

Washington and Lee University

Reopening of Campus Report

Submitted to the State Council of Higher Education for Virginia (SCHEV)

This document should be read in conjunction with other relevant communications from the University that are included in the COVID-19 Resources on the University website including the *COVID-19 Contingency Task Force Report* dated June 4, 2020, *Guide for Returning to the Workplace* and the FAQ list.

The following materials are intended to provide the campus plan for reopening in the fall of 2020 for in-person education. The document is structured to answer the information and questions sought by SCHEV for the purposes of demonstrating compliance with the guidance from SCHEV and approved by Governor Northam.

SECTION 1: REPOPULATION OF THE CAMPUS

1. Establishment of a COVID-19 coordinator/campus team

The COVID-19 Contingency Task Force report outlines recommendations for the establishment of COVID-19 coordinators as well as the COVID-19 Committee to be created and serve through the period of the pandemic. Jane Horton, University Physician and Director of Student Health will serve as the COVID-19 coordinator relative to student matters, issues and questions. Mary Main, Executive Director of Human Resources will serve as the COVID-19 coordinator relative to employee matters.

As stated in the Task Force Report: “These designated contacts provide the community with the ability to go to a single source with questions or issues that emerge. These individuals will be familiar with policies, guidelines and approaches to a variety of COVID-19 matters but will also reach out to others in the community to assist when they do not have an answer or are not familiar with the specific subject matter.”

The COVID-19 Committee has been established and includes the following individuals:

Paul Youngman, Associate University Provost (chair of the committee)
Bill Hamilton, Professor of Biology
Jan Hathorn, Director of Athletics
Jane Horton, University Physician and Director of Student Health
John Jensen, Dean of Career and Professional Development
Tom Kalasky, Executive Director of University Facilities
Toni Locy, Professor of Journalism
Mary Main, Executive Director of Human Resources
Trenya Mason, Assistant Dean, Law Student Affairs
Sally Richmond, Vice President for Admissions and Financial Aid
Drewry Sackett, Associate Director for Communications and Public Affairs

K.C. Schaefer, Executive Director of Auxiliary Services

This committee is tasked with implementing the recommendations from the Task Force Report, continuing to monitor the situation while identifying/managing issues that emerge in the months ahead. In addition, the committee will provide guidance on when restrictions that may be necessary at the outset of a return to campus can be eased. They will continue to act as the liaisons with Special Topic Working Groups that will continue their work to help resolve questions remaining and address issues as guidance becomes more prevalent. These working groups include: Athletics, Classrooms and Teaching Spaces, Academic Technologies and Virtual Instruction, Testing and Contact Tracing, Events and Visitors, Opening of School, and Greek Life. In addition, there may need to be additional work completed by the Finance and Employment, and Admissions and Enrollment working groups as the summer unfolds and greater clarity on the fall environment becomes available. The COVID-19 Committee will look to these Working Groups to provide needed guidance and information as the University works through the pandemic.

2. Contact information and procedures for reaching the local health department.

Jane Horton, University Physician, will act as the liaison with the local and regional health department. Dr. Horton has been in and continues to be in regular contact with Dr. Kornegay of the Virginia Department of Health through this pandemic. Our primary contact at the Central Shenandoah Health District is Amanda McComas, with Dr. Kornegay and additional CSHD staff as backup. CSHD contact information is as follows:

Amanda McComas, BSN, RN
Population Health Community Coordinator
Central Shenandoah Health District
Office: 540-332-7830 Ext. 322
amanda.mccomas@vdh.virginia.gov

Laura P. Kornegay, MD, MPH
Health Director
Central Shenandoah Health District
Office: (540) 332-7830 Ext. 341

In addition the University has long maintained a very good working relationship with W&L's closest hospital, Carilion Stonewall Jackson Hospital in Lexington. Our contact with the local hospital and other regional Carilion Clinic physician practices and urgent care centers is:

Greg Madsen
Vice President, Carilion - Stonewall Jackson Hospital
gtmadsen@carilionclinic.org
540-458-3322

3. Student's initial return to campus (such as initial screening, move-in)

The University has made the decision to alter its schedule so that law classes begin on August 17 and undergraduate classes begin on August 24. Both law and undergraduates will complete their terms by the Thanksgiving and will not return to campus until the new terms begin in January. Prior to arrival students will be provided information on expectations for daily monitoring including the need for temperature checks and affirm that they exhibit no

symptoms. This information, once they are on-campus, will need to be submitted by the student on a daily basis. Contact tracing protocols will also be shared with students in this communication. In addition, early communications will provide information on the need to wear a face covering when in campus buildings and provide guidance on when that will also be necessary for outdoors as well. Pre-orientation for first-year students will begin the week of August 10, while orientation will begin August 17. Move-ins will be staggered with students provided the date and time that they can arrive to campus. Prior to entering facilities, students and up to two guests (most likely family members) will have a temperature check and affirm that they have no symptoms or reason to believe that they have been in contact with an individual who has been exposed to COVID-19 in the prior 14 days. First year students will be grouped in cohorts of 8 to 12 students that will reside in proximity and will participate in pre- and orientation activities as a cohort to help minimize excessive contact among students prior to classes beginning. During orientation and as returning students move back to campus (for returning students that date is no earlier than August 20) and prior to the first day of classes, all students will be tested for COVID-19. Sampling testing will be done throughout the fall semester to help identify any outbreaks of the virus early so that spread can be limited. This is subject to the ability to identify a vendor that can fulfill this level of capacity of testing; otherwise, the University will follow the guidelines for testing that has been provided to colleges and universities from the Virginia Department of Health.

4. Education/Training of students: consider COVID-19 prevention education as part of student orientation. (hand washing, staying home if ill, etc.)

W&L does not believe that education and training of students relative to COVID-19 prevention is simply a one-time opportunity. Instead the University believes that constant education and reminders to students will be necessary to help instill a culture of compliance with best practices. Orientation will include sessions on best practices and community expectations. The University has completed the process of drawing up a statement on Community Expectations (<https://my.wlu.edu/covid-19-resources/statement-of-community-expectations>) that reflects the shared responsibility of all members of the community toward a safe and healthy environment. Beyond orientation, we are planning periodic updates to the entire community on updated guidance, changes in practices and helpful information to assist in understanding activities that place students and the community at higher risk. Posters and signage will be displayed throughout the campus and especially in residential areas reminding community members of those activities that they can do to limit not only their own exposure but exposure with others. Social messaging has already been deployed as part of the communication strategy with students, and that will continue throughout the fall. As part of our protocol for the fall, all students will receive a COVID-19 kit which will include two cloth face masks, a digital thermometer and a small bottle of hand sanitizer. Additional supplies of these items will be available at cost at the University's Store.

5. Physical Distancing, according to CDC guidance:
 - a. Strategies to allow physical distancing in classrooms and learning environments.
 - b. Social distancing considerations outside the classroom.

- c. Restrict occupancy/stagger use of communal shared spaces such as lounges, exercise rooms, dining halls, etc. to ensure physical distancing. Occupancy must be consistent with any active Executive Orders.
- d. Limitations on size of gatherings and/or strict physical distancing to be in place during gatherings.
- e. Strategies for dining services should be consistent with plans to optimize physical distancing.

The University has utilized the inventory of classrooms to determine maximum occupancies for each using the appropriate social distancing guide of a minimum of six feet apart. Each classroom will be modified or roped off to outline which seats are available to students. In addition, the University is taking a number of spaces that have typically not functioned as classrooms and will be utilizing these spaces as classrooms in the fall. These include spaces such as the Johnson Auditorium, Stackhouse Theater, and Northen Auditorium. The University also will deploy an outdoor classroom as a teaching space and will create two teaching spaces outdoors under tents for climate protection. The University has also altered its scheduling conventions to extend the teaching day into the evening and provide thirty minute breaks between classes to allow for additional time to wipe down spaces and provide twice daily electrostatic cleaning of each teaching space. Labs will be equipped with full PP&E to minimize potential spread where social distancing may not be entirely possible.

The University has made the decision to limit the number of outside visitors to campus for the fall term. Campus buildings will only be accessible to faculty, staff, and students along with pre-approved vendors and contractors. The vast majority of speakers and lecturers will be conducted remotely utilizing online technologies to facilitate. Sorority and fraternity life will be guided through principles and practices being developed by the Inter-Fraternity Council and Panhellenic in consultation with our Student Affairs Office and Dr. Horton. Management of extracurricular activities including intramurals, club sports, etc. will be evaluated by appropriate offices to determine a list of which can occur safely under the CDC and VDH guidance and which ones cannot. Those that cannot will not be allowed. It has already been determined that there will be no on-campus parties or concerts until such time guidance would allow and the University conclude that they do not put the community at significantly greater risk.

Communal and shared spaces will be marked outlining maximum capacities under social distancing guidelines. In lounges and communal seating spaces, seats will be marked to reflect which ones cannot be used to ensure that social distancing is practiced. Public multi-stall restrooms will be marked with reduced capacity, and areas where queues may form (dining facilities, University Store, etc.) will be marked so that distancing is managed while in the queue.

We are and have been following the Governor's orders of phasing for the reopening of the economy and will always limit any group gatherings to no more than those allowed under those orders while maintaining appropriate social distancing. The majority of our spaces on campus already create significant limitations to capacities that can be in place given the social distancing guidelines. As such, in almost all spaces, social distancing yields an occupancy less than the maximum allowed under the phasing guidelines.

As noted above, we are setting our queues within dining venues to ensure social distancing. In addition, we are limiting seating capacities in the Marketplace and Evans Hall to fall within or

below the established capacities that would be allowable under the Virginia Department of Health and Governor's guidelines that are currently in place for restaurants and eating establishments. All of our dining facilities will shift to served food and there will be no self-service options. Only two of our venues will allow for seating in those venues. All others will simply be takeout. We have already procured adequate takeout containers to allow us to operate for the fall. Additionally, as with students, all employees at the University, including Dining employees will go through a health screening process before reporting to work. Dining employees will have an infrared thermometer temperature taken on site prior to being allowed to start their shift. Masking will be required of all Dining employees and hygiene protocols will be reviewed regularly and addressed with signage and an educational program for the staff prior to the start of the school year. Surfaces will be cleaned more frequently in dining facilities. The University has provided to the fraternities who operate their own meal plans through the house corporations an outline of the requirements to provide dining services in their houses. Each organization has to certify that they can meet these requirements and provide an outline of the necessary changes needed to do so. Jen Hickey, Director of Dining Services at W&L, is meeting with each organization at each of their facilities to review their plan to ensure that they have met the needed guidelines.

6. Hygiene practices and cleaning/disinfecting protocols.
 - a. Cleaning and disinfecting protocols to include frequently touched surfaces; transport vehicles; schedules for increased cleaning; routine cleaning and disinfection; ensuring adequate cleaning supplies and correct use/storage.
 - b. Provisions for hand sanitizer/handwashing stations.
 - c. Minimize shared objects and ensure adequate supplies to minimize sharing to the extent possible.

The University has already established an enhanced set of cleaning protocols for facilities. These protocols include utilizing new cleaning technologies including electrostatic sprayers and EPA approved one-step disinfectants. Crews have been provided training in these technologies and cleaning agents as well as provided additional training on protocols for cleaning and disinfecting when not using this equipment. Custodial schedules have also been altered to ensure greater coverage for cleaning public spaces during the day. All public rooms will be cleaned and disinfected each morning, and depending on type of room and usage, rooms will be cleaned periodically throughout the day (classrooms for example will be sprayed a minimum of one time a day during the academic schedule). Bathrooms will be cleaned and disinfected more often than has been typical in the past, and residential bathroom facilities (non-apartments) will be cleaned each day by custodial staff. Students will also be provided appropriate supplies and instructions on how to disinfect areas that they utilize after each use. Vehicles used for transport, which will be minimized based on developing guidelines at the University, will also follow protocols for wipe down and disinfecting of surfaces after each use. The University has already ordered the electrostatic sprayers and through the PP&E Supplies and Procurement Working Group begun to acquire all needed supplies and disinfectants for the fall. These will be stored centrally in the Pavilion and will be distributed to custodians and offices as needed.

The University has contracted with Cintas for 300 hand sanitizing stations to be placed throughout University facilities in public areas, entries into buildings and dining facilities. These

will be installed no later than the arrival of students. In addition, the University is acquiring sanitizing wipes to be placed in each classroom, lab and computer lab. Students and faculty will be instructed to wipe down the areas that they utilize in these facilities after each use. This will include work surfaces, keyboards, etc. Each department will also be provided hand sanitizers to be placed in areas of highest traffic or interaction. Students and employees will also be strongly encouraged to carry their own supply of sanitizer or wipes to use when needed and a public supply is not readily available.

7. Housing: it is difficult to maintain physical distancing in on-campus housing, even with modifications. Plans should consider strategies to decrease the risk such requirements for face coverings in shared spaces, reminders of proper hand hygiene, enhanced cleaning, training for residential advisors/live in staff, restrictions on events/social activities in housing facilities, establishment of occupancy limits, restrictions on building access, etc. IHEs may want to require training and document training of certain staff.

Strict protocols will be required of all students residing in campus housing. Universal masking, social distancing, and reminders about proper hand hygiene and practicing good prevention strategies will be communicated often and through creative methods prior to the arrival of students and prominently throughout the start of the academic year. Educational messaging will come from residential life staff, the administration, health promotion, student organization leadership, and effective signage on entrance doors, hallways, and pertinent common area spaces in buildings. Students will receive a personal supply list of health-related items and be encouraged to bring them for personal use. They will also receive a welcome starter kit containing disposable masks, reusable thermometers, hand sanitizer, and disposable gloves.

Students will be required to wear face coverings at all times in hallways, staircases and common spaces and can remove coverings in their personal rooms and when maintaining hygiene in restrooms. Students residing on halls with communal restrooms will be assigned to a specific restroom to reduce use by multiple people. Signage on restroom doors will request that students knock before entering and will list the designated number of individuals at a given time. Students will be encouraged to clean and sanitize spaces prior and after use and to frequently disinfect commonly touched areas within their rooms. W&L custodial crews will perform enhanced cleaning protocols in all public spaces and hand sanitizer stations will be placed in strategic locations throughout all residential facilities.

Residential Life staff will partner with Student Health and Counseling and Health Promotion during remote training sessions about the most recent CDC, VDH, and local health official guidelines and recommendations for living in shared housing. Resident Advisers will be expected to model and educate students about policies, practices, and how to take care of themselves and one another within this context. Training will consist of live and recorded virtual learning and any in-person training will be conducted in smaller groups in larger spaces. Staff training will cover several of the traditional topics; however, Covid-19 prevention strategies and staff response to students in distress will serve as the primary focus of fall training. Residential programming will be limited to small group programs and passive opportunities. Students will be encouraged to recreate outdoors in safe and responsible ways. Any indoor gatherings of a small nature will need to comply with common space occupancy restrictions by room, furniture configurations, and the most recent Virginia Department of Health guidelines which will be

clearly communicated in community meetings and on signage. No external visitors or guests will be allowed access to student living facilities and students will be encouraged to meet fellow students outside or in other public spaces while maintaining health protocols.

The onset of the academic year will serve as an important period of time to establish the priority of “home groups” for the initial return to campus. A phased move-in process will occur over 12 days for first-year students, followed by upper-division students. First-year housing assignments will be made by the early arrival group in which they are affiliated, therefore students in particular groups will move into a pre-designated residence hall room at a pre-designated date and time. Therefore, creating the opportunity to provide a lower density check-in process. For example, fall first-year athletes by sport will move in for pre-season training and be housed by cohorts. Students participating in pre-orientation programs will be assigned as a home group with those assigned to their respective small group activity. They will check-in on alternate days, live on the same residence hall floor, participate together in pre-orientation, orientation, and reside on the assigned hall floor for the academic year. Non-essential volunteers will not be able to participate in move-in and only two family members per student will be allowed access to the students’ residence hall room. We will vastly reduce the number of student and staff volunteers and masks, social distancing and cleaning of surfaces will remain a high priority.

8. Consideration of vulnerable individuals (e.g. 65 years or older, underlying health conditions:
 - a. Policy options to support those at higher risk for severe illness to mitigate their exposure risk.
 - b. Implement flexible sick leave policies and practices that enable faculty, staff and students to stay home and self-isolate when they are sick or have been exposed.
 - c. Develop policies for return to class/work after COVID-19 illness.

The University has already published its *Guide for Returning to the Workplace* for faculty and staff. Within that guidance, individuals who are 65 or older or may suffer from health conditions that would place them at higher risk may submit a request for flexible work arrangement. Those with a health condition or who live with a family member with a condition simply needs a doctor to certify that there is an underlying condition. Older faculty and staff must simply verify that they are at least 65 years old. The form requests information from the employee on what they are seeking in a flexible work arrangement. These are reviewed and approved by Mary Main, Executive Director for Human Resources. Arrangements can be as simple as adjustments in room assignments for classrooms to allowing for remote work including faculty offering virtual instruction. Students who have an underlying health condition may also seek a flexible arrangement for their term. These requests are managed by Lauren Kozak, Title IX Coordinator and Disability Resources Director. Students who seek to not return to campus due to such conditions will be allowed to take the term using virtual instruction. While not all courses will be available through this mode of instruction, the University is confident that enough offerings will be available to allow the majority of students to make the necessary progress towards their degree.

The University’s sick leave/CTO policies already enable faculty and staff to have adequate flexibility should they contract the virus. Should an employee need to be out of work for more than ten business days, the employee goes on short-term disability and is not required to utilize their bank of leave time. In addition, the University implemented a COVID-19 leave policy that

will allow an employee who needs to isolate up to fourteen days of paid leave without using their CTO. Students and faculty work together to provide appropriate solutions for students who either contract the virus or must quarantine for a period of time due to possible contact. In some cases, this can be provided through virtual instruction while in others it may involve class capture technology or assignments of alternative work. In the case of a student being too ill to participate in one of these ways, the faculty member will work to identify a plan to allow the student to complete or make up the work to the extent possible.

The *Guide for Returning to the Workplace* outlines that an employee who contracts the virus will not be allowed to return to work until they have a medical release from their doctor assuring a safe return to work. Students will be required to be cleared by the Student Health Center before they can return to class and other school related activities.

9. International student considerations (e.g. COVID-19 travel health risks, CDC returning travelers guidelines, travel registry, etc.)

The University has adopted the CDC guidelines for students who come to campus from abroad. Our Center for International Education (CIE) is communicating with international students that are not currently in the U.S. to plan their return to the U.S. so that they have adequate time to quarantine before coming to campus. For those who will need to travel directly to the University, we will provide the ability for them to self-quarantine before they engage with other community members. Additionally, for incoming students who may have trouble with their needed VISA prior to the start of classes, W&L has entered into an arrangement in which they can take their courses at St. Andrews in Scotland. W&L faculty and the CIE is working with these students on course selection to ensure that the coursework will automatically qualify for credit toward a W&L degree.

10. Partnership and communication/information sharing with the local community, health systems and other stakeholders.

The University has long maintained an active role in communications with local officials, agencies, and health systems relative to emergency management and other matters. Sidney Evans, V.P. for Student Affairs, along with Dr. Jane Horton are in consistent contact with Carilion-SJH relative to capacity of the local hospital facility, testing capabilities, and resources and capacities available through the larger Carilion system. These conversations have provided us confidence that these resources are robust enough to meet University needs should there be a widespread outbreak (this would also be coordinated through our VDH contact). In addition, the University can access Augusta Health and UVa Health Systems as additional resources if needed. Beyond the local healthcare provider community, Sidney Evans sits on the Emergency Management Group that represents the three governmental jurisdictions, large employers and health providers. This group has been meeting regularly to discuss the situation and resources available locally. Recently this group created a separate group of administrators from each of the three jurisdictions along with a representative from each of the higher education institutions in the area to ensure that all parties have access to the best available information relative to decision-making and issues emerging. Additionally, several years ago, the University formed the Campus Community Coalition. This coalition allows for dialogue between the campus, especially

student leadership, and communities within the area in which students reside. This organization has determined that it will enhance its efforts with the return of students to ensure that these communications provide greater transparency into the management of student life in the COVID-19 environment. Finally, it should be noted that the area is a relatively small population for which W&L faculty and staff make up a significant portion. Faculty and staff are simply not members of the Washington and Lee community but the broader Lexington/Rockbridge community. As such, it is all but impossible for University leadership not to be engaged in conversations and communications around the University and its impact on the local community.

11. Face Coverings.

- a. Plans submitted by each institution should include information on how it intends to teach/reinforce use of face coverings among students, faculty and staff.
- b. For faculty, cloth face coverings should be worn in times when at least six feet physical distancing cannot be maintained.
- c. Students should be encouraged to wear cloth face coverings in times when at least six feet of physical distance cannot be maintained.
- d. Institutions should consider adopting relevant business sector guidance for staff regarding the use of face coverings. Face coverings should be worn in public facing areas and in office spaces where six feet of physical distance cannot be maintained.

The University has established guidelines for the need to wear face coverings for employees and students. This guidance requires the use of a face covering while faculty, staff, and students are in public building spaces as well as when six feet of social distancing cannot be met outdoors. The University is providing two cloth face coverings to every employee who has a regular work schedule and all students. Certain areas of the University (Dining, Facilities, Campus Safety as examples) will be provided by the University disposable face coverings on a daily basis. Use of face coverings will be emphasized in communications to students and in human resources newsletters and periodic communications within the University to faculty and staff. Individuals will not be required to wear a face covering if they are in their individual offices - employees or in residential facilities - students. Management of compliance with these requirements will be a community collective. As a community, we will be taught that we must speak up when another community member falls short of their responsibility. Faculty will be asked not to let a student into class without a face covering. Supervisors will be required to address violations with their employees. It is worth noting that the expectation in classrooms is that all will remain in a face covering for the class even with social distancing. Faculty will have the option for two approaches for teaching in person. One they can teach while wearing a face covering. The other is that they can wear a face shield (each faculty member who requests such will be provided). Finally, in public facing areas, the University is constructing plexiglass barriers to provide additional protection between the staff supporting those functions and those for whom they interact.

12. Student Health Services (SHS):

- a. Assurance of provision of medical grade PPE for health services staff

- b. Maintenance of typical (non-COVID-19) health services
- c. Mental health services
- d. SHS facility considerations such as waiting areas, signage, environmental management/cleaning, IT considerations, etc.
- e. SHS administrative /staff considerations such as PPE, employee health program protocols, education/training of staff, billing/charges, staff scheduling, etc.
- f. SHS patient care considerations such as online appointments, strategies to limit shared objects, triage protocols, screening forms, patient screening procedures

It is important to note that the University's Student Health Center operates 24 hours a day, seven days of week when school is in session. At all times, the Center is staffed with a medical professional who can provide needed care even during evening and early morning hours. We have developed plans and protocols for safe delivery of medical care for students with and without symptoms of possible COVID-19 infection including physical alterations to the Student Health Center to minimize possible exposures for students who seek care. That will include universal masking, screening of all patient contacts, and physical separation of those who are ill and need evaluation for possible COVID-19 or other causes of illness, from those who do not have symptoms of such illness and need other routine care. We have developed a plan to set up an auxiliary clinic area just upstairs from the SHC on the first floor of Davis, with direct access from the SHC, and adjacent to the rooms identified for isolation of confirmed cases. This auxiliary clinic area will be used for evaluation of ill students, leaving the current SHC space for outpatient and infirmary care as usual. We will also continue to provide telehealth visits when appropriate, if allowed, to reduce close patient contacts. Telehealth visits can also be utilized for daily medical monitoring of students in isolation for COVID-19 infection, and those in quarantine when needed. Nurse visits will likely need to be scheduled, rather than on a walk-in basis, to facilitate screening and appropriate infection control/risk reduction strategies. Adequate supplies of PPE should be available and have already been requisitioned. We have committed to hiring, at the discretion of the Director of Student Health Services, a Certified Medical Assistant (CMA) 40 hours/week to assist the healthcare provider working in the auxiliary clinic area, leaving the Registered Nurse (RN) to see students for nurse visits and assist the provider working in the SHC area with scheduled medical visits. This CMA position is already a part of our long-term staffing goals, but there may be the need to add such a position earlier as a result of the pandemic. That individual, with appropriate training, could also assist with a surveillance testing program, contact tracing, medical monitoring and support for students in isolation/quarantine.

The University Counseling Center (UCC) has developed plans for our UCC providers to continue to provide both teletherapy and safe face-to-face visits for students. That will include symptom and temperature screening of all students on entry to UCC, universal masking, staggering appointment times to facilitate physical distancing in the waiting area, etc. Staff offices are large enough to maintain physical distancing during face-to-face visits so that masks may be removed during sessions, if desired, without creating significant close contacts.

13. Large events, including athletic events, and others such as ceremonies or performances

The University has already made the determination that it is going to limit speakers and events until such time as guidance would allow larger gatherings. To the extent that the University is able to participate in athletic endeavors, in-person attendance will be limited to the participants, coaches, officials, and other personnel required to manage the event. Spectators will not be permitted unless there are ways to ensure sufficient social distancing in the seating areas. This will also extend to activities, such as plays, musical performances and other events such and lectures. In the vast majority of these cases, the events will be live streamed or broadcast so that students families and community members can enjoy. Additionally, it is important to note that many of the venues that can seat large audiences will be utilized as classrooms in the fall to allow for social distancing when class size is greater than 20. As a result, many of the venues, simply will not be available for their typical use, limiting the ability to have audiences for such activities.

14. Communications strategy

The University has a dedicated website for COVID-19 communications and resources. This site has been available since mid-March and will continue to be used to help inform the community on the latest information and guidance. Beyond the website, the University has sent blast emails utilizing a COVID-19 email address to the community including parents and alumni to share important information regarding planning and responses to the pandemic. These blasts are also used to populate the COVID-19 Resources website. Within the campus, communications strategies will also include posters (most related to importance of personal hygiene and masking) but also social media to share information and best practices to constituents. Drewry Sackett, Associate Director for Communications and Public Affairs, is part of the COVID-19 Committee to assist with identifying and shaping the communications of the University around the issue. In addition, the University is committed to hosting forums for students and parents over the summer to share plans and discuss the practices and protocols that we will be using in the fall to mitigate risks to the community.

15. Orientation and education/training, including anti-stigma training

W&L does not believe that education and training of students relative to COVID-19 prevention is simply a one-time opportunity. Instead, the University believes that constant education and reminders to students will be necessary to help instill a culture of compliance with best practices. Orientation will include sessions on best practices and community expectations. The University is currently in the process of drawing up a statement on Community Expectations that reflects the shared responsibility of all members of the community toward a safe and healthy environment. Beyond orientation, we are planning periodic updates to the entire community on updated guidance, changes in practices and helpful information to assist in understanding activities that place students and the community at higher risk. Posters and signage will be displayed throughout the campus and especially in residential areas reminding community members of those activities that they can do to limit not only their own exposure but exposure with others. Social messaging has already been deployed as part of the communication strategy with students, and that will continue throughout the fall. Important in

all messaging and education, is the likelihood that there will be individuals on-campus who will contract COVID-19. Those individuals are no different than individuals who contract a cold or other illness and as long as they act responsibly upon diagnosis should not suffer a stigma of having contracted the virus. The University will, of course, not release personal health information on any individual, so the community will need to be reminded of being careful regarding assumptions and rumor spreading.

SECTION 2: MONITORING HEALTH CONDITIONS TO DETECT INFECTION

1. Daily health screening questions and/or health monitoring approaches that can be used to monitor the health of the campus population.

The University recognizes that universal daily self-monitoring/reporting of symptoms/temperature and contacts, with clear stay-at-home/seek assessment protocols for students and employees who screen positive, is essential to enhance early detection. This can be accomplished with “required” daily response to a 2-question survey, based on self-monitoring of symptoms and self-reporting of COVID-19 contacts, utilizing a technology platform accessible to everyone in the University community. That platform should give everyone a clear message about whether they can attend school/work that day, and what specific steps they should take if their responses indicate that they should not attend school/work. Voluntary compliance is unlikely to be universal, but will be monitored to ensure the community takes this need seriously. It would also be helpful for everyone in the W&L community to keep a daily “close contact” log to facilitate case investigation/contact tracing in the event that an individual develops COVID-19 illness (this is a requirement of employees in the return to work guidance⁰). Case investigators will need to look back 2-5 days prior to symptom onset and/or testing date to identify possible close contacts for public health tracing purposes. Further discussion is needed about possible strategies to enhance compliance with reminders, positive and/or negative rewards, active monitoring and communication, etc. Temperature scans for certain employees in higher risk/higher contact settings (e.g. healthcare and dining services) are recommended to facilitate early identification and evaluation of an individual with fever.

2. Campus level syndromic (disease) surveillance using electronic health record data or other disease surveillance methods as feasible

Daily health screening questions will include self-reporting of symptoms, and the rate of positive responses among students and employees will be monitored regularly as a surveillance strategy. Other measures available for surveillance are the daily visit numbers for COVID-like illness to the Student Health Center, the number of diagnostic tests (and positive test rate) for SARS-CoV-2 performed through the Student Health Center, the positive test rate of SARS-CoV-2 surveillance testing, the number of short-term academic adjustment requests from students due to medical illness, the occupancy rate of isolation and quarantine rooms set aside for students in campus housing, and the rate of employee absenteeism due to acute illness.

An additional strategy that we are also planning is one shown to be effective through monitoring of wastewater with SARS-CoV-2 RT-PCR testing, as virus particles may be shed in the stool when someone is infected, whether or not they have symptoms of illness. This shedding

may continue for several weeks, so this strategy is primarily useful as an early indicator of virus in the community. This type of SARS-CoV-2 RT-PCR testing does not need to be done in CLIA-certified medical laboratory, and in fact such testing can be done in a Biology research lab on campus. Wastewater samples can be collected at several access points as wastewater leaves specific campus locations to help identify “hot spots” for further investigation.

Wastewater sampling and testing for SARS-CoV-2 RT-PCR can be done in a Biology research lab on campus, and help identify “hot spots” for further clinical investigation. The initial start-up cost for such testing is estimated to be \$2,500, with a per sample testing cost of approximately \$20. This information is provided by Bill Hamilton, Professor of Biology, and seems like a cost-effective strategy to pursue as an early indicator of virus in the community. The University is committed to funding this approach.

3. Establishment of a testing strategy. Testing strategies should consider testing for all students, faculty or staff with symptoms and access to testing for close contacts of cases as recommended by public health. Institutions may consult with their local health department, local health systems and other relevant partners.

Student with symptoms of possible COVID-19 illness, or confirmed close contact with a known index case, will have access to appropriate SARS-CoV-2 testing through the Student Health Center. Employees in need of diagnostic testing will be referred to their primary healthcare provider, the local Community Health Center, local urgent care centers, and/or the Emergency Department of the local hospital as appropriate to the severity of their illness. Washington and Lee University does not provide direct healthcare services to employees on campus. The Central Shenandoah Health District, Rockbridge Area Health Center and Carilion Clinic (which operates the local urgent care centers and hospital) are working collaboratively to build community capacity for rapid access to diagnostic testing. Representatives from Washington and Lee University, as one of the largest employers in the area, are participating in those discussions so that sufficient diagnostic testing capacity can be available to our workforce when the campus reopens.

While symptomatic testing is a minimum requirement, such testing is reactive and not proactive. As such, the University is committed to a more robust testing strategy that we believe will aid us in identifying cases sooner. The University has identified a vendor that has the capacity to test all students and employees prior to the start of classes in the fall. This testing will be supplemented, by the same vendor, throughout the term with sampling to determine whether there is a potential outbreak of the virus. This testing approach is explained below.

Surveillance testing for SARS-CoV-2 requires significant logistics planning and management of testing a target population to accomplish point prevalence testing of large numbers of individuals in a specified period of time. Those services can be contracted for with outside providers/testing labs. We have been able to get preliminary contract price quotes for such costs.

Pooled sample strategies can reduce that cost of testing if the prevalence of infection remains low, but if an institution has to retest multiple positive batches as prevalence rises, this strategy

becomes less cost effective. If initial testing prevalence is low (current US population prevalence estimate is 0.5-3%), then pooled sample strategies could reduce the cost of a round of testing significantly to \$13,000-\$18,200 for a round of testing 2,000 individuals in 200 batches of 10, with a population prevalence of 3% predicting that 6 pooled samples would return positive and need to be individually tested. Pooled sample testing strategies require the same or more clerical and clinical support for testing logistics and results management.

Management of test results, with notification of all tested individuals, case investigation, contact tracing, case management, etc. has an additional cost in University staff and support systems for information management. We believe that the best balance of cost and efficacy is likely to screen/test all students on arrival, ask them to quarantine until test results are available), manage cases and contacts that are identified, estimate population prevalence, and then move to rounds of pooled sample testing for some or a sample of students for ongoing monitoring.

The University has begun discussions and negotiations with two firms to conduct the initial testing as well as the surveillance testing of this plan. As soon as we have an agreement in principle, then we will begin communications with students and employees on this required process.

SECTION 3: CONTAINMENT TO PREVENT SPREAD OF THE DISEASE WHEN DETECTED

1. Partnership with VDH for contact tracing

Rapid case investigation and contact tracing are critical to containment strategies to limit the scope of any outbreaks of infection. Those containment strategies include isolation of identified cases and quarantine of close contacts of identified cases that occurred within 48 hours prior to symptom onset.

“Close contact” is currently defined by VDH as:

- Living in the same household as a person who has lab-confirmed COVID-19 or who was diagnosed with COVID-19,
- Providing care in a household for a person who has lab-confirmed COVID-19 or who was diagnosed with COVID-19,
- Within 6 feet (or 2 meters) of a person who has lab-confirmed COVID-19 or who was diagnosed with COVID-19 for at least 15 minutes, or
- In direct contact with secretions from a person who has lab-confirmed COVID-19 or who was diagnosed with COVID-19 (e.g., being coughed or sneezed on, kissing, sharing utensils, etc.).

Case investigation and contact tracing are traditionally accomplished through phone interview with identified cases. This function is a responsibility of the Virginia Department of Health (VDH), but timely investigation and action is critical. The University has access to information about student class schedules and housing assignments that could inform and speed up that process for infected students. Records of card swipe access to campus facilities could also be useful. While personal location tracking technologies (Bluetooth/GPS, smartphone/smart ID card) may be helpful in providing proximity information for contact tracing, it cannot replace traditional contact tracing techniques. VDH is currently developing a proximity tracing app,

web-based case reporting, contact tracing personnel and case-related data management systems, which they plan to share with IHEs in Virginia. W&L looks forward to this development and the possible impact that they can have on shortening the timeframe for contact tracing to occur.

The University will collaborate with VDH on case investigation and contact tracing, and plan to devote personnel resources to this important strategy to support the work of VDH. Training resources for contact tracers are available through Johns Hopkins University (certification course available at no cost through 12/20) <https://www.coursera.org/learn/covid-19-contact-tracing> and the CDC <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/index.html>. The University has committed to hiring additional staff for the duration of the pandemic to assist with contact tracing. These personnel would certainly coordinate work with VDH to assist with this important function.

2. Quarantining and isolating (provision of housing, basic needs, medical case management)

Isolation of identified cases: Individuals who live off campus should isolate at home until cleared to return to work/school (using CDC-recommended time/symptom-based strategy). Individuals who live in on-campus housing should be moved temporarily to a central housing location where it will be easier to meet their needs for meal delivery, medical monitoring, etc.

Confirmed positive cases can room together and share a bathroom. The first floor of Davis Hall and the Gaines Hall apartment have been identified as preferred locations for isolation, and can accommodate approximately 16 individuals. These facilities have separate entrances that can be accessed by approved personnel to provide meals, checks, etc. during the period of isolation. Those approved staff would be trained in appropriate protocols and provided the necessary PPE to manage the environment safely.

Quarantine and assessment of close contacts: Individuals who live off campus should quarantine at home until cleared to return to work/school (using CDC-recommended time/symptom-based strategy, possibly augmented with testing at the appropriate time after exposure). Individuals who live in on-campus housing may be moved temporarily to a central housing location where it will be easier to meet their needs for meal delivery, medical monitoring, etc. If they live in a single room, and have a "COVID buddy" who can assist them with personal needs such as meal delivery, they may remain in their campus housing location with approval and special attention to physical distancing, masking and cleaning if they share a bathroom with other students. Individuals in quarantine may or may not become infected, so should ideally be placed in a single room, with single bathroom if possible. Appropriate quarantine spaces with single bathrooms are not available, but Baker Hall will be retrofitted to house 37 individuals in single rooms, with shared bathrooms, for quarantine.

Case management of individuals in isolation or quarantine: The University is planning for separate but centralized points of contact for students and employees for case management support while they are in isolation or quarantine. Case managers can schedule daily phone or e-mail check-ins, connect individuals with the appropriate resources to help meet their basic self-care needs, their medical monitoring/care needs, and their academic learning/teaching needs, as well as monitor their compliance with public health recommendations to restrict contacts

until isolation/quarantine is completed. The University will devote personnel resources to this important strategy.

3. Campus outbreak management

The University will partner with VDH and local providers, most notably Carilion Health Systems to manage a significant campus outbreak of the virus. The University will work with these partners to ensure that we are aware of best practices and approaches for a large-scale outbreak. Working with VDH, the University can determine whether it needs to shut down all activities other than those needed to provide care and assistance to those that have been infected. In a worst case scenario, the University is exploring the possibility of converting the Student Activities Pavilion to an isolation facility and treatment facility if needed. Cases requiring hospitalization would be managed through Carilion SJH and other health providers such as Augusta Health and UVa Health.

4. Partnership with local health systems to assure care for symptomatic individuals as needed

The University has long maintained an active role in communications with local officials, agencies and health systems relative to emergency management and other matters. Sidney Evans, V.P. for Student Affairs, along with Dr. Jane Horton are in consistent contact with Carilion-SJH relative to capacity of the local hospital facility, testing capabilities and resources and capacities available through the larger Carilion Clinic system. These conversations have provided us confidence that these resources are robust enough to meet University needs should there be a widespread outbreak (this would also be coordinated through our VDH contact). In addition, the University can access Augusta Health and UVa Health Systems as additional resources if needed. Beyond the local healthcare provider community, Sidney Evans sits on the Emergency Management Group that represents the three governmental jurisdictions, large employers and health providers. This group has been meeting regularly to discuss the situation and resources available locally. We believe the relationships that have been developed with local health providers in the area over the years allow us ready access to ask questions, review protocols and discuss approaches to virus management at will.

SECTION 4: SHUTDOWN CONSIDERATIONS IF NECESSITATED BY SEVERE CONDITIONS AND/OR PUBLIC HEALTH GUIDANCE

1. Plans regarding the criteria and process for campus dismissals or shutdowns. Decisions regarding dismissals and shutdowns should be made in consultation with local and state public health officials.

Just as with this past spring, W&L Student Health and University officials were in contact with the appropriate VDH staff and monitoring the situation to make a determination on whether to remain on-campus or to leave campus. Because of the enormous set of variables involved in making a determination of whether it remains safe and viable to continue on-campus operations, the University is committed to consistent communication and shared guidance from the VDH and our local health partners to assess situations to make the appropriate determination. As we have stated in many of our communications, we will always be guided by

the recommendations and requirements set out through local and state health officials along with the CDC in order to provide the safest environment to our students and employees relative to the COVID-19 pandemic. Should we need to shut down the University in the fall semester, we have a strong blueprint for how to effectively complete that from this past March. We would follow a similar protocol using available health information of not only our own staff but also government health officials.

2. Nature of reduced campus activity in the event of severe conditions/public health direction or guidance.

In a closing of campus scenario, we will complete the term using virtual instruction. In addition, we would maintain certain resources on campus to allow us to serve those students who would not be able to return home as well as where practical provide services to students who did leave the area. From our experience this past spring, we believe we have good systems and practices in place, and they will only be improved through the lessons learned this past year.

3. Considerations regarding student health and safety on campus versus returning home.

W&L will be guided by officials from Virginia Department of Health on the efficacy of whether to send students home or to keep them on the campus. Likely factors that will be part of the consideration is breadth of cases on campus, how to allow or manage for safe travel, ability to staff and maintain critical services, adequacy of isolation beds and quarantine spaces.

4. Communications plan for dismissals/shutdowns.

We will follow a similar protocol for communicating our plans for a dismissal/shutdown as we did this past spring. In that approach, we provided through campus email and web notification that the University was suspending in-person education. We provided a timeline for students to leave campus and an outline for those who did not feel they could depart for seeking an exception. This email went not only to students and employees but also parents of students. Overall, the departure was handled well and without incident. The University provided emergency financial assistance to students where needed. In the main, we found the approach to be very effective and efficient. We will consider including in communications with parents and students over the summer, information on how we will communicate such a decision if needed in the fall term.