Transition Back to Campus Plan

I. Introduction

This information is intended for planning and preparing purposes. Formal guidance will be provided and the information below modified in accordance with directives from the Governor.

Select Transition Committee members will be responsible for monitoring the plan daily for needed updates.

In addition to the Governor’s guidance, the plan also accounts for:

- Washington State University COVID-19 updates as well as from the system’s Human Resource Services Returning to a WSU Location guide.
- Department of Labor & Industries (L&I) Coronavirus (COVID-19) Prevention: General Requirements and Prevention Ideas for Workplaces
- Washington State Department of Health Workplace and Employer Resources & Recommendations (DOH)

II. Key Concepts

- COVID-19, a novel coronavirus infection emerging in 2019, has led to an unprecedented infectious disease risk for all persons. The duration of this pandemic remains unclear, and the situation continues to evolve. COVID-19 will peak in different states at different times and will impact each institute of higher education differently. Public health guidance, scientific knowledge, and clinical best practices will change, so these guidelines may require updates or risk quickly becoming obsolete. The single constant for each institution is that the road to recovery will be long. We can anticipate restrictions and limitations on activities will be in place for the next 12–18 months, if not longer.

- Resumption of activities will be gradual and phased based on local public health conditions as well as institutional capacity. Return to an active on-campus environment will depend upon widespread testing, contact tracing, and isolation/quarantine of ill and exposed individuals both on campus and in the community. Planners should prepare for the likelihood of a local rebound of infections that may result in a return to more restrictive mitigation measures and physical distancing for periods of time.

- The high touch, highly interactive, mobile, densely populated learning environment typical of most campuses makes them susceptible to multiple risk factors for ready transmission of COVID-19.
• Protecting our most vulnerable populations (medically susceptible, undocumented, students of color, uninsured or underinsured, non-traditional, older, DACA, and homeless students, faculty, and staff members) is a moral and ethical obligation. Some vulnerable individuals may need to observe ongoing physical distancing for a more prolonged period of time.

• 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, and face covering in public is the campus’ new normal. This will be widely communicated to students, employees, and all campus visitors.

• The White House’s “Opening Up America Again” plan identifies a phased approach to easing restrictions which will be dictated in large part by COVID-19 activity state to state. Campuses considering a similar approach should include community and campus triggers. Suggested criteria are located in Appendix A.

• On May 4, 2020, Washington state Governor Jay Inslee, in collaboration with the Washington State Department of Health, established a data-driven approach to reopen Washington and modify physical distancing measures while minimizing the health impacts of COVID-19. This approach reduces the risk of COVID-19 to Washington’s most vulnerable populations and preserves capacity in our health care system, while safely opening up businesses and resuming gatherings, travel, shopping, and recreation. The plan involves assessing COVID-19 activity in the state along with health care system readiness, testing capacity and availability, case and contact investigations, and ability to protect high-risk populations. Suggested criteria are located in Appendix B.

• Through Phases 2 and 3, teleworking or working at an alternative work location remains the preferred work option. WSU employees who can telework without hampering essential operations should continue to do so.

• Faculty, staff, and student immunity to COVID-19 will be essential for long-term campus planning, management, and recovery.

III. Public Health Considerations
The overarching question is how to repopulate the campus in the safest way possible. The campus and its colleges must address the public health issues caused by the virus in a manner that permits easing physical distancing practices and the resumption of many of the activities and educational experiences of a vibrant campus.

Until a vaccine for COVID-19 is available and widely used or until an effective prophylactic treatment is discovered, physical distancing, isolation, quarantine, and contact tracing are our best strategies to control the spread of this virus. Decisions to ease COVID-19 distancing restrictions must be based on the best available scientific data. Campus experts, in collaboration with public health officials, are best positioned to inform and advise campus leadership on when to resume operations.
The campus must deploy primary public health controls to slow the transmission and reduce the mortality associated with COVID-19. These control measures include availability of appropriate personal protective equipment (PPE); environmental measures such as enhanced cleaning and disinfection, physical distancing, contact tracing; and the readiness of the campus and local health care systems and the campus infrastructure. Controls must be designed, implemented, and monitored to prevent and/or mitigate negative strategic, operational, financial, reputational, health, and safety impacts on the institution.

A. Containment and Surveillance Capabilities

Containment measures are multi-pronged and include surveillance, rapid identification of infection with immediate isolation, contact tracing, and quarantine. Currently available antibody (serologic) tests lack adequate evaluation of efficacy and reliability and are inadequate to determine whether a positive test conveys immunity. Antibody tests are currently best positioned to be used as part of research or public health surveillance efforts to determine estimates of population exposure. As antibody testing evolves, it may eventually play a role in diagnosis and determination of individuals at risk for infection.

Surveillance is the cornerstone of effective public health. Spokane Regional Health District (SRHD) is responsible for detecting the emergence and spread of infection within the campus population.

SRHD, in collaboration with partner health care organizations, are responsible for these capabilities:

- Access to viral testing for all students, faculty, or staff with symptoms.
- Contact tracing, identification, and quarantine of all persons exposed to COVID-19.
- Case management of all persons with COVID-19 symptoms and/or diagnosis and all persons under quarantine after exposure, including isolation/quarantine, psychological support, support for basic needs, and ongoing monitoring while isolated.
- Syndromic surveillance utilizing EHR data, ongoing tracking of influenza-like illness (ILI) and COVID-19 symptoms, and, when possible, viral surveillance of asymptomatic students.
- Reliable, accurate antibody (serologic) testing, as appropriate based on emerging information.
- Future large-scale delivery of COVID-19 vaccines, when developed.

IV. Workforce

The campus must build the necessary staffing capacity to resume not only their primary responsibilities but also the competency to understand their role in reducing transmission of COVID-19. Faculty and staff must be protected, trained, and adequately prepared.
Workforce protection and safety are critical to reopening, and measures must be taken to ensure the faculty, staff, students, and campus community have appropriate protective controls, plans, supplies, and guidance to safely return to work. Yet, these measures should not address or replace health, safety and other workplace requirements in place prior to COVID-19. Opportunities for open dialogue must exist to reassure faculty and staff that their health and safety are paramount.

To ensure faculty, staff, and students have access to the same basic information, formal education/training regarding COVID-19 is required and can be found here.

WSU Health Sciences will return faculty and staff, in a coordinated process, over time, to ensure appropriate social distancing, and availability of face coverings and PPE (personal protective equipment) in accordance with federal, state, and local health officials.

WSU Health Sciences will assess expanded staffing based on mission-critical operations, ability to control and manage specific work environments, and necessity to access on-site resources. These decisions, once approved, will be communicated through Vice President and Chancellor DeWald’s office.

The need to reduce the number of people on campus (density) to meet social distancing requirements will continue for some time through Phases 2 & 3. Departments who can continue to have employees effectively telework or work at an alternative location must continue to do so until restrictions are eased under Phase 4.

Expanded staffing will be tightly controlled and coordinated to mitigate potential risks and ensure the safety of employees, as well as the communities we serve. No department or unit shall increase staffing levels beyond current needs to support critical on-site operations without:

Consultation and review of return to work plans by:

- Vice President and Chancellor DeWald
- Public Health Emergency Task Force and/or Risk Management Advisory Group

Sample Return to Work Checklist

As on-site staffing increases and operations expand, WSU Health Sciences will closely monitor and assess the potential spread of the virus, as well as existing policies and procedures to mitigate it.

A. Required Daily Attestation For All On-Campus Employees

WSU employees must complete daily COVID-19 attestation prior to returning to a WSU work location. Supervisors must review the attestation report for their unit through myWSU to confirm completion.

- Supervisors must follow up with employees who are expected to be on site but have not completed their attestation.
If an employee provides notification that they are symptomatic for COVID-19, ensure the employee is separated from other employees and directed to self-isolate at home/location away from their work site.

- The supervisor should refer the employee to HRS Disability Services (hrs.disabilityservices@wsu.edu).
  - HRS Disability Services will provide the employee information on leave options.
  - HRS Disability Services will work with the employee, COVID-19 Incident Commander, WSU Spokane Environmental Health and Safety, and/or other campus’ personnel as appropriate, to address or provide guidance on contract tracing and environmental cleaning.

B. Employee Considerations

Employees should be given the following instructions for protecting their health and reducing transmission:

- **Face Coverings:** As directed by federal, state or local county health officials, face coverings must be worn by all employees working at any WSU work location when 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, lobbies, classrooms, etc.). Exceptions include: when working alone in an office, vehicle, or at a job site, or by any individual who is deaf or hard of hearing – or who is communicating with someone – who relies on language cues such as facial markers and expression and mouth movements as a part of communication, or when the job has no in-person interaction. If the work performed or the work setting does not allow for social distancing or other safety measures, face coverings are required.

- **In circumstances where face coverings are required,** WSU will supply face coverings for employee’s. Employees may choose to wear their own personal cloth face covering. Personal cloth face coverings must only be worn for one day at a time, and must be properly cleaned before use again. See CDC guidance regarding face coverings. Disposable face coverings must be disposed of daily.

- Cloth face coverings are not PPE. Face coverings do not replace social distancing, avoiding face touching and frequent handwashing. Cloth face coverings protect others from infected individuals who wear the face coverings, including those that may be infected but don’t experience illness i.e. asymptomatic. Wearing cloth face coverings in public areas to limit the spread of respiratory droplets demonstrates consideration for others. Please understand some individuals may not comfortably wear cloth face masks without negatively affecting their breathing. If unable to wear
a face covering, due to a medical condition, please visit the HRS Disability Services website or contact the HRS main line at (509) 335-4521 to discuss options.

- Practice physical distancing at all times, defined as maintaining separation of minimum six feet, with the lowest possible density of people whether indoors, outdoors, in vehicles, or other spaces, and at the lowest sustainable level. The distinction of physical distancing vs. social distancing is important, as it is necessary to continue to work, build and maintain relationships, and engage with partners.
- Avoid office gatherings, break rooms, and unnecessary visitors in the workplace.
- Monitor for presence of COVID-19 symptoms, see guidance.
- Stay home (or leave the workplace) and notify the supervisor if symptoms develop.
- Know where to find local information on COVID-19 and local trends of COVID-19 cases.

1. **Accommodations**

   a) **Child care**
   If a child’s school or place of care is shut down by a public official in response to COVID-19, supervisors are strongly encouraged to let staff telework when the nature of their work allows it.

   Employees should continue to work with their supervisors to evaluate telework options available. An HRS Service Team member can assist in discussing telework options. If no telework is available, employees may use leave in accordance with their employment type.

   In limited circumstances paid leave under the newly passed Families First Coronavirus Response Act may be available.

   b) **Disability**
   Certain groups may be at higher risk for COVID-19 infection, including:

   - Older adults (aged 65 years and older)
   - People of all ages with underlying medical conditions, particularly if not well controlled, including:
     - People with chronic lung disease or moderate to severe asthma
     - People who have serious heart conditions
     - People who are immunocompromised
     - People with severe obesity (body mass index [BMI] of 40 or higher)
     - People with diabetes
     - People with chronic kidney disease undergoing dialysis
     - People with liver disease

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Last Updated: Aug. 27, 2020
Employees who have been instructed to return to their work location and have concerns about doing so, due to a medical condition that places them in a higher risk group, those who are pregnant, or those who wish to seek ADA Reasonable Accommodations related to returning to the work location should visit the HRS Disability Services website or contact the HRS main line at (509) 335-4521.

C. Supervisor Considerations

Through Phases 2 and 3, teleworking or working at an alternative work location remains the preferred work option. WSU employees who can telework without hampering essential operations should continue to do so.

Once employees return to campus, supervisors are responsible for protecting the health of their employees and reducing transmission by:

- Conducting meetings electronically, even when working on campus. If meetings cannot be conducted virtually, keep participation to fewer than 10 participants and enforce appropriate physical distancing and wearing of masks or face coverings.
- Encouraging those with increased risk of severe illness or over the age of 65 to continue working remotely and avoid gatherings of greater than 10 or other situations of potential exposures, including travel.
- Considering phased return of employees to no more than 30% of the workforce at a time, staggering every 2–4 weeks for full return. Depending on the size and needs of the workforce, the percentage may vary. Numbers of employees are also dependent upon availability of PPE, support for increased environmental cleaning, and availability of employee health care.
- Staggering shifts to reduce the number of people in the workplace at the same time.
- Gauging employee willingness to volunteer to be the first to return and prioritize those with the greatest ability/desire to return, while paying attention to individual risk factors.
- Allowing those who can work effectively from home to be the last to return and/or delay their return to the campus.
- Encouraging single occupancy in work rooms.
- Procuring sufficient disinfectant products and cleaning supplies so employees can frequently clean their own workspaces.
• Ensuring that housekeeping is provided PPE and guidelines on appropriate techniques (as per CDC guidelines) for cleaning and disinfecting common, non-clinical spaces.

• Posting and promoting prevention strategies:
  • Wash hands frequently.
  • Maintain physical distance: stay 6 feet apart at all times.
  • Know the signs and symptoms of COVID-19 and what to do if symptomatic:
  • Stay home when you are sick (or leave work immediately) and notify your supervisor.
  • Call your health care provider’s office in advance of a visit.
  • Limit movement in the community and wear a face covering in public.
  • Call your health care provider for instructions regarding return to work.

D. Facility Considerations
The following recommendations should be provided to those on campus responsible for maintaining facilities or ordering materials and supplies:

• Maintain at least 6 feet between workstations/workers. Place plexiglass or other barriers in workspaces where people must face each other or unable to be 6 feet apart.

• Consider installing plexiglass barriers at high-visited areas such as reception desks and check-in points.

• Place appropriate signage at entrances indicating how to proceed.

• Remove chairs and desks to ensure proper physical distancing in conference and waiting rooms. Identify allowable occupancy in order to control workflow and/or establish maximum attendance.

• Make face coverings available throughout campus (e.g., at the bookstore, pharmacy, etc.).

• Post maximum occupancy in common break areas and configure to accommodate appropriate physical distancing.

• Provide sanitizing supplies for individuals to clean their areas before and after use.

• Eliminate reusable kitchen items (flatware, dishes, and cups) and cleaning tools (sponges, brushes, towels) and replace with single use options.

• Replace shared appliances with single use or no- touch options (coffee makers, ice/water dispensers).
• Remove high-touch items such as magazines, common pens, etc.
• Provide hand sanitizer at all entrances and high-traffic areas.
• 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.
• Monitor and secure inventories of PPE, hand sanitizer, wipes, cleaning products, and hand soap.

V. Instruction and Learning Environments

Since the release on March 3, 2020, of the ACHA Guidelines: Preparing for COVID-19, almost all institutions of higher education transitioned to an online/virtual mode of instruction. While these efforts have allowed the teaching and learning missions of universities to continue, there are limitations to remote instruction. Planning should include strategies guided by public health considerations to resume in-person instruction.

General considerations should include:

• Prioritization of in-person instruction for courses with academic outcomes that cannot be measured or achieved virtually, such as performance, laboratory, and clinical experiences.

• Implementation of a hybrid mode of instruction for the foreseeable future. Remote options should be planned for and 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.

• Limitation of 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 also utilize other physical distancing measures. Consider creating multiple sections/shifts to reduce numbers.

• Implementation of close monitoring and tracking of in-person attendance and seating arrangements to facilitate contact tracing in the event of an exposure

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

• Development of 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. Ensure students are provided with adequate PPE, supervision, and other protections based on their risk.

• Expansion of simulation experiences to create clinical scenarios for health professional students to practice technical, diagnostic, and exam skills.

• Development of 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.

• Development of 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.

• Encourage faculty-student communication regarding health status and any changes in their ability to complete coursework and academic responsibilities.

• Identification of resources for students with learning disabilities or difficulties with remote learning platforms.

VI. Mental Health

The Employee Assistance Program (EAP) is available to offer emotional support during this stressful period. You may contact EAP by calling 1-877-313-4455 or visiting the EAP website.

VII. Other Key Campus Areas

A. Laboratories

Specific criteria have been developed for faculty and staff working in laboratory environments. See COVID-19: Research Operations at WSU website for additional details.

B. Student Affairs
C. Recreational Programs, Facilities, and Recreational Sports

VIII. Communications Plan

The campus Communications team will work to prepare and share personalized messages with employees about new requirements for employees and customers who are entering facility. The team will also assure signage is accounted for in applicable areas to inform employees about new requirements and safety guidelines in place. The team will also share messages on applicable social media platforms to inform customers about what they can expect when they come to visit facility.

A. Signage

- Bathrooms
  - 5 steps to wash your hands the right way (a minimum of 2 posters inside bathrooms)
  - Social distancing warning (a minimum of 1 outside every bathroom)
- Dining areas
  - Please Wear a Face Covering (a minimum of 2 in dining areas)
  - Social distancing warning (a minimum of 2 in dining areas)
- Elevators
  - Elevator (small square) (one outside every elevator)
  - Elevator (8.5x11 poster) (one inside every elevator)
- Entrances to buildings
  - Please Wear a Face Covering (one per entrance)
- Stop! Feeling Sick? (one per entrance)
- Common areas
  - Seating area warning (poster) (as many as needed)
  - Social distancing warning (poster) (as many as needed)
- Classrooms, conference rooms, offices, etc.
  - Occupancy signage specific to rooms (as needed)
  - Sign specific to disinfection stations (as needed)
- Work station sanitized (5x7) (as needed)
- Work station sanitized (8.5 x 11 poster) (as needed)

IX. International Travel

A. International Students, Faculty (Including Visiting Faculty), and Staff Who Are Incoming to or Present on Campus

X. Resources
Additional Resources from WA State Department of Health

Local Health Jurisdiction Resources & Recommendations
Workplace and Employer Resources & Recommendations
Guidance for People at Higher Risk for Serious Illness
Stigma Reduction

WSU COVID | https://wsu.edu/covid-19/
HRS COVID | https://hrs.wsu.edu/covid-19/

XI. Appendices
A. White House: Opening Up America Again
B. Washington State: Safe Start