizer stations have been installed in the main entrance or lobby of each building.

Our custodial staff are equipped with all necessary personal protective equipment required to do their jobs safely and have been instructed not to touch any desktops, papers or personal belongings on employees’ desks.

As you return to campus, you’ll also notice robust new signage promoting social distancing and other public health measures (e.g., floor decals placed in campus buildings to remind people of the importance of social distancing). For more detailed information about campuswide efforts to keep our faculty and staff safe:

- Visit [ehss.syr.edu/about/covid-19-information](https://ehss.syr.edu/about/covid-19-information) for more about cleaning and sanitation protocols.
- Visit [bfas.syr.edu/facilities/campus-planning-design-construction](https://bfas.syr.edu/facilities/campus-planning-design-construction) for further information about how to submit a Facility Study related to reconfiguring workspaces and/or the installation of physical barriers.
Health and Safety Expectations and Guidance

Personal Protective Equipment (PPE)

Face Masks and Coverings

Syracuse University requires face masks or face coverings for all students, faculty, staff and visitors while on campus and in the presence of others, and in public settings where social distancing measures are difficult to maintain. If you have an underlying health condition that precludes you from wearing a mask, you may request a reasonable accommodation through the Office of Equal Opportunity, Inclusion and Resolution Services.

You can wear your own mask or cloth face covering or use the ones provided to you upon your return to campus. Cloth face coverings should be washed between each use.

Gloves

Vinyl or nitrile gloves will be provided to employees in health care settings, research labs, Food Services, Facilities Services and other areas as required to help staff safely perform their duties.

Based on guidelines from the CDC, gloves are not required or recommended for general use to protect against COVID-19. Instead, practice frequent handwashing and use of hand sanitizer.

Handwashing

Frequent handwashing is one of the most effective ways to protect yourself and those around you from getting sick. Here are some tips:

- Wash your hands with soap and water for at least 20 seconds, especially after you have been in a public place or used a shared object (e.g., door handle, copy machine).
- Always wash your hands after blowing your nose, coughing or sneezing and before you touch your eyes, nose or mouth.
- Use an alcohol-based hand sanitizer (at least 60 percent alcohol) if soap and water are not readily available.
Coughing and Sneezing Etiquette

If you are not wearing a face mask or covering, be sure to cover your mouth and nose with a tissue (or use the inside of your elbow) when you cough or sneeze. Always wash your hands or use hand sanitizer after coughing or sneezing and discard used tissues.

Cleaning and Disinfecting Your Personal Workspace

Frequent cleaning and disinfecting of surfaces are key to reduce the risk of exposure to COVID-19 on campus. Facilities Services works diligently to clean and disinfect common building areas daily throughout the University. To supplement their efforts, we ask you to routinely clean and disinfect your personal work areas and commonly touched surfaces within departments. Additional cleaning supplies will be provided to the departments for faculty and staff to use to clean personal and shared work areas.

- Personal work areas, including desks, chairs, keyboards and mice, and telephones, should be cleaned and disinfected daily.
- Frequently touched surfaces in an office environment, including coffee makers, door handles, light switches and faucets, should also be cleaned and disinfected daily or more frequently depending on shared use.
- Conference room tables and chairs and other shared work surfaces should be cleaned and disinfected after each use.
- Shared office equipment, including touch pads on copiers, phones and such supplies as staplers and hole punches, should also be cleaned and disinfected after each use.
- Sharing of phones, desks and other office equipment should be avoided whenever possible.

Travel Guidance for Faculty and Staff

Restrictions on non-essential, University-sponsored travel by faculty and staff remain in place. The University’s guidance on this topic will continue to evolve as we monitor directives from public health authorities. Any revisions to travel guidance will be communicated via email and on syracuse.edu/coronavirus throughout the summer months and into the fall. Questions about travel may be directed to Seth Tucker, director of global safety and support, at satucker@syr.edu or 315.443.1968.
Workplace Distancing and Protocols

Wherever possible, leave 6 feet of distance between yourself and a colleague. If you must be closer than 6 feet due to environmental constraints, always wear a mask or face covering.

Departments should also consider changes to work practices and procedures to maintain adequate distance.

• Choose phone, email or videoconference interactions instead of face-to-face interactions whenever possible.

• Limit the presence of non-essential visitors, require all visitors to your area to wear a face mask or covering, and make hand sanitizer available. Note that any individual accessing our campus, including visitors and contractors, is expected to abide by the same health and safety guidance as faculty and staff.

• Develop self-service alternatives to face-to-face interactions whenever possible.

• In open environments, where workspaces do not allow 6 feet of distance between individuals, departments should consider alternating cubicle arrangements or staggering work schedules to ensure adequate social distance.

• Avoid congregating in break rooms, kitchen areas or conference rooms. In these shared spaces, continue to allow 6 feet of distance, wear a face mask or covering, and clean and disinfect surfaces/equipment after use.

Entryways and Exits

Departments are encouraged to use staggered work schedules to limit congestion in entryways, exits, stairwells and elevators. Additionally, we ask that you:

• Use automatic door openers when available.

• When automatic door openers are not available, wash or sanitize your hands immediately after touching a shared door handle.

• Always wear a mask or face covering when entering or exiting a building.

• Although courtesy is important, don’t hold open the door for others to help increase spacing between individuals.

• Allow 6 feet of distance while in entryways and exits whenever possible.

• Avoid gathering at time clock locations.
Elevators and Stairwells

To avoid overcrowding, faculty and staff are strongly encouraged to use the stairs whenever possible. When using elevators on campus:

- Don’t get on a crowded elevator.
- Be mindful of other passengers’ personal space.
- Wear a mask or face covering.
- Consider waiting for the next elevator.
- Wash or sanitize your hands immediately after touching shared surfaces (e.g., elevator buttons).

When using stairwells, allow 6 feet of space between you and others, and wear a mask or face covering.

Kitchens and Break Areas

Communal food and beverage consumption, as well as gathering in kitchen or break areas in any number, is not allowed. Use kitchen areas only to prepare food, and eat at your desk or outdoors, if feasible.

If you need to dine in a shared area, maintain 6 feet of distance, and wear a mask or face covering before and after eating. Always wash your hands before and after eating. Sanitize all surfaces, including tables, refrigerator handles and coffee makers, before and after using a shared kitchen area.
Conference Rooms and Meetings

Because gathering in groups increases the risk of viral transmission, in-person meetings of any size are discouraged. Use online collaboration tools (e.g., Zoom, Skype, Microsoft Teams) to conduct meetings. When working with a colleague one-on-one, use email, chat or the telephone to communicate rather than face-to-face interaction.

If you must conduct a face-to-face meeting or use a conference room, abide by the following guidance:

- No meeting or conference space should exceed 50 percent capacity.
- Allow 6 feet of distance between participants.
- Wear a mask or face covering.
- Don’t shake hands.
- Disinfect all surfaces and touched items (e.g., touchpads, door handles) when you are finished.

Laboratory Work

For faculty and staff working in research laboratories, specific measures must be taken. Visit research.syr.edu/syracuse-university-coronavirus-covid-19-guidance-for-researchers for details about working in labs.

Shared Transportation

To promote social distancing, the number of riders per route on Centro buses and 'Cuse Trolleys will be reduced. If you use public buses, campus shuttles or trolleys for transportation to, from and during work, wear a mask or face covering and avoid touching shared surfaces. Parking and Transit Services will work closely with our transportation partners to monitor ridership and make adjustments as necessary to keep riders safe.

Wash or sanitize your hands immediately after using public transportation. Frequent cleaning and disinfecting protocols, including for floors, seats, handrails, pull cords and the driver’s area, have been implemented for all University vehicles to reduce risk for those who use them.

Additionally, we strongly encourage you to avoid carpooling with anyone who doesn’t reside in your household.
Recreation Centers

The Barnes Center at The Arch intends to reopen in mid-August as the University’s recreation center. To enhance the safety and well-being of our community, the following changes will be implemented:

• Visitors must enter through the 150 Sims Drive entrance; access will not be available through the North Entrance (Physics Building side).

• Capacity will be reduced to approximately 50 percent.

• Locker rooms will not be available for use.

• You should bring your own pre-filled water bottle.

• Fitness equipment has been relocated to allow for social distancing

• Hand sanitizer and cleaning stations will be located throughout the Barnes Center. You’ll be required to use disinfecting wipes on all fitness equipment prior to and after using the equipment.

• A modified fitness class schedule will be available.

Events, Celebrations, Workshops and Seminars

To protect our campus community, we ask that you do not plan any in-person events, seminars, workshops or celebrations at this time. Continue to use virtual collaboration tools (e.g., Zoom, Microsoft Teams) to conduct these activities.
Mental Health and Emotional Well-Being Reminders

Carebridge, the provider of our Faculty and Staff Assistance Program, is a free, confidential resource for you and your dependents that can support your mental and emotional well-being as you re-enter the workplace amidst the many changes being made as a result of the COVID-19 pandemic.

Support, counseling and work-life management assistance is available 24/7 to help you deal with a range of issues, including:

- Navigating workplace change
- Managing worry and anxiety
- Relationship difficulties
- Parenting resources
- Manager and supervisor consultations
- Coping with uncertainty
- Resilience in stressful times
- Creating a practical budget and reducing debt
- Grief and loss

Telephonic and video sessions are available for many of these services. Call Carebridge at **800.437.0911** for help with these and a host of other topics. Visit [wellness.syr.edu](http://wellness.syr.edu) to learn more about Carebridge and other programs and resources available to support your well-being.

Additional Resources

- For Universitywide updates, including those relevant to planning for the Fall 2020 semester: [syracuse.edu/coronavirus](http://syracuse.edu/coronavirus)
- For information specific to faculty and staff: [hr.syr.edu/return](http://hr.syr.edu/return)
- For information about workplace safety: [ehss.syr.edu](http://ehss.syr.edu)
- For general public health information: [cdc.gov](http://cdc.gov) or [coronavirus.health.ny.gov](http://coronavirus.health.ny.gov)
Reopening
Syracuse University Athletics
Objective
Design and implement an operational plan, with a focus on employing best practices as it relates to social distancing, COVID-19 prevention, detection and treatment, to enable Syracuse University student-athletes to pursue sport-specific practice, training, and competition while protecting and safeguarding the well-being of student-athletes, coaches, staff, and members of the broader Central New York community.

General Principles
Syracuse University’s Athletics Department will reopen as Phase 1 of bringing students back to campus and implementing residential education and preparation for competition. The University will follow these criteria:

- Onondaga County and New York State public health policies allowing for reopening.
- The Athletics department, with guidance from local officials, will implement all the operational guidelines listed in this document to minimize the risk of virus transmission among employees, student-athletes, and others in the Central New York region.
- The University has acquired adequate amounts of needed supplies as described within this document and will continue to maintain 90 days’ worth of supplies.
- The University has created an Infection Response Team (IRT, described below) which has a written plan for newly-diagnosed cases, as detailed below.
- The Athletics Department has designated an Infection Control Officer (ICO, described below) who will oversee all aspects of the implementation of the listed guidelines.
- Each employee and student-athlete who returns to work and study at Syracuse University’s athletic facilities must receive COVID-19 safety and hygiene training prior to using the facility.

Roles and Responsibilities:

**Infection Response Team (IRT):**
- Herman Frazier, Infection Control Officer (ICO)
- Dr. James Tucker, Head Team Physician
- Bradley Pike, Associate Athletics Director for Sports Medicine
- Tim Pike, Head Athletic Trainer for Football
- Andrew Gordon, Senior Vice President and Chief Human Resources Officer
- Joe Hernon, Director of Emergency Management and Business Continuity
- Morey Mossovitz, Associate Athletics Director - Facilities
The IRT will be notified immediately of any employee or student-athlete who is newly diagnosed with COVID-19 infection and shall be responsible for contact tracing and notification, additional disinfection of any potentially infected site, and monitoring of illness recovery with determination of return to work and training.

Infection Control Officer

• The Infection Control Officer (ICO) shall be identified as the first point of contact for any Athletics’ employee or student-athlete with new symptoms suggestive of COVID-19 infection (fever, cough, shortness of breath, body aches and pains, sore throat, chills, loss of smell and/or loss of taste), exposure to a known COVID-19 infected patient, or the development of new medical condition that confers a high risk of complications from COVID-19 infection (Asthma, diabetes, COPD or other lung disease, autoimmune disease, new use of oral steroids or other immunotherapy, new use of chemotherapy, or newly-diagnosed cancer).
• The ICO will oversee the implementation of the Athletics Department’s screening protocol as listed below.
• The ICO will be responsible for reasonable protection of personal health information for each employee, with the understanding that sharing of some health information will be necessary for the protection of all other employees (i.e., a newly-diagnosed COVID-19 infection will need to be shared with the IRT and other exposed employees, as well as appropriate external agencies).
• The ICO will identify appropriate local medical resources, which can conduct COVID-19 testing for suspected new cases, as well as provide appropriate medical care for employees who may lack a regular primary care physician.
• The ICO will establish Indicators/Goals for maintaining “Low-Risk” environment and managing this standard.
• The ICO will oversee the cleaning and disinfection program for the facility, to insure that CDC and DICON guidelines are followed (https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html, and attached DICON document).
• The ICO shall post extensive signage on health policies (following all state and local guidelines), including the following documents in the workplace to help educate building occupants on COVID-19 best practices:
  o CDC guidance to stop the spread of germs
  o CDC guidance on COVID-19 symptoms
  o Syracuse University Athletics Sport Medicine: Safety at your Apartment
  o Syracuse University Athletics Sport Medicine: Locker Room Hygiene
  o Syracuse University Athletics Sport Medicine: Football Facility Etiquette
The ICO should be the point of contact for any requests to visit/observe/tour the athletic facilities by external members of the community - to learn about protocols to having student-athletes on site and engaged in learning/conditioning programs.

**Phase and Pod Structures**

**Pods:**
Student-athletes will be matched up in pods to control interaction and assist in tracing in the event of an exposure. Pod sizes will grow with each phase and will be matched up initially based on housing assignments. Staff contact with individual pods will be limited to those pods and precautions taken to limit contact and exposure to protect the integrity of each pod.

**Phases:**
The phase approach will be driven by regional and local public health data:

**Day Zero:** Arrival on campus and immediate testing. Immediate isolation to commence until negative test result is achieved, up to 14 days.

**Phase 1** (+15 days): Small group pods. Players will be assigned pods of 12-15 players. These are the only members of the team they will be allowed contact with for the entirety of Phase 1. Social distancing guidelines can be relaxed within pods; groups will be treated like a family.

**Phase 2** (+30 days): Small group pods will double. Players will be assigned pods of no more than 30 players. These are the only members of the team they will be allowed contact with for the entirety of Phase II. These assignments are based on living arrangements to start, expanded from there. Social distancing guidelines can be relaxed within pods; groups will be treated like a family.

**Phase 3** (+45 days): Full team interaction. Players will be allowed interaction with the team only. Social distancing guidelines can be relaxed within the players’ circles; the team will be treated and viewed as a large family.

**Student-Athlete Returning:**
Implementation of pre-arrival instructions:

- Pre-arrival: 1 week prior to student-athlete’s departure from home of record, the student-athlete will work with sports medicine and coaching staff to report a week of clean daily temperature checks and negative answers to the following questions:
  - Have you been exposed to a confirmed or suspected COVID-19 person within the last 14 days?
    - Return to campus may be delayed or isolation may be required upon arrival if decision is made for the student to return to campus.
Are you currently experiencing any of the following symptoms: fever, chills, cough, shortness of breath, loss of taste or smell, sore throat, body aches, gastrointestinal symptoms?

- Return to campus may be delayed or isolation may be required upon arrival if decision is made for the student to return to campus.

Arrival plan for international players and how they arrive in Syracuse: CDC, State, and local guidance require a 14-day quarantine at home prior to travel and 14-day quarantine upon arrival in Syracuse.

- International students should arrive early to allow for process of international travel and to allow 14 days of quarantine prior to the start of team and training activities. Arrival control will start at the Syracuse Airport - meeting student-athlete and transporting to Football Complex.
- Suggest staggering arrival of athletes by groups/pods to allow for early social distancing.

Testing plan - for arrival and ongoing testing:
Local health officials recommend that Sars-Cov 2 molecular testing of all student-athletes upon arrival. At a minimum, body temperature, oxygen saturation levels, symptoms check should be completed and recorded daily.

- Initial Testing: Laboratory resources have been contracted and will be brought to campus to conduct arrival testing. Additional option would be with the direction of medical staff, training of sports medicine staff and outreach to Syracuse University Health Center staff to provide onsite test sample collection. DPS or other University resource would directly deliver the test kits to the laboratory. This would accomplish 100% initial testing. This would provide a baseline of possible exposures.
  - Testing could include molecular diagnostic test, Sars-CoV 2 antibody, oxygen saturation levels, and chest X-ray as applicable.
  - Once negative test results are received, temperature and symptoms check would continue daily until change of conditions required another round of test.

Daily monitoring protocol for student-athletes and coaching/support staff.

- Student-athletes will be broken up into groups/pods and will move around in these smaller pods to limit exposure. The pods will grow larger through phased approach, as data and student and staff health are monitored. Social distancing of more than 6 feet and technology should be used whenever possible, and, when not possible, protective measures will be in place. These protective measures include, but are not limited to, face coverings. When in the act of training or working out, masks may not be required, but players will be expected to maintain social distancing of more than 6 feet. All shared equipment should be cleaned and sanitized prior to and after each use by each
athlete. Frequent hand washing is strongly recommended. Syracuse University’s trained custodial staff will also clean and disinfect facilities and equipment daily and follow protocols previously employed during the Mumps episode. Custodial staff will be equipped with special equipment to clean and disinfect spaces based on infectious diseases (Clorox 360 Machine).

Tracers/Case Management

- The University is exploring setting up a program for tracing community spread among close contacts of those who may test positive for the virus. This is in addition to the active case investigation and contact tracings and public health measures, such as isolation and quarantine implemented by Onondaga County Health Department (OCHD). This operation, in collaboration and guidance of OCHD, tied with academic management and support for the students, will help stop the spread and support the student’s recovery.
- Syracuse University should implement a residence hall wastewater COVID-19 surveillance program and require students, faculty, and staff to undergo regular fever screening.
- Syracuse University should conduct wastewater surveillance at Manley Field House, University Village Apartments, Aspen Heights Apartments, and 505 Walnut at regular intervals. Other environmental surveillance strategies should be considered as the science advances. All surveillance data will be coordinated with the OCHD to understand transmission dynamics in the county and within Syracuse University. An increasing trend in environmental surveillance would trigger freedom from disease sampling of affected residence halls.

Mental Health

- The Barnes Center at the Arch will remain open and available throughout the summer for student support services. Most of these services are being provided virtually. Manley Field House will be a site available for mental health services.
- There will be an early push to talk about the importance of staying mentally healthy during these trying times for our community.

External people/contacts - need monitoring/temp and symptoms check protocol (custodial, food service, maintenance, deliveries)

- Current Syracuse University essential personnel working on campus are required to take their temperatures, and they are recorded at the start of their shift, along with any additional signs and symptoms. This concept applies to athletes and coaches and anyone physically occupying building space within the complex. Any staff or student-athlete with a temperature ≥100.4 degrees F (based on the no-touch forehead thermometers) will be told to return to their residence and undergo medical evaluation, including molecular testing for SARS-CoV-2 by a medical provider.
Indicators/Goals should be established for maintaining “Low-Risk” environment and managing this standard.

- All symptoms that may present as possible early phases of COVID-19 need to be reported. Those individuals will need to self-isolate until deemed safe to return to their pod/team.
  - If a student-athlete is identified as a case or a contact to a case of COVID-19 by OCHD investigator(s), OCHD will issue a Commissioner’s order of isolation or quarantine order respectively (attachment). OCHD will also implement appropriate movement monitoring measures in coordination with Syracuse University’s medical director. A release based on CDC and NYSDOH criteria will be issued to a case or contact. These releases are issued to individuals and will be communicated to the medical director of the Barnes Center at the Arch.

Screening protocol
Employees will be encouraged to take their temperature routinely at home prior to arrival at the training facility. Daily screening for all employees reporting to work, as well as visitors, contractors, and service providers who enter the athletic facilities, will include the following questions:

- Have you been in close contact with a confirmed case of COVID-19?
- Are you experiencing a cough, shortness of breath, or sore throat?
- Have you had a fever in the last 48 hours?
- Have you had new loss of taste or smell?
- Have you had vomiting or diarrhea in the last 24 hours?

Temperature screening practice for employees and other groups stated above:
1. Employers to take temperatures on site with a no-touch thermometer each day upon arrival at work.
   - Normal temperature should not exceed 100.4 degrees Fahrenheit.
2. Direct any employee who exhibits COVID-19 symptoms (i.e., answers yes to any of the screening questions or who is running a fever) to leave the premises immediately and seek medical care and/or COVID-19 testing, per CDC guidelines, and also notify the ICO.

Workplace movement and activity
In-person work and employee contact should be minimized where possible:
- Continue to encourage telework and remote meetings to reduce density in the office
- Business travel should be discouraged unless essential and follow University guidelines.
- Adjusted workplace hours and shifts to minimize contact across employees and reduce congestion at entry points; close contact of infected individuals should telework until cleared by their health care professional.
- Limit visitors and service providers on site; shipping and deliveries completed in designated areas.
Ensure >6 ft between individuals where possible

Close access to employee common spaces where employees are likely to congregate (e.g., break rooms, eating areas) unless physical distancing can be assured; remove chairs and/or use distance markers to assure spacing (e.g., workstations, conference rooms).

- Employees assigned designated work areas (e.g., floor, building); improve ventilation for enclosed spaces where possible.
- Employees encouraged to limit time in common spaces.
- Employees discouraged from using elevators whenever possible.
- Handshakes and other personal contact between employees are discouraged.
- One-way traffic in hallways and common corridors should be established whenever possible.
- Deliveries should be minimized, done by contactless methods, and conducted outside the building whenever possible.

Personal protective equipment and hygiene for employees

- Face coverings required for all employees unless the employee is alone in a closed office.
- Face coverings to be worn in all common areas.
- Gloves highly recommended for employees in frequent contact with others, and mandatory for those who work with food, re-filling office supplies, etc.
- All employees should wash their hands thoroughly immediately before entering the facility and upon exiting the facility.
- All employees must avoid, to every extent possible, person-to-person contact, and if documents or other items are handled by more than one person, each handler should wash or sterilize their hands after the handle and avoid touching their face.
- Facility must provide tissues, soap, hand sanitizer (to the extent possible), cleansing wipes, and other relevant hygiene materials.
- Each part of the facility which is used, including doorknobs, telephones, keyboards, equipment, etc., must be cleaned using EPA-approved disinfectants if there is a shift change during the day.
- Facilities staff must implement strategy for routine disinfection of environment, at minimum of one time each day.
- Disinfecting of contacted surfaces daily and deep cleaning of exposed areas in event of a positive case.
- Frequent disinfecting of heavy transit areas and high-touch surfaces (e.g., doorknobs, elevator buttons, vending machine, bathrooms).
- Shared spaces (e.g., conference rooms) cleaned between use and supplied with cleaning products (e.g., sanitizer, disinfecting wipes).
Employee responsibilities

- Stay home when feeling ill, when exposed to COVID-19 (e.g., positive household member case), or if diagnosed with a confirmed case of COVID-19.
- Employees who are particularly vulnerable to COVID-19 according to the CDC (e.g., due to age or underlying conditions) are encouraged to stay home.
- Increase hygiene practices -- wash hands more frequently, avoid touching face, practice good respiratory etiquette.
- Wear a cloth face covering or medical style mask (not an N-95 mask, which should be reserved for healthcare workers) while at work and in public to help protect against the spread of the virus.
- Practice recommended social distancing to the greatest extent possible - “Further is safer”.
- Abide by guidelines established by employer, which include frequent hand hygiene, social distancing practices in the workplace, and increased environmental disinfection as above.
- Employees with new COVID-19 infection (regardless of presence or absence of symptoms) MUST report their change in status to the ICO immediately.

Response Plan: What is protocol if someone shows symptoms/tests positive?

- Individuals who show any signs and symptoms after receiving their initial COVID-19 test will be pulled from the team/pod until recovery is complete.

Staff

- Staff will follow University-wide guidelines on testing, safety protocols, PPE, and attendance. In addition, Athletics-specific protocols will include but not be limited to:
- Staff who test positive will notify the ICO, or in the absence of the ICO, sport medicine leadership right away for activation of the IRT. Positive cases will be investigated by the OCHD, who will determine isolation and quarantine measures applicable to involved individuals -- both case and contacts.
- Syracuse University members with whom this staff member had contact should be tested using University’s systems and resources. All close contacts will be directed to quarantine by the OCHD and monitored by Syracuse University’s Barnes Center at the Arch for a minimum of 10 days.
- The staff member who tested positive will be isolated at their home. Accommodation can be offered at a hotel if they do not have appropriate place to stay in isolation/quarantine until they receive an official release from the OCHD.
Student-Athletes

- Student-athletes who test positive will notify the ICO, or in the absence of the ICO, sport medicine leadership right away for activation of the IRT, who will then, in turn, notify coaching staff right away. Those who test positive will hear from the OCHD, and the OCHD investigator will interview the student-athlete and identify all close contacts.
- At this time, everyone in that pod will be put into 14 days of quarantine or until they all receive a clear COVID-19 test. Anyone with whom this student-athlete had contact should be tested using University’s systems and resources.
- If necessary, the case and contacts will be removed from their campus housing and moved into isolation/quarantine at a hotel.
- Close Contact: The CDC defines “close contact” as either 1) a “prolonged period of time” spent “within approximately 6 feet (2 meters) or within the room or care area” of an individual who has been diagnosed positively with the virus or 2) “direct contact with infectious secretions”. Examples include sharing eating or drinking utensils, close conversation, kissing, hugging, and other direct physical contact. “Close contact” does not include activities such as walking by a person or briefly sitting across a waiting room or office.
  - Individuals who show any sort of signs and symptoms after receiving their initial COVID-19 test results will be pulled from the team/pod until recovery is complete.

Recurring Testing

Through research partnerships at the University, wastewater from the athletic facilities, as well as the house assignments of the student-athlete, will be monitored. Wastewater surveillance will be conducted at regular intervals. Other environmental surveillance strategies should be considered as the science advances. All surveillance data will be coordinated with OCHD to understand transmission dynamics in the county and within Syracuse University. An increasing trend in environmental surveillance would trigger freedom from disease sampling of affected residence halls.

Use of Syracuse University’s Sports Medicine Facilities

The sport medicine facilities will continue to provide treatment and rehab of acutely ill or injured players who need these services and cannot receive equivalent care at other sites. Non-essential medical care, such as routine physical exams and evaluation of elective medical conditions, should not be done during this Phase 1 of reopening. Rehab should be confined to the medically-supervised portions of care under the direction of a licensed healthcare provider and should be part of an overall treatment plan. Routine strength and conditioning, Football skill development work, and recovery techniques not related to injury or rehab treatment are NOT considered appropriate use of the Athletic Department’s sports medicine facilities during Phase 1 of reopening.
Role of Government Relations supporting the Syracuse University Athletics program

Government Relations supports the opening, operation, and protocols that may need local/State agencies’ government input/approval, with consideration to the following points:

1. Government relations - can share the overall University and Athletics’ plan with local and State government, where appropriate, for review and positive support. Approvals for the various aspects of the plan implementation from government entities will be communicated through the Government Relations team to the Director of Athletics upon receipt.

2. Best Practices information from peer institutions and government agencies - help add insights to improve/support plans and operations.

3. Maintain communications with the appropriate people/offices of the local and State government that is most important during this opening period, from planning to opening to regular semester start/season start - **County and State are key.**

4. Provide guidance on who should be contact people with Government teams - County contact, City contact, NYS contact (if needed). Syracuse University has designated an ICO (Infection Control Officer) to have a clear point of contact for local government (Onondaga County and City of Syracuse).

5. Need for any approval on processes, materials, protocol - There will be a series of regular meetings/contact with designated County person/team to update/review progress/activities as preseason and training period starts.

6. Coordination of notice for Urgent/Emergency issues: Infection detection/positive test result/contact tracing/quarantine issues. The Infection Response team, with the ICO, will lead in any of these steps - Government Relations will support their needs.

7. Working with the Community Engagement team, Government Relations will address the appropriate needs to inform/communicate with surrounding neighborhood residents so there is understanding on arrival and presence of student-athletes in housing complexes.

8. Government Relations, supporting the Athletics team, can work with the Communications group to provide information and access, where appropriate, to the external community and media requests.
Sports Medicine Football Operations

I. **Athletic training room (ATR) usage will be limited to the below framework for Phase I and II**
   - Open for rehab, new injury evaluation, and taping
   - ATR open to student-athletes only
   - ATR will be open prior to workouts only for taping as described below; other usage of the ATR will be by appointment only
   - Appointments are required unless a new injury has occurred and needs attentions.
     - The appointments need to be pod based, and social distancing guidelines can be relaxed
     - Student-athletes outside the appointed person(s) pod will be evaluated and treated, keeping social distancing parameters from the appointed pod in the ATR
   - The ATR will not be open for routine maintenance, which includes, but not limited to, tub use, rolling, stretching, and/or usage of cardio equipment
   - Ortho and Gen Med clinic will be available as needed, and proper precautions will be followed with social distancing being enforced and proper PPE provided for our physicians
     - Will have only 1 athletic trainer working clinic to minimize exposure and to ensure social distancing

II. **Throughout these phases the student-athletes and staff will be required to follow the below guidelines:**
   - **Personal Hygiene**
     - Clinicians should wash hands and use hand sanitizer before and after working with an athlete
   - **PPE**
     - Athletes will wear masks in facility when appropriate
     - Face mask and gloves will be worn while in the ATR and gloves changed in between working with athletes
- Medical grade mask, shield, gown and gloves will be used in evaluating anyone with suspected COVID-19

- ATR cleanliness and access
  - Athletes must wash hands or use hand sanitizer before and after receiving treatment
  - Taping stations will be set up to accommodate social distancing
  - Treatment tables will be set up to accommodate social distancing
  - Taping tables, treatment tables, and rehab equipment will be sprayed with CDC approved disinfectant after each use. One table per patient for each rehab session.
  - A new pack of electrodes will be used and labeled for each student-athlete
  - Door handles, cabinets, and light switches will be cleaned with CDC approved disinfectant between pods
  - A dirty towel bin will be clearly labeled; clean towels will be returned in a clean bin
  - Pillows will be used per clinician discretion

III. Phase I
- Running Groups
  - Athletic training room opens 30 minutes prior to run for taping only
  - Taping stations will be set up to accommodate social distancing
  - Written Injury Report will be texted to strength staff as to promote social distancing among staff
  - Athletic trainer coverage will be determined based on the structure of the run and number of pods running at the same time
  - Student-athletes will be assigned their own personal labeled water bottle, which will be distributed to them as they enter the building
  - The water bottle is to be returned and sanitized in a dishwasher by the sports medicine staff then re-distributed the next day
  - ATR open post run by appointment only, unless there is a new injury requiring attention
  - Orthopedic and General Medicine clinic as needed

- Lift Groups
  - Athletic training room opens 30 minutes prior to lift for taping only
Taping stations will be set up to accommodate social distancing
Written Injury Report will be texted to strength staff as to promote social distancing among staff
1-2 athletic trainers cover the lift groups and will increase if multiple weight rooms are utilized
Student-athletes will be assigned their own personal labeled water bottle, which will be distributed to them as they enter the building
The water bottle is to be returned and sanitized in a dishwasher by the sports medicine staff for re-distribution the next day
ATR will be open post lift by appointment only, unless there is a new injury requiring attention
Orthopedic and General Medicine clinic as needed post

**Captain’s Practice**
- Athletic training room opens 30 minutes prior to practice for taping only
- 1-2 athletic trainers cover the practice
- Student-athletes are to bring their own water container for this activity; no sharing of water bottles will be permitted

**IV. Phase II - Above guidelines still in effect**

**On field work or hybrid practice**
- Athletic training room will open 45 minutes prior to practice for taping only
- Written report is given to the coaching staff. The written report will be texted as to promote social distancing among staff
- Coaching staff is updated during practice as injuries happen following social distancing parameters
- 3-6 athletic trainers cover, dependent on number of pods working out at once
- Student-athletes will be assigned their own personal labeled water bottle, which will be distributed to them as they enter the building
- The water bottle is to be returned and sanitized by the sports medicine staff then re-distributed the next day
- May work on using communal water bottles within the pods; this potential will need to be assessed as we progress through Phase II and move into Phase III
- Outside tubs may be introduced at this point dependent on need and will be assessed as we progress through Phase II and move into Phase III
o Post practice treatment will be limited to only new injuries or appointed rehabs, if not done prior to activity
o Orthopedic and General Medicine clinic as needed post

V. Phase III - Above Parameters will be evaluated and adjusted as needed to accommodate both best practices and integration back into normal interactions

• Team Practice
  o Athletic training room will open 1.5 hours prior to either meetings or practice
    ▪ Open for taping
    ▪ Tubs, rolling, and stretching to be determined
  o Written and verbal report is given to the coaching staff; the written report is hand delivered by Head Football Athletic Trainer to position offices
  o Coaching staff is updated during practice as injuries happen
  o Athletic training staff will interact with the coaching staff; Head Football Athletic Trainer will follow up and report injuries to Coach Babers
  o 4-8 athletic trainers cover practice; student help will be evaluated and proper integration protocol to the Football pod will be followed
    ▪ If we do not have any student help, we will need a minimum of 8 members of the sports medicine staff
  o Appropriate sports medicine staff and students will blend into practice, giving out water with water bottles that are designated per position group
    ▪ If communal hydration is not appropriate, will resume personal water bottles or water station utilizing cups
    ▪ If communal hydration is appropriate, 6 water pumpers, 4 10 gal. of water for refill, 8-12 racks of water bottles at least 1 rack per position group, 6 chest of refill ice,
      ▪ Individual bottles of Gatorade during practice breaks
  o Seven (7) outside cold tubs are available and prepped for after practice use. Student-athletes will wear masks and utilize social distancing
  o Post practice treatment, rehab, and tubs utilizing masks and social distancing as able
  o Orthopedic and General Medicine clinic as needed post