



Overarching Rationale

The College of Medicine is committed to keeping our faculty, staff, and students as safe as possible during the challenging times of COVID-19. The well-being and safety of our constituents is our number one priority, and our number two priority is our clinical, educational, and research missions. The re-entry processes outlined below have been developed collaboratively by dedicated working groups in an effort to resume our college's activities in phases. We acknowledge that this process is subject to change on a daily basis and that plans to withdraw our constituents in the event of a resurgence are being developed.

Executive Summary

The COM recognizes that the clinical, education, and research environments are constantly evolving in response to COVID-19. Throughout all campuses, educational levels, and degree programs, the COM commits to a uniform and high standard for safety that balances educational needs with appropriate guidelines. As such, medical students are prohibited from participating in the care of suspected COVID-19 patients and confirmed COVID-19 patients. Additionally, students are prohibited from participating in procedures/environments at high-risk for respiratory aerosolization. CDC guidelines and TAMU guidelines for safety and hygiene will be the minimum standards maintained for staff, faculty, and students. Clinical facilities and affiliates operate under CDC, local, regional, and state guidelines and are responsible for implementation and adherence. Students will also be subject to the rules, policies, and screening guidelines associated with each clinical affiliate/facility. Self-monitoring for COVID-19 symptoms is expected of everyone within the COM community. Individuals with symptoms of COVID-19 or a diagnosis of COVID-19 are expected to notify their supervisor immediately. Any individual with symptoms of COVID-19 or a diagnosis of COVID-19 is expected to immediately remove themselves from the clinical, research, or education environment and contact their immediate supervisor. Students should inform their faculty member and student affairs dean of symptoms or a diagnosis immediately. Failure to adhere to the standards of self-monitoring and self-reporting would be a violation of safety, ethics, and professionalism.

Clinical

TAMU Approved Re-Entry Process

Outpatient Clinics Reopening – Policy & Protocol Brief

Current Assumptions

- Covid-19 will affect the Brazos Valley in varying degrees for some time (at least into 2021). We hope that an effective vaccine and more medical treatments will reduce it to a milder seasonal phenomenon.

- We will continue to provide telehealth options as part of our mix of clinical services – our mix may continue to shift from historical in-person to more telehealth for the immediate future.
[General Telemedicine Toolkit](#)
- We must begin to phase in a return to in-person care, balancing our educational mission with the safety of our college’s students and employees.
[CMS Reopening Clinical Care](#)
- We can only delay preventive care and chronic care for so long before the risks of doing so further outweigh the risks of any exposure in our clinics.
- Communities that are designated “Phase 1” of the Guidelines for [Opening Up America Again](#) (*low incidence or relatively low and stable incidence of COVID-19 cases*). The recommendation is for a logical gradual transition and continued coordination with local and state public health officials.
 - Prior to entering Phase 1, states or regions need to pass gating criteria regarding symptoms, cases, and hospitals.

Patient Screening / Scheduling and Arrival Process

Evaluate the necessity of patient care based on specific clinical needs. Clinicians should prioritize surgical/procedural care and high-complexity chronic disease management; however, select preventive services may also be highly necessary.

- “New Normal” clinic visits for patients without acute COVID symptoms:
 - To minimize risk of cross-contamination, we will schedule wellness visits in the AM and sick/acute-care visits in the PM for primary care clinics.
 - Patients are required to wear a disposable mask or face covering to their clinic visit [TMB Medical Guidelines]. Exceptions may be granted on a case by case basis with department chair approval.
 - Clinicians will be responsible for documenting patient screening criteria in their respective electronic health record.
- Patients who may have suspect COVID-19 symptoms (fever, cough etc.) can be managed by the Texas A&M Family Care clinic.
- Visitors will be prohibited, but if they are necessary for an aspect of patient care, they should be limited to one visitor, pre-screened and masked in the same way as patients.
- Ensure there is an established plan for thorough cleaning and disinfection with housekeeping and clinic staff prior to using spaces or facilities for patients. These activities should be coordinated with Facilities, Raye Milburn, and Mark Cervenka from TAMU.

Patient Waiting Areas

- A limited number of seats should be spaced 6-ft apart (far enough apart for social distancing).
- All clerical staff should work and remain behind closed glass. Those clinics that do not have closed glass will be furnished with plexi-glass dividers.
- Clinic waiting spaces that start to exceed space-distancing requirements: Patients should be encouraged to return to their car or main lobby until contacted to return.

Laboratory, Imaging and Procedures

- A patient scheduled for lab work: When possible, please consider combining it with an office visit because the patient is already in the building and will have gone through the above process.
- Imaging and lab personnel should follow aforementioned cleaning and Personal Protective Equipment (PPE) precautions.

Faculty and Staff Safety and Use of PPE

- Staff will be advised to continue self-monitoring, and anyone experiencing clinical symptoms (fever, cough, or other concerning ailments) are instructed to notify their supervisor.
- PPE should be consistent with [Center for Disease Control's \(CDC's\) recommendations](#) for universal source control.
- Procedures on the mucous membranes including the respiratory tract, with a higher risk of aerosol transmission, should be completed with essential only personnel and appropriate PPE. Staff should utilize appropriate respiratory protection such as N95 masks and face shields.
- Reasonable efforts should be made to [conserve personal protective equipment](#).
- Texas A&M Health Risk Management and Compliance personnel are establishing an occupational health program for clinical personnel. The program will start with PPE fit testing and medical clearance for all clinical personnel who are engaging patients and providing care.

CHI St. Joseph Health Patient and Visitor Mask Resource below:

COVID-19

Guidance for Patients and Visitors

All Patients And Visitors Wear A Cloth Face Covering Or Mask

WHEN TO WEAR A MASK

- Upon arrival to the hospital.
- During the hospital visit

**If a patient or visitor does not have a mask, the facility will provide one.*

How to Make your
Own Face Covering
Surgeon General
Dr. Jerome Adams



[Youtube.com/CDCStreamingHealth](https://www.youtube.com/CDCStreamingHealth)

HOW TO WEAR A MASK

- Make sure you can breathe through it
- Make sure it covers your nose and mouth
- Immediately perform hand hygiene before and after you touch or adjust your mask



WHEN TO REMOVE A MASK

- When alone in a patient room
 - put back on when leaving the room
 - put back on when others enter the room (doctor, nurse, etc.)
- If required for clinical evaluations or medical treatments

REMEMBER:

- When not wearing the mask keep in a breathable container such as a paper bag.
- Face masks or cloth face coverings should not be placed on young children under the age of 2 or anyone who has trouble breathing.

THIS IS A RAPIDLY EVOLVING SITUATION UP-TO-DATE INFORMATION IS AVAILABLE ONLINE
www.cdc.gov/coronavirus www.chistjoseph.org

COM Medical & Graduate Student Re-entry Guidelines

Re-entry into the Non-Clinical Environment

For summer 2020, all graduate courses will be taught online unless a formal request for face-to-face instruction is sent for approval to the Provost Office. For fall 2020, a blend of face-to-face and online/remote classes should be provided for lectures and other courses that do not require hands-on learning.

- Vulnerable populations continue to work from home
 - Age >65 (n/a for students, but for staff and faculty)
 - Immunosuppressed
 - Co-morbidities: Heart disease, diabetes, and/or high blood pressure
- If ill, stay home
- Students expected to self-monitor and report to Academic Affairs/OGAPS if symptoms warrant staying home, as with any other absence

Access

- Face mask or covering required in all buildings as per TAMU policy.
- Safe distancing required. For lectures, the space needs to accommodate the 6-ft distance rule for those attending the face-to-face session (low risk populations). If the class size cannot accommodate for the 6-ft distance, then low risk populations should rotate between face-to-face attendance/remote accesses to comply with the distancing rule.
- Group size <10 until TAMU dictates otherwise.
- Use of hand sanitizer stations and/or hand-washing. COM will increase the number of hand sanitizer stations across the facilities and set up disinfectant wipe stations.
- Increase room cleaning frequency and intensity by working with cleaning staff, College of Nursing, School of Public Health, Clinical Learning Resource Center (CLRC), and any other entities accessing buildings.
- Course leadership collaboration with the Offices of Academic Affairs and Information Technology for synchronous learning accommodations for those learning from distance.

Egress

- Directional access and egress considerations per TAMU.
- Routine face mask/covering washing (for non-disposable) depending on frequency of use.

Medical Student Resumption of Direct Patient Contact Activities

Purpose

The purpose of this document is to provide an interim plan for medical students to re-enter the clinical environment with the intent to resume direct patient care.

Please note: We must be prepared to modify any plans we are implementing in the event of a significant surge of sick patients into our health care systems or a significant change in our PPE supply.

Background

On March 17, 2020, in accordance with the Association of American Medical Colleges/Liaison Committee on Medical Education (AAMC/LCME) Guidelines, the Texas A&M University (TAMU) College of Medicine (COM) suspended all medical student participation in any activities involving direct patient care.

To this point, our faculty, staff, and students have done a terrific job of working within the constraints imposed by the pandemic. We have successfully continued to provide the needed curricular content for our students to proceed with minimal disruption to achieving our medical education program objectives. We have tested the limits of virtual delivery by continuing many of our active learning sessions via Zoom and telemedicine. Additionally, course directors have worked collaboratively with the CLRC to provide some virtual Objective Structured Clinical Exams (OSCEs). Unfortunately, the ability to adequately train medical students and meet the medical education program objectives to confer the MD-degree is not possible without learning experiences involving direct patient care. This is affirmed by the LCME in their March 20, 2020 [COVID-19 update](#).

On April 14, 2020, the AAMC provided an addendum to its [guidelines](#) that included a section (Section II) on student participation in direct patient contact activities. The timing of such activities was recommended only at the point that “there is not significant, active current or anticipated COVID-19 community spread AND when both PPE and COVID-19 testing become readily available locally.” During an AAMC Council of Deans meeting on May 4, 2020 attended by Dr. Amy Waer (Interim Dean), it was announced that no further additions to the April 14th guidelines are anticipated and that medical schools would need to develop individualized plans for clinical re-entry.

Throughout the pandemic, the COM has had weekly Campus/Site COVID-19 Contingency Planning Meetings. The timing of re-entry has been a standing agenda item during these meetings. This has facilitated our phased curriculum continuity plan for clinical education. The next step of the COM’s continuity plan began on May 4, 2020 with resumption of all clerkships in a modified format that frontloaded all non-patient contact learning activities. Once this frontloading is complete, the plan assumes a phased resumption of patient contact experiences starting on June 1, 2020. During the May 5, 2020 meeting, the campus leadership reports indicated that the AAMC re-entry criteria described above would reasonably be met by this date.

Guidance Resources

- Consistent with the COM's standard operating procedure, we will utilize the CDC as the primary resource during the [COVID-19 pandemic](#) for information and guidance for healthcare professionals. CDC standards will represent the minimum standard regardless of the clinic, facility, specialty, or hospital.
- The COM will abide by the clinical re-entry policies and procedures of Texas A&M University and the Health Science Center unless granted exemption or approval of a proposed alternative.
- The COM will abide by all national, state, and local laws and regulations.
- The COM will respect clinical affiliate/facility policies and procedures to ensure safety of patients and healthcare personnel.
- The COM will continue to monitor communications from the AAMC or LCME that might affect this plan.
- Students will adhere to the stricter of any existing policies in place based on geographic location.

Re-entry Timeline

Return of medical students to direct patient care is anticipated in 4 phases:

- 1) **June 1, 2020:** Long block clerkships (Internal Medicine, Surgery)
- 2) **June 15, 2020:** Short Block Clerkships (Pediatrics, Family Medicine, Psychiatry, Obstetrics/Gynecology, Emergency Medicine)
- 3) **June 29, 2020:** Patient Contact Electives
- 4) **Semester 3 (Fall) 2020:** Practice of Medicine 3 Preceptorships

Note: A&M Integrated Medicine (AIM) track in Bryan/College Station (BCS) may have a varied schedule, but will adhere to June 1, 2020 start date.

Curriculum Delivery Plan

As patient volumes are beginning to increase over the next several weeks to months, the MD program is planning a transition from the current distance education to a blended learning experience where students will have some direct patient care blended with telehealth experiences and distance education/independent study. This approach will allow the curriculum to flex and scale up as patient volumes increase. We continue to work on arranging the rest of the academic year with many contingencies depending upon how the COVID-19 pandemic evolves over the coming weeks and months.

Currently Allowed Non-virtual, Non-patient contact learning activities

While clerkships and electives should continue to utilize virtual delivery options, clerkships are empowered to move forward with single and group planned activities as long as they meet these general guidelines.

1. The proposed in-person clerkship element is necessary.
2. There is no equivalent and satisfactory online/distance learning equivalent.
3. There will be no patient contact.
4. The conditions will comply with any and all state, local, and TAMU regulations (social/physical distancing, masks, group size limits, etc.).
5. The proposed in-person clerkship element has been discussed/vetted through the respective Executive Clerkship Director/Academic Affairs.

6. Consider and plan for students with high-risk conditions that may prohibit in-person participation.

This framework offers clarity for clerkships, faculty, and staff to plan and offer non-patient contact elements beyond online learning. The extent of these offerings is determined at the clerkship level and respect the need to provide adequate notice for students to make adjustments in living arrangements and travel (if in-person participation is expected/needed).

Allowed Patient Contact Activities

- a. **Medical students in the clinical setting should not be involved in the care of known or suspected cases of COVID-19. students are informed of the parameters for their involvement. Students are empowered to exit any situation for concerns regarding safety. The COM will actively monitor all student reporting mechanisms regarding safety and the educational environment.**

The COM has well established elements for providing ambulatory and inpatient learning experiences. As such, the COM will be working closely with our clinical affiliates (both providers and facilities) to provide heightened attention to the following to ensure a safe and quality learning experience:

- **Environmental Safety:** Clinical learning experiences will occur in facilities with policies and practices in place to minimize exposures to COVID-19. Fortunately, during the student's absence from the clinical setting, healthcare facilities have adopted environmental safety precautions to protect patients and health care professionals.
 - Primary responsibility for this element: Campus/Site Dean
 - Completion Date: Prior to June 1, 2020, ongoing
- **Affiliate Collaborations:** In making decisions about the participation of medical students in direct patient contact activities as part of required clerkships or other required clinical experiences, COM will continually seek guidance and support from clinical sites' leadership and the Graduate Medical Education (GME) program directors whose trainees teach and supervise medical students.
 - Primary responsibility for this element: Campus/Site Deans
 - Completion date: Affiliate acceptance verified May 8, 2020
- **Adequacy of Staffing:** Availability of faculty and residents for supervision and teaching, and adequacy of administrative staff, may vary by clinical site and/or discipline and will be considered within each required clinical experience. Limitations related to faculty, residents, and/or administrative staff may temporarily preclude medical students' participation in direct patient contact activities at some clinical sites and/or in some disciplines.
 - Primary responsibility for this element: Clerkship and Elective Directors
 - Completion date: Prior to June 1, 2020 and ongoing

- **Patient Volume:** Patient volume and/or clinical diversity alone may temporarily preclude meaningful medical student participation in direct patient contact activities as part of required clinical experiences at some clinical sites and/or in some disciplines.
 - Primary responsibility for this element: Clerkship and Elective Directors
 - Completion date: Prior to June 1, 2020 and ongoing
- **Student Supervision:** To ensure patient and student safety, students must always be appropriately supervised by faculty and other health professionals acting within their scope of practice.
 - Primary responsibility for this element: Clerkship and Elective Directors
 - Completion date: Prior to June 1, 2020 and ongoing
- **Comparability of Student Experience:** Given the COM's multiple campuses, it is essential that variance of clinical learning experiences across the system are monitored to ensure students have comparable experiences that meet the clerkships learning objectives.
 - Primary responsibility for this element: Executive Clerkship Directors
 - Completion date: Prior to June 1, 2020 and ongoing

Personal Protective Measures

The following personal protective measures will be reinforced to students prior to clinical re-entry:

- Maintain social distancing at all times.
- Maintain good personal hygiene, including proper hand washing, cough/sneeze etiquette, avoid touching face, eyes, nose, and mouth.
- Adhere to standard precautions in all health care settings.
- Use situation appropriate PPE to protect oneself and others from the virus.
- Personal protection will be reinforced during student preparedness training (see below).
 - Primary responsibility for this element: All faculty and staff
 - Completion date: Prior to June 1, 2020 and ongoing

Personal Protective Equipment (PPE)

PPE supplies should be sufficient for medical students to have consistent access to appropriate PPE for all situations in which PPE use is indicated.

- **Cloth mask**
 - Use – To keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing while in public places. It is uncertain whether cloth face coverings protect the wearer.
 - Provision: TAMU COM will provide 2 cloth masks to each student
 - Completion Date: Prior to June 1, 2020

- **Surgical mask**
 - Use: FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures.
 - Provision: Clinical training sites will provide unless TAMU COM requested to provide
 - Completion Date: Confirm availability prior to June 1, 2020

- **N-95 Respirators**
 - Use: Used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. To work properly, N-95s must be worn throughout the period of exposure and be specially fitted for each person who wears one. This is called "fit testing" and is usually done in a workplace where respirators are used.
 - In most healthcare settings, N-95 masks are reserved and used only in the Intensive Care Units (ICUs) and areas of the Emergency Room (ER) and Operating Room (OR) where aerosolization is present for intubation and upper airway procedures. However, some of our affiliates have indicated broader use.
 - *SPECIAL NOTE: Use of this mask should cause the student to question their supervisor whether this equipment is being used out of concern for COVID-19 so as to excuse themselves from this restricted patient care activity.*
 - Provision: TAMU COM will provide each student with five N-95 masks
 - Completion Date: Confirm availability prior to June 1, 2020
 - Fit Testing: TAMU COM and Affiliates will coordinate fit testing
 - Completion Date: Prior to June 1, 2020, and self-testing upon use

- **Other PPE**
 - Eye protections, gloves, gowns
 - Use: Additional PPE recommended when caring for a patient with known or suspected COVID-19, which is currently prohibited for medical students.
 - *SPECIAL NOTE: Use of this equipment should cause the student to question their supervisor whether this equipment is being used out of concern for COVID-19 so as to excuse themselves from this restricted patient care activity.*
 - Provision: N/A (routine provision for non-COVID related patient care already established)
 - Completion Date: N/A

Student Preparedness Training

A PPE working group has been established to provide unified COM messaging for students. This will include clinical information regarding COVID-19, self-monitoring/self-reporting guidelines, mask selection, PPE/mask fitting, clinical participation guidelines, and a mechanism to track student completion of assigned modules.

- Primary responsibility for this element: Clerkship and Elective Directors
- Completion date: Prior to June 1, 2020 and subsequent re-entry dates
- Documentation: TAMU COM will document that students have been specifically trained and assessed in PPE use and safety precautions in the context of the current COVID-19 pandemic.

- **Additional Training**
 - We will train for whatever specific clinical roles they are asked to assume in the direct clinical care of patients, including safety precautions specifically in the context of COVID-19 exposure and the current COVID-19 pandemic.
 - We will retrain students on topics including:
 - Surveillance and Detection
 - Isolation, Quarantine, and Containment
 - Standard, Contact, and Airborne Precautions
 - Proper Handwashing, Cough, and Respiratory Etiquette
 - Primary responsibility for this element: Clerkship and Elective directors
 - Documentation: TAMU COM will document that students have been specifically trained and assessed in PPE use and safety precautions in the context of the current COVID-19 pandemic
 - Completion date: Prior to June 1, 2020 and subsequent re-entry dates

Student Exemptions from Direct Patient Care

We recognize there may be personal circumstances that could complicate a student's return to patient care activities at this time. There are existing protocols for students to request alternative learning experiences as reasonable to complete required learning objectives. Should this not be achievable without a fundamental alteration of the course or program, a student may need to consider a leave of absence (LOA) until these personal circumstances are mitigated. The request process for LOA is described on page 28 of the [Student Handbook](#). Students will be encouraged to contact their Student Affairs Dean if they have concerns with clinical re-entry and resumption of direct patient care.

- Primary responsibility for this element: Office of Student Affairs
- Completion date: established protocol

Student Health Services

The COM has established student health services that are considered adequate to the needs during the pandemic. Details are provided on page 54 of the [Student Handbook](#) and in the Student Services Guide available on the COM Website.

- Primary responsibility for this element: Associate Campus Deans
- Completion date: established resource

Health Insurance

As per page 62 of the [Student Handbook](#), “all Texas A&M Health Science Center medical students are required to carry **and maintain** health insurance which meets or exceeds the minimum criteria set by the College. **Students who are found to not have current health care coverage may be barred from continuing courses or being in clinical settings until this is taken care of.**” Students who fail to maintain health insurance coverage as is required are responsible for any associated cost related to illness or injury.

- Primary responsibility for this element: Office of Medical Education
- Completion date: N/A (established requirement)

Monitoring and Management of Students during COVID-19 Pandemic

Self-monitoring

- Students are asked to regularly monitor themselves for fever and symptoms of COVID-19.
- Students are to stay home when they are ill.
- If a student develops $T \geq 100.0^{\circ}\text{F}$ or symptoms consistent with COVID-19 while on a clinical rotation, they should keep their cloth face covering or facemask on, inform their supervisor, and leave the clinical setting.
- **Self-monitoring will be reinforced during student preparedness trainings (see above).**

Active Monitoring

- Students will abide the screening protocols for health care personnel as established by the health care affiliate (see Environmental Safety above).
- **Students will be oriented to screening protocols during student preparedness training (see above).**

Potential Exposure

- TAMU COM will follow [CDC guidance for potential exposure](#)
- Primary responsibility for this element: Office of Medical Education
- Completion date: Notification to Campus/Site Deans at next Campus/Site COVID-19 Contingency Planning Meeting on May 12, 2020

Testing

- COVID-19 testing, with a reasonable turnaround time for results, should be readily available to medical students, patients, and all health care providers.
- Students with suspected COVID-19 will be [prioritized for testing](#).
- Test processing should occur expeditiously so appropriate care and quarantining of these individuals and others with whom they had contact can be promptly initiated.
- Students with confirmed COVID-19 have a professional obligation to notify their campus specific Student Affairs Dean to ensure proper disposition.
- Results of COVID-19 polymerase chain reaction (PCR) testing among medical students and graduate medical education (GME) trainees will be closely monitored for any increase in incidence of COVID-19 among students and/or GME trainees. If the incidence is increasing, there should be an evaluation of whether students are being provided with adequate training and appropriate resources. Steps that could be implemented for the protection of medical students, other health care personnel, and the

patients for whom they care may include temporary suspension of medical students' participation in direct patient care activities.

- Primary responsibility for this element: Campus/Site Deans
- Completion date: June 1, 2020, ongoing monitoring with weekly reports to Executive Associate Dean for Academic Affairs

Tracing

- TAMU COM will utilize the COVID-19 tracing programs established by TAMU and our healthcare affiliates to determine potential exposure to students and others.
- Primary responsibility for this element: All faculty and staff
- Completion date: Prior to June 1, 2020 and ongoing

Research

TAMU Approved Re-Entry Process

As the state of Texas is re-opening for business, the University plans to restart its research activities. However, little will be the same as it was back in February. Transmissions of the Corona virus will continue, and it is projected that numbers of positive cases will increase across the US as the various state governments start to re-open their economies.

If we want to minimize infections among our employees, we will have to abide by a set of stringent rules, using social distancing guidelines and PPE. Dr. Mark Barteau, Vice President of Research (VPR), has provided an update as we begin to re-enter research operations, starting June 1. This memo complements these guidelines.

Face mask supply for the first month will be provided by the VPR and distributed through the departments. Researchers may use their own face masks/covering. Department heads will make arrangements for continued supply of PPEs in the future.

For employees

Before leaving for work each day, each employee will need to check your temperature. **Employees will be directed to stay home if their temperature is 100.4 or higher. If an employee has any other symptoms of COVID-19, s/he should stay home and consult with their doctor.**

Before entering a building, all employees will be directed to cover their nose/mouth with a mask/face covering.

Face coverings are to be used at all times in social distancing settings. If the use of face masks makes operation of instruments difficult (e.g. microscopes), or if a researcher works alone in a room, Principal Investigators (PIs) may submit a detailed procedural plan to the department head to request exemption for wearing face masks under the specific circumstances.

Employees will be directed to wash their hands frequently and thoroughly with soap and warm water. Gloves should generally be used for experimental research activities only. Dispose gloves properly.

For all purposes, employees will be directed to adhere to social distancing guidelines of at least a 6-ft radius. In large laboratories with multiple bays, one person per bay is generally permitted to work at any time. Very long bays/benches may accommodate two researchers at a given time. Each PI is responsible for finding suitable personnel density that meets the operational limitation of social distancing in a given lab space.

If an employee is using common equipment (e.g. centrifuges, mixers, measuring devices, microscopes etc.) or if s/he occupies a space shared with others, they will be instructed to wipe it clean with disinfectant (75% ethanol, or 10% bleach) after each use.

As in the past, employees will not allow others access to badge-only entrances. Employees will not bring their children to work (even if it is just to pick up an item or end/start an o/n experiment etc.).

If an employee needs to provide instructions to a colleague and are required to be closer than 6-ft, both employees must wear a mask/face covering. Avoid physical contact at all times.

Employees may remove their face mask/covering for eating and drinking individually at tables in designated areas.

For PIs

Research programs will be structured in shifts, especially if there is a large group that populates a dense space. If employees cannot safely adhere to the social distancing guidelines, then PIs will need to provide non-overlapping time slots for staff occupying adjacent work space.

If any employees belong to a high-risk group for COVID-19, PIs will need to provide specific times and appropriate work space/conditions for these individuals. In particular, employees might require a reduced work schedule and need alternate work sites to minimize their risks.

Lab meetings/journal clubs, etc. may either be conducted using Zoom or a combination of Zoom and in person meetings, if necessary and possible.

PIs may submit detailed procedures to the department head to request exemptions for wearing face masks under these specific circumstances, or for other necessary departures from these guidelines.

Reporting incidents

We all will be facing a challenging time over the next several months. It is important for all of us to continue to provide a safe working environment for yourself and your colleagues.

If you observe individuals who fail to adhere to these new guidelines and policies, you should report such to your supervisor, your department head, or the Vice Dean for Research.

Please note that violations of these rules may lead to suspension of access privileges to the research buildings.