

REOPENING WEBINAR: PROCESS, PROTOCOLS, AND SAFETY

A RECORDED CONVERSATION ON ZOOM

THURSDAY, JULY 23, 2020

FEATURING

- **Michael Apostolakos, M.D.**, Chief Medical Officer for Strong Memorial Hospital and Highland Hospital
- **Patricia Beaumont**, Director of Support Operations
- **Mike Chihoski**, Senior Associate Vice President for Facilities and Services
- **Robert Clark**, Provost and Senior Vice President for Research
- **Brenda Tesini, M.D.**, Assistant Professor of Infectious Diseases and Associate Hospital Epidemiologist, University of Rochester Medical Center



ROB CLARK: Welcome to our reopening webinar. We are going to cover a few topics today in process, protocols, and safety that really resulted from a number of frequently asked questions from our community. My name is Rob Clark and I am the Provost and Senior Vice President of Research here at the University of Rochester.

We have broken this into a few sections, I'll start with some introductions from our expert panel here. And then we will proceed with some of our experiences at the University of Rochester Medical Center. We will follow that with some questions related to our reopening plan for the campus, buildings in particular. We will talk a little bit in the next section about health and safety and PPE, and the science and current research that's underway. We will move from there to some questions around ventilation in the buildings and how that impacts what we do. We will talk about cleaning in some of the areas that are important relative to transitions for classes and daily cleaning, and we will talk about some of the areas of suspected or confirmed cases and how things will be handled. And then we will finish with a discussion on PPE and distancing and student and community conduct as a whole and how we work together.

So, with that, I would like to have our panelists introduce themselves and give a little background on their expertise. So, perhaps we will just start with Pat Beaumont.

PATRICIA BEAUMONT: Hi, I'm Pat Beaumont from University facilities and services and, my role most recently has changed in that my position has been 100% COVID and making sure that University facilities and services has the campus ready for operation when the students come back and that we are taking the health considerations of this faculty and staff into our guidance as we move forward. Thanks.

MICHAEL APOSTOLAKOS: I'm Dr. Michael Apostolakos, the Chief Medical officer for the University of Rochester Medical Center. I have been leading the clinical response for our hospital and our affiliates to the covid pandemic for the last four months.

BRENDA TESINI: I'm Dr. Brenda Tesini, associate hospital epidemiologist at the medical center and infectious disease physician and my role, too, has shifted into primarily managing the COVID response part of the team that's developed our infection prevention policies and procedures.

MICHAEL CHIHOSKI: And I'm Michael Chihoski. I joined the University of Rochester in the midst of all of this so I have been thrown right into it and have been participating actively in the current reopening plans as well as focused on the facility services requirements around the academic support and residential buildings throughout all of the campuses.

ROB CLARK: I want to thank all of you for taking time to spend with me today and to help us answer some of the community questions. I know this is a great time of uncertainty for people and there are many questions that have evolved, and we have really collected a number of them that have been asked repeatedly. So, I think you will be able to help our community understand a bit more about our preparation today.

I thought we would start with a discussion on some of the experiences at the University of Rochester Medical Center. Perhaps, Doctor Apostolakos, if you could give us some experiences with the pandemic and how things have evolved.

MICHAEL APOSTOLAKOS: Thank you. Yeah, it's been a long four months. It's hard to believe it was just the second week in March that we had our first patient in Rochester known with COVID. COVID was probably in the area before then but was first diagnosed in mid-March. From that point on, we have had quite the experience and not only learned how to treat patients with COVID, but learned better how to protect faculty, staff, and our patients from transmission.

As I said in March, we saw our first patient. Our entire medical center and affiliates at peak had about 100 patients that were in the hospital. Currently, that's down to about 20. Of those hundred patients that were admitted to our facilities, about half were on the ventilator on life support. Now we have less than five on the ventilator.

The amount of COVID circulating in the area is fairly low at this point and we hope it stays that way. Initially, before we realized how prevalent it was in our community back in March, we did have some transmission in the hospital to staff members, as well as patients. However, we rapidly changed our PPE and how we protected ourselves in March, and by March 31, we went with universal masking.

And if one thing changed the transmission, it's been universal masking for every care-giver that cares for patients in the hospital. Since March 31, it's been very rare that any COVID transmission has occurred in the hospital and actually, our PPE process has made it quite safe, actually, to be in the hospital.

We now have antibody testing which shows how many people have had COVID in the area and in the community the spread is about 4.8% of all patients, or all community members, have been infected with COVID. Whereas for our health care workers, including our front-line workers that work with COVID patients every day, it's 2.8%, showing quite clearly that we have learned how to protect ourselves and, of the staff members and faculty that have developed COVID that we can tell where they got it from, the majority occurred in the community, not in the hospital. So, we feel very comfortable that, with what we have learned we can protect ourselves and not spread the virus to patients, to other faculty or to staff members.

ROB CLARK: Thank you. That's very comforting, I think, and the benefits of wearing the masks are pretty obvious. That's been a big factor.

Dr. Tesini, what are the health guidelines right now?

BRENDA TESINI: In terms of the health guidance, there are three principles that rise to the forefront of informing how we conduct ourselves at work, at home, and in our communities. And those would be what we know as social distancing or physical distancing, so really, being aware of who you are around and your proximity to other people and trying to maintain around six feet of distance, whenever at all possible, from other people who are not already in your household.

The other basic principle would be masking, just as Dr. Apostolakos highlighted, which has been so successful for us in the clinical setting and is tremendously successful in the community and other workplace settings, as well.

There was a study that showed that two hair stylists who had COVID infection and had over 100 clients between them. Everyone was masking and there was no spread of infection from the hair stylists to their clients and that's a pretty intimate interaction where you can't maintain six feet of distance. So, those are really the two most important things.

Another very important thing to do is wash your hands as frequently as possible and keep up those general tenets of good hand hygiene.

ROB CLARK: Those are all things we are pretty capable of doing on our own. Thank you. How are you monitoring the situation in our region currently?

MICHAEL APOSTOLAKOS: We have been in close collaboration with the county health department and Dr. Mendoza almost on a daily basis. We look at the numbers with Dr. Mendoza as well as our friends at Rochester Regional Health. We monitor daily how many patients in our region have developed COVID and how many are admitted. And, over the last probably six or eight weeks, we have had a pretty steady number of about 30 patients in our region developing COVID. Most are not requiring admission at this point and, as I said earlier, we have about 20 admitted patients in our region total with COVID right now. That's been a pretty constant number for the past couple of months.

ROB CLARK: Can one of you maybe discuss the testing we are using? There's been a lot of debate around testing and the types of tests used and maybe if you could highlight which tests we are using and why we are using that particular one as opposed to others.

BRENDA TESINI: Sure, I can start with that. The two basic categories of testing for the COVID disease or the coronavirus infection would break down into a test that looks for the actual virus, so those are usually by a PCR method. You might hear about the nasal swab, throat swab, anything involves a swab of usually somewhere in the respiratory tract, different secretions.

That looks for acute infection.

Another type of test that he mentioned is an antibody test. That looks for past infection. So, that's good to use at a community level to understand how many people have likely already had the infection or been exposed to the virus. The main test that we use, that you want to use to diagnose infection, though, would be one of these swab tests, by a PCR or nucleic acid detection method. That's what we have been using to diagnose infections.

We have a world class clinical microbiology lab here at the medical center and they have been able to develop their own test and resource, and advocate to get testing supplies for a variety of commercial platforms that use this test.

The main one we are using has really that highest sensitivity out there on the market so it can detect very low levels of virus from a deep nasal to the back of your throat swab. So that's our preferred test to use.

MICHAEL APOSTOLAKOS: And I would just like to add on to Dr. Tesini in that you will read about a lot of different tests, with a lot of different promise, all the time. Almost daily we read something new. Our lab is world class and is using testing that's state of the art, that is able to diagnose COVID if it's there. And we are up to date with all the different other techniques that are being looked at, but nothing other than COVID RT-PCR test, the type of testing we are using, has been shown to be effective in diagnosing this virus.

ROB CLARK: Good. I'm glad we are following good science. So, let's talk a little bit about some of our campus buildings. Maybe Mike or Pat, one of you could give an overview of the procedures that we are taking for the reopening and planned reopening in some of the buildings on our campus.

MICHAEL CHIHOSKI: Sure, I'll take that one. So, first off, we have assessed all of our residential, our academic, and our support buildings across the campus. Those assessments followed guidance that was established by the CDC.

We went through and looked at all of our mechanical systems focusing on air, but we also looked at water, even though COVID's not water-borne. A lot of these buildings have been either closed or been underutilized because of the reduction in staff. We wanted to ensure there weren't water-borne pathogens or other issues that arise separate from COVID.

We looked comprehensively in that area. We installed a lot of new hand hygiene stations throughout. We put other safety precautions in place, such as physical barriers. We added a lot of signage. You will see signage all over campus, reminding you of the safety precautions that are required when you are back here, and we have updated our cleaning procedures. Pat will talk about that in a little more detail and we have been working both with the CURT and EOC groups on campus to ensure that our procedures are updated as new information is available.

ROB CLARK: Just for the audience, that's the CURT, Coronavirus University Restart Team. So, there's a team of experts working together to think about that. We just want to share that with the audience.

What specific plans are in place for reopening buildings? I know that since March, we closed a number of buildings down because we shut the campus down effectively. So how are we going to do the reopening?

MICHAEL CHIHOSKI: So, as we have talked about, we are doing all of those things as part of our assessment for each building. We have created a checklist, we are validating that each item gets addressed. We have put together a master schedule. We have worked with all of the colleges to determine a priority system for which buildings will open first and in what order.

I am happy to say we have already opened all of the research buildings. We are now focused on the academic buildings and the quarantine space. All of those will be open by August 1, and then the residential and support buildings will be open by August 10. So, by August 10, the entire campus will be back, all of the campuses, will be back open and ready to receive students and faculty.

ROB CLARK: Thanks, Mike, that's great. How about cleaning protocols? How are they going to be different from the kinds of things we have done before in cleaning the buildings and maintaining them?

PATRICIA BEAUMONT: So, in addition to the normal cleaning process that we have in place, we will be using EPA-approved products for disinfecting frequently touched surfaces one to two times per day, depending on the location. We will be paying special attention to the frequently touched surfaces, such as door handles, handrails, buttons on elevators. In addition, we will be using a fogging system which sprays disinfectant in locations where students remove their mask.

So, for example, in the residential life restrooms, those will be fogged and then thoroughly cleaned. And another thing that we are going to have to do is increase our trash removal. We expect, for example, that the locations

where students will be dining will have increased trash, since everything will be in to-go containers. So, we will have increased trash removal throughout the campus.

ROB CLARK: Thanks, Pat, that's helpful. Obviously, we have our experts for the building and infrastructure side here and our medical professionals. Campus wide, how are you consulting with medical experts? What is your basis for that? How are you proceeding with that?

PATRICIA BEAUMONT: So, we have worked with the subject matter experts throughout this entire process. We have used University health services, as well as infection prevention at the hospital, to assist us in defining our work practices, the control measures that we have in place, and then, as situations arise, we will call on them to answer specific questions as needed. And they have been extremely helpful in guiding us through this entire process.

ROB CLARK: Well perhaps using that as a model in transitioning back to our health care professionals, what is the science on safety for outside gatherings? We know that when we are in buildings we are going to be physically distanced, and we know we will be wearing our PPE and such. But what about when we go outside? What's the science on the safety of outside gatherings?

MICHAEL APOSTOLAKOS: That's a great question and, parallels what we do inside. The most important factors remain. Masking, physical distancing, and hand hygiene. Even though you are outside, you need to maintain space. We believe that outside you may be somewhat safer because this is a respiratory virus and being outside gives more area for the virus to diffuse and makes exposure slightly less. But don't be fooled. We still need to use masking. We still need to use physical distancing and we still need to keep our hands clean.

ROB CLARK: What is the best science on the PPE requirements, and what will be provided to faculty and staff? What is the current research on face masks versus face shields? We have had a lot of discussion about that, I know, among the faculty. Someone, maybe Dr. Tesini, would you mind commenting on that?

BRENDA TESINI: Yeah, certainly. There's been a lot of discussion about that nationwide, really. And, masking in terms of keeping your mouth and nose covered, really is the best way to prevent spread of the virus. It both contains your own secretions, so as you are talking, coughing, sneezing, the bulk of that really gets contained behind the mask even if it's not an official PPE medical mask. So that's why any type of cloth face covering in any situation is highly recommended. It also then keeps your mouth and nose covered so if you are around anyone else who may be talking, coughing, sneezing, it's less likely for that virus to make its way to your nose and mouth.

The face shield is added protection that also covers your eyes. So that's been the main utilization of the face shield, to cover your eyes, which is another area of entry for the infection. The shield keeps that covered and also provides an extra layer of covering over your face. But it doesn't provide that tight seal around your nose and mouth like a mask or a cloth face covering would. So, that's why the cloth face coverings and masks are the current preferred method of protection if you are thinking mask versus face shield.

ROB CLARK: So if you think of one versus the other, you would choose the mask first and the face shield you could add if you wanted to, but it sounds like that does more to protect the person wearing the face shield than it does others because you are protecting your eyes.

BRENDA TESINI: Exactly. The mask, really covering your nose and mouth, provides a better two-way protection for you and those around you.

ROB CLARK: That's very helpful. What's considered to be an exposure to COVID-19?

MICHAEL APOSTOLAKOS: We get our definition of exposure to COVID-19 from the Department of Health. Exposure to COVID-19 is when an unprotected person is exposed to someone known to have COVID and is within six feet for more than 15 minutes. So, let me say that one more time: An exposure to COVID-19 is when a person who doesn't have it, and is unprotected, is exposed to someone with COVID-19 for more than 15 minutes within six feet.

Now, this definition is also why it's so important that we protect ourselves and this is why we are recommending what we recommend. Masking and physical distancing, staying more than six feet apart. If someone is masked who has COVID-19, and someone is masked who doesn't have COVID-19, even if they are together for more than 15 minutes, if they remain masked—covering the nose and the mouth—no exposure is felt to have occurred and when they do a tracer and you will not be felt to be at risk to develop COVID-19.

So, wear your masks, make sure whoever you are interacting with wears a mask. Stay more than six feet apart and keep your hands clean and we should be very effective in preventing any spread of COVID-19.

ROB CLARK: It really is that simple, isn't it?

MICHAEL APOSTOLAKOS: Yes. Yes, it is.

ROB CLARK: If we can just get people to follow that process. We can't say that enough. I really appreciate that.

BRENDA TESINI: One thing I would like to add to that, as we talk about interacting with people outside of a clinical workplace, is that cloth face coverings and even medical masks, if the users aren't really familiar with how to properly take them on and off, the health department may still consider time around people greater than 15 minutes within six feet an exposure. So, it's very important to maintain that distancing and limit your interactions with others. But, you know, walking by someone in the hallway is not an exposure. But within six feet for 15 minutes is.

ROB CLARK: Very helpful. Very, very helpful. Is there evidence that student and faculty cleaning is sufficient? How important is the risk from surfaces, meaning, if I take Clorox wipes into the classroom with me as a student or faculty member, and wipe down my area, how effective is that and how important is the risk or what is the actual risk from surfaces?

BRENDA TESINI: I can answer that. And this has been again another area of discussion and research throughout the pandemic so far. Surfaces are less a source of transmission than the direct interaction with others. In terms of being masked and being close together and having the spread of respiratory secretions as you are talking, coughing. Surfaces really would require someone to cough, sneeze, or touch their nose, touch the surface, then have you come along, touch that same surface, and then touch your nose or mouth. So, the more time that elapses between the infected person and the noninfected person touching the same surface makes that even less likely.

This virus is really easily killed with any of the EPA listed agents that were referred to. These are things that anyone can use much like you would clean and disinfect surfaces in your own home. It's important just to know how much time different products need to be sitting on the surface and in contact with the surface and the virus to kill it and that's really the most important part to look at when you are using any of these products.

ROB CLARK: Great, thank you. Is there science behind indoor ventilation, open windows, fans, things of that nature from your perspective?

MICHAEL APOSTOLAKOS: Well, we are learning more and more every day. You have to remember, we have only known about this virus for months and so, a lot of this is by inference. We know that it's a respiratory pathogen, COVID-19. We know that it can be in the air. And so more ventilation will diffuse and presumably reduce infectivity with less virus per square meter. But once again, I don't want to overemphasize ventilation and deemphasize masking. The choice between ventilation and masking, I'll take the mask every time. If we mask ourselves, we protect ourselves. If we can lower the infectivity by ventilation in case you have to take your mask off or something of that sort, we should certainly should do that. But don't forget what's most important is the mask.

ROB CLARK: So, transitioning to ventilation, maybe we will go back to the facilities side of the house. To what extent has air circulation and ventilation been addressed in offices and classrooms?

MICHAEL CHIHOSKI: So we have taken a comprehensive look at all of our buildings across all of our campuses. To put it in perspective, we have well over 100 buildings, built at different times, with different ventilation systems. Some have full air handling systems, some just have operable windows, so there is a great variety of situations we looked at. We assessed them all against the CDC guidance that's been issued. We focused on increasing fresh air whenever possible and outside air which is part of the CDC guidance. We looked at increasing our filtration to at least a MERV-13 where that was possible according to the CDC.

And then one additional step we did, we worked with each of the different colleges to ensure when we made changes—one of our challenges is we do a lot of research here and we wanted to make sure that any of the changes we are making to ventilation doesn't negatively impact any of the ongoing research, so we didn't want to compromise that. All of that has been taken into account as part of the ventilation assessments that have been conducted thus far.

ROB CLARK: That's great. Where can individuals find information on air exchange in the building that we frequent or work in? If there is a place in a building that I frequently use, how can I get a perspective of what's in that building?

MICHAEL CHIHOSKI: We provided that to each of the colleges so the deans and operations departments at each of the colleges will have that information available and then they could follow up with us if there's any specific areas we want to drill down into or look at further.

ROB CLARK: And have we made any updates to the air filtration and exchange methods, particularly in rooms with no windows?

PATRICIA BEAUMONT: So, as Mike discussed previously, we are working to improve the dilution ventilation and any means we have for mechanically increasing the air flow. We have done that. We are working to increase the outside air volume as much as possible. As Mike talked about, we are changing to MERV-13 filters which is a more dense filter which captures more possible where that's possible. We have to maintain the air flow so there's a little bit of a balance there between those two.

Another thing that we are doing is running the HVAC systems two hours before the start or opening of the building and then two hours after the close of the building. So, to increase the dilutional ventilation throughout the building. I think that covers it. Thanks.

ROB CLARK: Thanks, Pat, that's very helpful. What length of time can students be expected to be safe to stay in one room? I mean that's assuming obviously that they are physically distanced by more than six feet, that they are wearing their masks. What would be a safe amount of time to be in one particular room?

MICHAEL CHIHOSKI: So, doctors have pointed out that science is evolving on this and I'm not sure I'm equipped to say what's a safe time frame. What I can say, though, is that the rooms have all been evaluated as we said against CDC guidance. We have added fresh air where we can and just to give you a couple of examples of that and the impact of that, in comparison to other environments.

We have taken box fans in rooms that just have a window that opens that doesn't have any other outside air. And by putting in a box fan, we have measured the velocity of the air flow that comes into the room and we are able then to calculate air changes per hour.

So, in a typical classroom we achieve seven and a half air changes an hour. That's more air changes than you would typically see in an ICU room in a hospital. In a residential housing dorm room, we could achieve up to 36 air changes an hour. That's double almost what you would see in an operating room in a hospital. So, we are bringing significant amounts of air in just by simple things like adding a fan to the window.

ROB CLARK: That's great. That's really good to hear that. You know, I think of some of the questions around air circulation, and some of the closed rooms that don't have windows relate to practice studios. These are areas where music students might practice and they are typically closed environments. What length of time would you recommend for a student to be safe in a practice room, for example?

MICHAEL CHIHOSKI: So again, we don't have specific information on each individual room. But we are looking at those in conjunction with the colleges and where we identify rooms that we maybe cannot provide additional ventilation to, we are looking at alternative sites where key can go to practice. That's all we can do at this time.

ROB CLARK: I had a question that came in asking whether ultraviolet light or HEPA filtration of the air would be useful to add to the rooms.

PATRICIA BEAUMONT: We are looking at ways to improve our air systems as the answer is changing. But currently our focus is on air volume and increasing the fresh air into the spaces.

As we move on, we will look at the HEPA filtration systems. As for ultraviolet light, I think Mike would want to speak to whether the benefits of the ultraviolet system are worthwhile.

MICHAEL CHIHOSKI: We have used ultraviolet in fan coil units and other things to keep them clean. But it has some limitations on air, itself, because it takes contact time to work and air is dynamic and moving rapidly across the surface. So, we are always looking at those things. As Pat mentioned, we have moved to MERV-13. HEPA is more dense. That restricts even more air flow, so we have to balance these each time.

ROB CLARK: On the cleaning side, there have been a number of questions about how classrooms, labs and other instructional areas will get cleaned between classes or how often will they be cleaned. What is the expectation?

MICHAEL CHIHOSKI: So first off, prior to the start of class every single day, our environmental service workers will be doing a deep clean of all classrooms. Between classes, we are going to request that students and faculty assist with the cleaning. Similar to whenever you are entering a retail space and there's cleaning supplies and you clean your own cart. We will have cleaning supplies available at every entry and students and faculty will be able to clean the area that they are sitting in or working in. But then we will do an additional deep clean afterwards. But we can't be going in between every class. That's just not feasible.

ROB CLARK: Understood. Turnover time is pretty quick for some of those classes.

MICHAEL CHIHOSKI: Right.

ROB CLARK: Can we post a checklist in the hallways outside of classrooms, so individuals know what has been done and when the last cleaning took place?

PATRICIA BEAUMONT: Environmental services will be tracking all of the disinfection protocol and when they are actually performing that work. It will be held in the supervisor's office, so those records would be made available to anyone who would like to see them at any time.

ROB CLARK: And you mentioned this I think, in terms of cleaning supplies and sanitizer stations, they are going to be provided and accessible in the classrooms. There was a question about how often they will be checked or filled to make sure that there is a steady supply.

PATRICIA BEAUMONT: Sure. So, the disinfecting wipes will be provided at each classroom and refilled every morning as they do the disinfection for the classroom. Then, the departments will be provided sanitizing wipes to refill during the day. So, they are available at all times and, if required, someone could always put in a service call to the 3-4567 service number and we can refill those as needed as well.

ROB CLARK: There was a question: We use a fair bit of A/V equipment when we are teaching in the classroom and there was a question about microphones and other fixed or portable A/V equipment in lecture halls and how can they be effectively cleaned?

PATRICIA BEAUMONT: Events management is ensuring that the supplies that we are using...they will let us know what products we should provide, and facilities will provide those supplies, such as the wipes for the stations. And then the professors will be required to disinfect before and then after they use it. And we will also refill the products during the morning.

ROB CLARK: We might need to leave a checklist for people, for when they come in, as a reminder. It's a new world.

PATRICIA BEAUMONT: Yeah.

ROB CLARK: My next question is about suspected or confirmed cases. I guess this is a question for the group as a whole. What will happen when a student tests positive? Both for students and for roommates, and the rest of the community?

MICHAEL APOSTOLAKOS: I'll start with that one. Certainly, anyone who tests positive is going to be evaluated by our University Health Service to make sure that they are getting the medical care they need. Most people with COVID have mild symptoms and are treated symptomatically at home. But if one of our students tests positive, that student will need to be isolated. And generally, the isolation occurs for 10 to 14 days. There is certain criteria for releasing persons with COVID from isolation, which is when they become no longer infected, which is usually 10 to 14 days.

A tracer is done for any patient or any person who turns positive for COVID and that tracer is done between Department of Health and U.H.S., and they will look for anyone who has been exposed. And that gets back to the definition I spoke about earlier in this town hall. For any person who we know has COVID, we look back 24 to 48 hours before they got sick, to the point we knew they had COVID, and we look for anyone who's been within six feet for more than 15 minutes unprotected. Those persons are felt to be exposed and at risk to develop COVID for the next two weeks. They are placed in what we call quarantine. The difference between isolation and quarantine is whether you have the disease or not. If you have the disease, you are isolated. If you are at risk to get the disease because you have been exposed, that's quarantine.

And you are quarantined for two weeks. And the reason two weeks is chosen is that we know from exposure you can turn positive for COVID for up to two weeks.

Now, we get a lot of questions: For anybody who's exposed, why don't we just test them and then we don't have to quarantine them? Well, if you test someone after they have been exposed, that just means they don't have the disease that day you tested them (if the test comes back negative). They could turn positive any day from day 5 to day 14, so you would have to test them for nine straight days and by the end of 14 days you would know they don't have it anyway. So, we simply quarantine people, check them for symptoms daily. If they don't get symptoms at the end of 14 days, they are released from quarantine.

ROB CLARK: That makes sense and ties into another question that was asked by a group about what happens if we test a symptomatic student and it comes back negative? Or, an asymptomatic student who maybe comes back positive. The question is really, should these individuals be quarantined? Is testing repeated? What's the process?

MICHAEL APOSTOLAKOS: That's a great question, because a lot of viruses circulate among people, especially during the winter months. Most of the time, believe it or not, it's not COVID. There are plenty of other viral illnesses that mimic COVID that we will see and be concerned that someone has COVID. Our testing is very good, and this is where the RT-PCR test is used. And if we get a test that's negative, generally we don't continue to isolate someone. However, there is a medical evaluation that goes on and there are times when we are so suspicious based on other symptoms that someone has COVID, that we will isolate someone and retest them.

Asymptomatic people who test positive certainly have to be isolated. We know that even asymptomatic patients and people can spread virus. This is why it's so important that we continue masking and social distancing, physical distancing, and using hand hygiene. Because we found from testing, about one percent of our population is asymptotically positive for COVID at any given time.

ROB CLARK: I guess this wasn't on my list of questions, but it does make me think that there will be overlap between the flu season and our issues with COVID, and many of the symptoms look similar. So, it's my understanding we will try to get access to flu vaccines here early for making sure students have an opportunity to have a flu shot. Hopefully, if the vaccine's effective, it will help at least minimize spreading flu on campus because I guess if a student contracts the flu, it's different from COVID but it is still probably best that they stay home and get well.

MICHAEL APOSTOLAKOS: Yeah. That's a great point and we are going to be encouraging the flu vaccine like we do every year, but this year will be even more important for the reasons you talk about. But, for a lot of these infectious diseases, whether it's COVID or not, it is probably a good idea to stay home until you are better. Although once you are better from the common cold, which usually only takes a couple days, then you can come back and get back to class, etc. Of course, with your mask on and everything else, if you test negative to COVID.

ROB CLARK: So I'm going to toss out a pretty tough question that came in. What is the threshold of cases that would cause us to shut down and send students home as we did in March?

MICHAEL APOSTOLAKOS: Yeah, this is a very complicated question and there are a lot of different people who have input. The government, for one, like they did earlier, could force institutions to close down based on what they are seeing. Not only at the school, but in the area in the state or in the country. That's one factor. The other factors we have to look at, above and beyond just the University, is what's happening at the medical center? Are we able to care for more people if they get sick? And then of course, what's happening at the University? And I don't think we can come up with one exact number that tells us that if X percent of students are either infected or require quarantine that we would shut down.

But we would have constant conversations, as I said, with the Department of Health, with our RRHS colleagues and with the University U.H.S. and administrations to decide what's best for our students, faculty, etc.

ROB CLARK: Understood. And there can be different kinds of shutdown with respect to the campus. We could go fully online and the students could remain on campus. It could be that it's safer to keep them here than to have a large number of people coming into the community to help bring students home. So, I guess there are options to your point.

MICHAEL APOSTOLAKOS: Exactly right. It's complicated.

ROB CLARK: Yeah. In terms of the distancing and student conduct and PPE and such, how is PPE going to be distributed, and is the University providing face masks and how many are we providing per student? What's going to be the availability of that? Maybe Pat or Mike, do you want to address that one?

MICHAEL CHIHOSKI: Sure. The University has purchased reusable masks with logos. We have them for University of Rochester, Eastman School of Music, as well as the Memorial Art Gallery. Each have their own logos

on them. They will be distributed, and one reusable mask will be issued to all students and faculty. Additionally, they will have procedural masks located for free and handed out different locations around campuses in the event somebody forgets their mask that day, or their mask gets torn or damaged in some way that they can't wear it. So they will be able to get another free mask for that day. We will also have additional logo masks for sale at the bookstore. Students and faculty are free to bring in their own masks as they like, as well.

MICHAEL APOSTOLAKOS: I would just add in that initially, when we went to universal masking in the medical center, people were concerned about reusing masks. But we have been reusing surgical masks safely for up to seven days unless they get soiled or otherwise affected. So, that's the standard that we are using that's been highly effective. I don't want people to feel like they need a new mask every day in order to be safe.

ROB CLARK: Very helpful. How is the University going to address students that ignore social distancing rules or don't wear face masks? Who's going to monitor the students' adherence to masks and social distancing protocols and such?

PATRICIA BEAUMONT: So, the students will be required to sign a code of conduct that requires that they follow the physical distancing and masking guidelines. And then, it's the responsibility of all University of Rochester employees to insist that we adhere to the mask and physical distancing guidelines. So, every student, faculty, and staff member, it's our responsibility to make sure that we are all protecting each other. It's easy to forget your mask so we have to make sure that we participate in that review and monitoring and let people know if they aren't wearing their mask, they need to put it on.

MICHAEL APOSTOLAKOS: And Pat, I think that's a great message because I'll tell you in the medical center, we have the same issue. We are very good at masking and social distancing, but, we are human beings and we forget and we look at it as reminding each other. But we all have to take responsibility. It's not one person's job and there's no way leadership or administration can force this it happen. We as a community have to hold each other up and remind each other. That's the only way this is going to work.

ROB CLARK: And I think it is a really good point. It is a social contract and I think even if you are less worried about your own health, you can look at it from the perspective of taking care of other people. I mean, your professors and your fellow colleagues and others who are susceptible. You want to be masked to take care of others, not just yourself. It's a community responsibility. I think if we have a social contract among us, then we are all responsible. How would you ensure that everyone who enters the University facilities has completed the Dr. Chatbot testing prior to entering the spaces?

PATRICIA BEAUMONT: Each department is required to monitor their own staff ensuring that they complete the Dr. Chatbot testing each day. I understand that they are currently piloting a reporting program and hope to have it available soon so that we can monitor. But at this point you have to be responsible for checking with your department and your staff.

ROB CLARK: And in particular, some of our buildings are part card accessible, some are key. But in a sense is it the responsibility of the individual to basically follow the Dr. Chatbot and to respond appropriately.

PATRICIA BEAUMONT: Right.

ROB CLARK: And I guess the last question I have is one that Dr. Apostolakos addressed earlier, but I'll ask it again just so we are insistent on this. When are masks needed outdoors?

What will our procedures be for community members and transit outdoors or if someone wants to go out for a run or exercise or do something like that?

MICHAEL CHIHOSKI: So masks, as the doctor earlier stated, are required in all common area spaces where we can't maintain physical distancing and that includes outdoor spaces. That being said, we do encourage people to go outside. There is opportunity to be alone outside, away from an area, other people, that you may be able to take off a mask, especially dining areas, eating, where you may be able to spread out. We are looking at that to create more physical distancing.

One of the things students and faculty returning to campus will be presently surprised with, the University has invested significantly in adding a lot of outdoor furniture, additional outdoor spaces to encourage people to get outside and to really take advantage of the beautiful campus that's available to everyone.

ROB CLARK: Yes. And fortunately, when our students are returning, the weather here is very amenable to some outdoor activities. So that's good.

Well, that kind of summarizes the questions that I had that were collected. Any parting comments from the group?

MICHAEL APOSTOLAKOS: I guess I would just like to say that we have learned a lot over the last four months and I am very confident that we can reopen safely. I am very confident we can keep faculty and students very safe if we just remember: stay masked, stay physically distanced, and keep your hands clean. If we do that, if we do that together, if we remind each other, we can reopen safely and have very few, if any, transmissions of COVID on campus.

ROB CLARK: It really is that simple. And I would like to think that our entire society could do that as well. But the good news is, is that on a campus like ours, we kind of get to define that society. Those are going to be the social contracts that we all sign to be part of the community and if we adhere to that social contract, we are all going to be safer. So, wear the mask, physically distance from each other at least six feet, and wash your hands. I think with that, we can close our conversation and I can thank the panelists today. This has been incredibly helpful. Hopefully it will put to rest some of the questions that many have raised. Stay safe, stay healthy, and have a great day.