History of COVID-19 Response
March 12 to June 22, 2020
and
Official Plans for Operation
July 2020 to June 2021 Academic Year
Under COVID Restrictions

This plan has been submitted to the State Departments of Health, the State and National College Accrediting bodies and the CDC and is subject to change upon their requirements.

Updates to these documents may also occur due to changes in the spread of COVID-19 in each state, community, or on a VCOM Campus.

Faculty, staff, and students should refer to the document often and be sure they refer to the online copy at www.vcom.edu for the latest version of the plan.
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Section 1

The History of VCOM’s Response to the COVID-19 Pandemic

March 13, 2020 through June 22, 2020
This section is provided for historical purposes as to VCOM’s initial response.

In the wake of the COVID-19 pandemic, the medical education of the VCOM students remained a critical concern by VCOM; however, this was balanced with the critically important value placed on student wellness and safety, which remains VCOM’s primary concern. Additionally, the wellness of VCOM faculty and staff is a primary concern of VCOM.

On March 13, 2020, VCOM closed its campuses and OMS-3 and OMS-4 students were removed from their clinical rotations. By March 16, 2020, all medical students were removed from the clinical environment across the country following the recommendations of the American Association of Colleges of Osteopathic Medicine (AACOM) and the American Association of Medical Colleges (AAMC), as well as other leading medical associations. The Department of Education and the Commission on Osteopathic College Accreditation also issued statements of guidance, allowing changes to the curriculum, including guidance pertaining to online learning.

VCOM first-year and second-year medical students were removed from class and all curriculum was placed online by Monday, March 16, 2020. The VCOM campuses were closed, restricting access to essential faculty and staff to support faculty and student activities. The faculty and staff who periodically worked on campus were those necessary to assure the successful completion of the final two weeks of blocks 3 and 7 and to prepare for the start of blocks 4 and 8. Students completed blocks, 3, 4, 7, and 8 online.

VCOM third-year medical students had approximately 8 weeks of curriculum remaining at the time of the closure. OMS-3 students were removed from clinical rotations and were provided with online education for the clinical rotation they were to complete in the four weeks that would follow. VCOM remained concerned about the clinical education experiences of the OMS-3 students and, therefore, moved the final third-year required rotation into the fourth year and the required research course of the OMS-4 year into the OMS-3 year as an exchange. The schedule changes were also supplemented with educational resources to learn more about care for patients with COVID-19 before returning to the clinical environment.

VCOM’s fourth-year medical students had approximately 6 weeks of curriculum remaining in their educational program. The students were removed from clinical rotations and provided with online clinical education matching the content of the clinical education that had been scheduled. Additional education on caring for patients with COVID-19 was provided during this time to prepare students for the care of COVID-19 patients. Students who met graduation requirements by the end of the six weeks were graduated.
During the above time, VCOM faculty and staff primarily worked from their homes to provide the remaining education for students. Faculty and staff with essential duties that could not be provided at home, came to campus and practiced social distancing and followed the rules of appropriate handwashing. The College provided masks to all employees and gloves where indicated. The facilities staff who worked, followed appropriate cleaning and disinfecting procedures each night as faculty and staff left the building. The dedicated faculty and staff provided creative educational models for virtual education and many excellent models will be used long after the COVID-19 pandemic is over. VCOM TV, where all VCOM lectures are recorded and can be reviewed at home, provided an easy method for the online conversions.

Academic Assistance and Mental Health Services, provided by the Center for Institutional, Faculty, and Student Success, continued utilizing virtual meetings. Through the tremendous work of the faculty and staff on campus, including the work of the faculty and staff in the Center for Simulation and Technology (that quickly created robust educational and evaluation models to support education), VCOM students were able to complete their academic year online.

All VCOM events including open houses, accepted student days, graduation, and other on-campus events were canceled for the remainder of the academic year. Interviews for new students were rapidly moved online and included an informational video tour of the campus. The Admissions Committees met virtually ensuring that the Class of 2024 on all campuses has filled. Accepted Student’s Day was also recreated to be provided online.

VCOM held a robust virtual graduation for the graduating class of each campus and the videos and pictures will remain online for the greater part of the year. Due to the COVID-19 funds, VCOM was able to assist its students who had been impacted with the additional money for increased expenses from having to move early for self-quarantine where this was required. VCOM also assisted with graduation expenses that had been incurred by providing a small stipend to each (in the form of a gift card.)

All other events on campus were canceled and the campuses remained closed through the last week of June/first week of July to most faculty and staff.

VCOM informed all that the institution expected students, faculty, and staff to model exceptional professional behavior to safeguard their health, as well as the health of the public. This was accomplished through early recognition of symptoms and signs, and taking timely protective actions that include clinical assessment, minimization of transmission of COVID-19 to others, and reporting their situation to those who are responsible for their learning and well-being.

All OMS 1 and OMS 2 students were notified of the requirement to report if they test positive for COVID-19 to the Associate Dean for Student Affairs who will also convey this information to the Dean.

All OMS 3 and OMS 4 students were notified of the requirement to report if they test positive for COVID-19 to the Associate Dean for Clinical Affairs who will also convey this information to the Dean.

All faculty and staff were notified of the requirement to report if they test positive for COVID-19 to Human Resources who will also convey this information to the President and Campus Dean.
Students, faculty, and staff were required to read the full CDC information on COVID-19. They were also required to avoid exposure to COVID-19 wherever possible.

The CDC recommendations that VCOM students, faculty, and staff have followed to date:

1. All campuses were closed and will remain closed until further notice. Select faculty and staff were allowed on campus for essential duties only.
2. All persons on campus must follow PPE guidelines (cloth masks, frequent hand washing, hand sanitizer, and social distancing); and when returning to the clinical setting (surgical masks, frequent hand washing, social distancing, hand sanitizer, and gloves where indicated).
3. All faculty and staff are directed to actively seek screening if symptoms of COVID-19 occur and must be screened before returning to campus and call the appropriate COVID-19 point of contact listed.
4. Faculty and staff were to notify the COVID-19 point of contact to report exposure to patients under investigation (PUI) or positive coronavirus patients and await further instruction prior to returning to campus even if for emergent matters.
5. Students, faculty, and staff were instructed on the symptoms of infection from COVID-19, ranging from mild to severe.
6. VCOM faculty and staff were instructed on what to do should they begin to have symptoms potentially compatible with COVID-19 infection.

See the next few pages for VCOM’s COVID-19 RESPONSE IN PHOTOS
VCOM’s COVID-19 RESPONSE IN PHOTOS. The following pages are a representation of online events implemented across VCOM campuses to replace significant in-person events such as Match Day, Graduation, and “drive-thru” celebrations created with social distancing for students and graduates.
CONGRATULATIONS
to the **502 members** of the VCMM
CLASS OF 2020
who graduated remotely due to COVID-19
We salute you!
DRIVE-THRU FUN

Safe celebrations let the students and graduates know how much we miss their smiling faces and wanted to celebrate their progress!
Section 2

Policies and Procedures for Employees Returning to Campus under COVID-19 Restrictions
SECTION 2: Policies and Procedures for EMPLOYEES Returning to Campus Under COVID-19 Restrictions

In general, VCOM follows the CDC recommendations for opening Institutions of Higher Education (IHE) where possible and follows the guidance of the state Departments of Health in which the VCOM Campuses are located.

Much of the information that follows applies to when an employee are returned to on campus work. Employees must be informed of the information that follows and abide by those policies.

1. Opening Dates:
   a. VCOM first and second-year students will begin their academic program on time, and will begin classes online on the following dates:
      - OMS 1 Auburn and Louisiana Campuses - July 13, 2020 online instruction only
      - OMS 1 Virginia and Carolinas Campuses - July 20, 2020 online instruction only
      - OMS 2 Auburn Campus – July 15, 2020 online instruction only
      - OMS 2 Virginia and Carolinas Campuses – July 22, 2020 online instruction only
   b. An original two-week period was arranged to provide time for self-quarantine before entering the classroom setting. Student picked up required packets utilizing a “drive-thru” method on the first day they were required to report to the community. This time period has been extended.

2. Faculty and Staff Returning to Campus
   a. Faculty and staff will begin returning in July and will return in a staged return.
   b. Administration, officers, and essential personnel will return first. Division Officers and Campus Deans will determine the appropriate date for each employee to return.
   c. The Campus is currently closed except for essential personnel.
   d. Notification of your date to return will be sent to you via email by your supervisor and the Division Officer or the Campus Dean.

3. Faculty and Staff Who Wish to Request to Work Online at Home once the campus is open
   a. If you have a medical condition that places you at risk to work on campus during the COVID-19 pandemic, please notify Human Resources AND your immediate supervisor. Employees must request Accommodations through Human Resources.
   b. Employees may also request assistance if they are having difficulty obtaining childcare; however this is not guaranteed.
4. **Limiting Possible Exposure to COVID-19** Once employees are returned to campus, those who will work with multiple students and/or employees are instructed to limit their travel in the following manner:

   i. Avoid using public transit

   ii. Avoid traveling outside of the state or, you must self-quarantine a minimum of 10 days prior to providing in-class instruction or returning to campus. (Note: if you normally work in a bordering state and the trip is considered a routine commute, this does not apply.)

   iii. Avoid exposure to COVID-19 in the following manner:
   - avoid restaurants and use window or delivery service
   - do not attend events where larger numbers of persons gather
   - use gloves at the gas stations and other places you are forced to occupy (bathrooms, etc.)
   - wear a mask in all public places
   - wash hand frequently and follow with hand sanitizer
   - avoid touching your face
   - do not travel to states where there is an increase in the number of COVID-19 cases

   iv. If you have traveled to areas or events where you could have been exposed to COVID-19, avoid coming to campus for a period of 10 days and self-quarantine prior to return. As previously stated, your sick days or vacation time must be used if you cannot perform your work from home during this time. (This will be determined by your supervisor and Division Officer and/or Campus Dean.)

5. **All employees are required to read the following information on the CDC website prior to their return, and the information (and links have been sent to faculty and staff).** Please use the following website address to locate the appropriate information:


6. **Face masks are required to be worn by everyone when in the building.** Employees are not required to wear a face mask when in their respective offices if alone, however, they must wear a face mask in their office when others are present. VCOM will provide 3 face masks for each person which may be washed nightly.

7. **Hand sanitizing stations** will be positioned throughout the building and should be used when entering and when touching common areas such as doors, door handles, stair rails, and other frequently touched items.

8. **Employees may not share items** such as pens, pencils, and other hand-held instruments as this practice may spread the virus.

9. Employees who have been exposed to COVID-19 persons in the following manner:
a. without a mask  
b. without the six feet social distancing, or  
c. using the same surfaces and/or equipment with person diagnosed with COVID-19, or  
d. working in a confined space with someone with COVID-19  

must self-quarantine for 10 days and not exhibit any symptoms of COVID-19 prior to returning to campus.  

Employees who have had COVID-19 may not return to campus for a period of 20 days. In addition, the employee must assure a minimum of 4 days symptom-free and without fever; therefore the period may extend beyond 20 days if symptoms extend beyond that time period. The CDC literature indicates that COVID-19 virulence typically ceases after 5 to 7 days and cannot be cultured. Because of that, COVID-19 spread should not be a problem. Someone having symptoms and/or fever late into the 20-day period is probably having secondary infection that is a complication of COVID, and not the COVID itself. That should be addressed as a separate issue with a separate physician visit to determine the need for treatment of a secondary infection.  

10. All students, faculty, and staff are returning to the campus at their own risk. As it is possible for any student, faculty, or staff member to contract COVID-19 at the grocery store, gas station, or other public areas, VCOM assumes no responsibility for any person who may contract COVID-19.  

11. RISK. It is likely that a student or employee will contract COVID-19 over the next several months and for this to impact and/or infect one or more persons on campus. VCOM will follow guidelines on cleaning, disinfecting, tracking, and other measures to avoid the spread as much as possible, however, just as in the community, there is no method to totally mitigate this risk except for staying at home. This is the reason persons at high risk must self-report and the reason all employees must assume their own risk for contracting the infection. All faculty and staff must read and complete the attestation forms prior to returning to campus.  

12. Vulnerable Faculty and Staff Considered to be At High Risk of Contracting COVID-19  
   a. Employees who are considered high-risk due to immunosuppression, kidney disease, certain lung disorders (COPD, emphysema, etc.), diabetes, morbid obesity, or other conditions that might place them at high-risk for complications from COVID-19 are asked to notify Human Resources. This information provided by the Employee will be entered using the Qualtrix Survey. Employees may request accommodations. Those requesting accommodations will receive an interview online and a response in writing.  
   b. In general, employees who qualify as high-risk or high vulnerability will be asked to not come to campus until all risk has been fully vetted and a decision made. The decision as to return to work will be made by the Director of Human Resources and the appropriate Division Officer or Campus Dean, and may include the President/Provost for employees. Confidentiality regarding medical conditions that place employees at risk will be ensured. The Campus Committee may be engaged in the decision making when the employee requests a second review.
c. Employees who deemed to be at high risk for poor outcomes and who wish to take a medical leave will not be penalized.
   a. Where possible the employee will be re-tasked with a job which can be performed from home.
   b. The employee who cannot be re-tasked will be required however, to utilize sick days, medical leaves, and other leave procedures that follow the employee handbook processes.
   (Note: If employment of an individual was deemed to be no longer possible for reasons outside of being at high-risk for poor outcomes from COVID-19, and employment was to be discontinued regardless of COVID-19 restrictions, the employment will still be discontinued.)

13. **NOTIFYING THE DIRECTOR FOR HUMAN RESOURCES OF ILLNESS**
   a. Employees must notify the Director for Human Resources, as the COVID-19 point of contact, if they become ill. The notification should be as early in the day as possible. The employee should also notify their supervisor of the illness by either email or phone (or both when possible).
   b. Employees are also asked to report to the Director of Human Resources if they are aware of other employees who become ill with COVID-19 symptoms, so appropriate testing and notifications occur.
   c. The employee who reports illness will receive appropriate instructions for testing, for days appropriate to miss, and required procedures before returning to campus.
   d. If an employee develops an illness outside of COVID-19 symptoms, he or she should not come to campus and so should notify their supervisor and copy Human Resources as early as possible. Depending on symptoms and the type of illness employees may be required to see a physician or be tested for COVID-19. (See employee handbook for instructions on notification of supervisor of illness or injury preventing work).

14. **WHEN A STUDENT, FACULTY, OR STAFF MEMBER TESTS POSITIVE FOR COVID-19 VIRUS**
   a. Appropriate exposure tracking must occur, as well as campus safety measures, which may include closing classrooms and laboratories for a day or a certain number of days while additional appropriate cleaning occurs and to allow time to ensure that other students, faculty, or staff do not develop symptoms.
   b. VCOM will be working closely with the health department on testing of employees and appropriate tracking procedures for others in the building who are exposed to an employee who tests positive for COVID-19.
   c. All employees returning to campus who have been ill with COVID-19 will be required to report all exposures utilizing the tracking system prior to return so to identify and hopefully stop the spread of the COVID-19 virus. The College may participate in more than one contact tracing system. The employee must also participate in the local health departments’ contact tracing.

15. **NOTIFICATIONS:** When an alteration of the academic schedule or work schedule occurs, notifications to all employees will be made utilizing email. Employees are required, therefore, to read their campus emails daily.
16. EVENTS ON CAMPUS
   a. All events on campus must be pre-approved. Only essential group events will be approved
      and will be limited in number.
   b. **No large events (greater than 50 persons) will be allowed on campus.**
   c. Groups above 30 are discouraged and approvals limited.
   d. A plan for any event must be submitted to and approved by Administration and the COVID-
      19 Committee.
   e. No conferences or events will be allowed on campus while students are on campus.
   f. All student club events will be by ZOOM where possible for the time being.
   g. If a student club feels their event is essential to be held on campus, this must be approved
      by the Associate Dean for Student Affairs and the Campus Dean, and the COVID-19
      Committee who should be consulted in advance.
   h. No employee large group events will be held on campus.
   i. For small group events (less than 50), prior approval is required and must also be approved
      by facilities, the Campus Dean, and the President.

17. CLASSROOMS AND SCHEDULES (This information is provided so faculty and staff providing
    instruction will know the procedures to follow).
   a. To accommodate classroom instruction for first-year and second-year students, the College
      will utilize several rooms, including the traditional theatre style classrooms and event rooms
      on campus for instruction. Use of all room will allow for no more than 50 persons per
      room (including the instructor) and the 6-foot separation required between students. The
      presenter will also follow 6-foot separation rules. Masks must be worn. Students are
      required to bring hand sanitizer with them and to use after touching door handles, stair
      rails, and other items. Students will be provided with hand sanitizer before and/or on day
      one back on campus.
   b. To assure social distancing, and limit exposures, an example of the first-year and second-
      year students alternated between morning and afternoon classes follows:

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<th>Wednesday</th>
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<td>2nd years in laboratories</td>
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<td>P.M.</td>
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<td>1st years in laboratories</td>
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c. Laboratories will also be scheduled in a manner that will allow for as much social distancing as possible. Laboratory sessions will include smaller numbers of students and must alternate online instructions for the lab with actual in-person time to gain the most from the labs. Students will be assigned to the same person as a lab partner or alternating small groups (not more than 3) to reduce exposure.

d. Classrooms will be cleaned and wiped with disinfectants between classes from 12 noon to 1 p.m., to clean between the classes being held.

e. The Principles of Primary Care / Osteopathic Manipulation (PPC/OMM) laboratories will and are required for appropriate learning and instruction in OMM. Students typically learn physical examination techniques as well as osteopathic manipulation techniques and use other students as their “patient.” The laboratories have been modified as follows:
   i. Students will be split into 3 or 4 group sessions so that there are no more than 50 students per laboratory session (including instructors).
   ii. PPC/OMM laboratories will range from 50 to 60 minutes in length with a minimum of 10 minutes between sessions so that all tables and door handles can be wiped down. Also, this will allow all equipment to be wiped down with disinfectant by the exiting student and again by the incoming student if used.
   iii. To schedule laboratory time appropriately, labs may run as late as 6 p.m. in the evening.
   iv. A VCOM student will be paired with the same student in OMM throughout the block to limit the student’s exposure to only one other individual.
   v. Male and female student pairing may be alternated by block or semester to ensure students have appropriate exposure to both.
   vi. Tables will be socially distanced 6 feet apart and used in a head to toe manner to further distance.
   vii. Students will:
       i. wear appropriate face masks
       ii. utilize appropriate hand washing
       iii. and use hand sanitizer each time before and after the laboratory.

f. Student attendance for the anatomy laboratory is also mandatory. VCOM uses an anatomy dissection laboratory as a part of the required course. Anatomy laboratory dissection will, however, depend on the ability of VCOM to obtain the appropriate number of cadavers under COVID-19 and appropriate precautions for COVID-19. The Anatomy laboratory may be provided online under COVID-19 restrictions.
   i. Anatomy laboratories will be for 50 to 60 minutes and alternate to allow for the required limit of 50 persons in the laboratory, including the instructor.
   ii. Sessions may begin as early as noon or run through 6 p.m. to accommodate larger class sizes such as the Virginia class.
   iii. Anatomy laboratory will be planned with gloves and masks and not more than 3 persons per table, working to socially distance as much as possible except for the table lab partner. Masks will be worn and gloves.
   iv. Anatomy laboratory sessions will be alternated with small group learning sessions and/or cases to support the anatomy laboratory learning experience.
Small group case sessions will consist of as few as 4 and up to 8 students per session depending upon the size of the room and the room’s ability to allow for social distancing. The students in the small group setting must observe a minimum 6-foot separation for social distancing. Masks must be worn as in all other places in the building and hand sanitizer will be provided. Where possible small groups may be required to meet by ZOOM.

h. The academic calendars will reflect the above schedules.

i. Students will only be allowed on campus during the day for the following,
   a. to attend a scheduled class or laboratory
   b. for scheduled individual appointments with a department or faculty members made in advance
   c. to use library or printing services

j. Students may not study on campus during the day while the campus is under the COVID-19 restrictions as the number of students in the building, hallway, and common spaces must be limited.

k. There will be no on-campus use of standardized patients until further notice. Standardized patients may be used via ZOOM or other online venues for interview and supplemented with simulation or telemedicine for the remainder of exam.

l. Clinical Procedural Skills (CPS) labs will be held in groups of less than 50 and/or by zoom. When held in person, students will utilize 6-foot distancing in the CPS labs.

m. Simulations will continue, and be held using telemedicine and/or in person limiting the number of people in a simulation room will be limited to 3 or less. Any groups waiting will be limited in numbers, so the appropriate social distancing is followed.

n. Faculty / Student meetings will all be conducted by ZOOM until further notice.
o. Group meetings of faculty and staff will be conducted by ZOOM until further notice.

18. CURRICULUM DELIVERY ONLINE AND ON CAMPUS. Faculty and Staff Must Prepare to Deliver the Curriculum with both an In-Person Delivery Model and an alternating Online Delivery model.
a. The Online Delivery is to be Prepared in advance to be seamless and avoid interruption of instruction at times when Campus Closure is required. All faculty who create materials for classroom instruction are now also required to create online materials and record any instruction required when moving to the online format. This will prevent interruption of the academic schedules should a campus outbreak occur.
b. All faculty from all campuses are required to collaborate on curriculum and curriculum delivery materials so to support the success of the online curriculum across campuses.
c. For classes that do not require mandatory attendance, the materials will be posted and may be used by students who wish to utilize the online format asynchronously in lieu of classroom attendance.
d. For laboratory instruction and other classes with mandatory attendance, faculty will prepare a duplicate online format to deploy in the event that the campus is closed due to COVID-19. However, these materials will only be used if the Campus is closed.

19. INTERNATIONAL MEDICAL EDUCATION EXPERIENCES
There will be no international medical experiences. International travel for employees or students is not allowed until further notice.

20. PARKING LOTS
   a. Faculty and staff should not congregate in the parking lots and should practice social distancing.

21. ENTRYWAY TO BUILDINGS AND USE OF HALLWAYS ON CAMPUS
   a. Employees and students must put on their face mask prior to entering the building.
   b. Employees and students must use six-foot social distancing when entering or leaving the building.
   c. Social distancing requires students and faculty not to congregate in the entryway or halls. Faculty and staff should plan to arrive on the quarter hour (8:15 am, 9:15 am, 12:15 pm, etc.) when arriving on campus to avoid student traffic.
   d. Students, faculty, and staff will be assigned to specific entryways to avoid congregating prior to classes. The doors will be unlocked / open for a period of 30 minutes prior to the 8 a.m. start time and the 1 p.m. start time so to enter properly and to ensure their safety. Persons will be placed at unlocked entrances to assure safe entry. Random temperature checks may occur at entry.

22. MYHEALTHTRACER.COM – All faculty and staff must become familiar with and use MyHealthTracer.com prior to work each day. This will help to limit employee exposure to illness and assure campus safety.

23. CAMPUS ENTRY - All employees must use the card swipe for entrance. Employees must practice social distancing outside the facility and throughout the entry, as well as when inside the facility. Students and faculty are asked to avoid congregating in the foyer prior to entry to the classroom.
   e. Each employee must use hand sanitizer upon entering the building and should use it often if going to other floors or areas of the building, when handling doorknobs, elevator buttons, stair rails, and other items throughout the day.
   f. Employees and students must social distance when using stairs, elevators, and common areas.
   g. Employees and students may not gather in the hallways between classes.
   h. The capacity within the restrooms is limited to the number of people in the stalls and no more than two persons waiting inside the bathroom to appropriately self-distance. For this reason, to avoid congregating by bathrooms, employees should use bathrooms at times students are not on a break.

24. VISITORS to the building must be scheduled in advance and require an escort by the person with whom they are meeting. Visitors are limited to those that are essential. Employees should not invite a visitor without first consulting their supervisor.
25. **VCOM THIRD AND FOURTH-YEAR STUDENTS** will be restricted from campus except on a one-by-one basis for appointments, so not to impact the total number of students on campus at any time. VCOM third and fourth-year students will be in their clinical sites.

26. **STUDY SPACES AND LIBRARY**
   a. The online library is available 24 hours per day as before.
   b. Limited use of the library space will be allowed for in-person study after 5 p.m. Students must sign up to use library study rooms – the librarians will create the sign-up sheets. Student time in the library will be alternated so to provide opportunities for all students requesting to use the library over time.
   If reserved in advance, use of the library small study rooms may only be used by two students at a time to allow for social distancing and may only occur in the evening. Again, in general, studying by students during the COVID-19 pandemic is strongly encouraged to be done at home!

27. **BUILDING HOURS**
   VCOM facilities will be closed nightly Sunday through Thursday by 10 p.m.; and on Friday and Saturday by 8 p.m., to allow for appropriate cleaning of the building.

28. **PATIO AND OUTSIDE SPACE**
   a. Employees may use the patios but should practice appropriate social distancing as recommended.
   b. Employees may use the lawns, exercise tracks, and parking lots as appropriate; however, social distancing must be followed.
   c. The patio tables will be wiped down prior to the day, at noon, and at 6 p.m.

29. **RESEARCH SPACE** will be assessed and discussed individually and in a separate document.

30. **CLEANING AND DISINFECTING OF THE CAMPUS.**
   a. The buildings will be cleaned each night and fully disinfected.
   b. Classrooms will be wiped down at noon each day.
   c. Faculty and staff will be required to wipe down their desks, chairs, doorknobs, and other surfaces frequently during the day (used items/areas) and each night before leaving and are encouraged to wipe them down several times during the day. Disinfectant wipes will be provided.
   d. Facilities will publish further information on cleaning of the building.

**IT SHOULD BE NOTED THAT ALL POLICIES WITHIN THIS DOCUMENT POSTED ARE SUBJECT TO APPROVAL BY THE STATE AND NATIONAL ACCREDITATION BODIES, BY RECOMMENDATIONS FROM LOCAL AND STATE HEALTH DEPARTMENTS, AND BY RECOMMENDATIONS BY THE CDC, THEREFORE ALL ARE SUBJECT TO CHANGE. FACULTY, STAFF, AND STUDENTS WILL BE NOTIFIED OF SUCH CHANGES.**
Section 3

Policies and Procedures for Students Returning to Campus under COVID-19 Restrictions
Edward Via College of Osteopathic Medicine (VCOM)

SECTION 3: Plans, Policies, and Procedures for OMS-1 and OMS-2 Students Returning to Campus under COVID-19 Restrictions

LAST UPDATED 8/28/2020

This document outlines the plan, policies, and procedures for VCOM students returning to campus while under COVID-19 procedures and restrictions. The policy follows CDC recommendations on opening Institutions of Higher Education (IHE) and the guidance of the states in which the VCOM Campuses are located.

1. ACADEMIC YEAR OPENING DATES
   A. VCOM first and second-year students will begin their academic program on time, on the dates provided earlier by the academic calendar; however **will be online until further notice:**
   - OMS 1 Auburn and Louisiana Campus students began online - July 13, 2020
   - OMS 1 Virginia and Carolinas Campus students began online - July 20, 2020
   - OMS 2 Auburn Campus students began online – July 15, 2020
   - OMS 2 Virginia and Carolinas Campuses students began online – July 22, 2020

   All students are required to be in the community for **self-quarantine for 2 weeks and participated** in a “drive-thru” method used for picking up packets, which served to ensure that students had arrived on the first day they are required to report to the community.

   Students are required to stay in the community so they are prepared for on-campus attendance when this is made possible.

2. Students are required to read the COVID-19 information on the CDC website prior to their return to campus. **Information/education regarding required sections of COVID-19 information to learn** will be provided to incoming students as a part of their orientation packet and second-year students as a part of the online materials for the first two weeks of class. Faculty are also preparing educational curriculum on COVID-19 for both first and second-year students.

3. Students will be provided with a document of instructions for the return to campus and directed to the plan online. When students return, a student representative will be added to the COVID-19 Campus Committees for communication purposes.

4. The documents provided to students include a required form to complete and to self-identify if they are a **vulnerable person at increased risk from complications of COVID-19** so the College can assist in limiting their exposure. Students are informed by the materials that they will not be penalized if they take an academic leave to delay their return until the next year; however, students must apply for this leave by the first week of the academic year to receive full tuition return.

5. All students will be provided with appropriate washable face masks and with their first bottle of hand sanitizer on the first day of in-person class if not before during the drive-thru.
6. **Face masks are required by everyone in the building.** Students will receive their face masks during the “drive-thru” and pick up of packets on the first day scheduled back to the community. In addition to the **bottle of hand sanitizer, hand sanitizing stations** will be positioned throughout the building and should be used when touching common areas such as door handles, stair rails, and other frequently touched items. Students are **instructed not to share items** such as pens, pencils, and other hand-held instruments.

7. **Students are instructed not to come to campus if ill and to notify the Associate Dean for Student Affairs** who serves as their COVID-19 contact on their campus. The notification is required for any type of injury or illness and includes COVID-19.

8. All students, faculty, and staff are returning to the campus at their own risk. As it is possible for any student, faculty, or staff member to contract COVID-19 at the grocery store, gas station, or other public areas, VCOM assumes no responsibility for any person who may contract COVID-19 on campus. VCOM does however, assume the responsibility to educate students on transmission, symptoms, and techniques to avoid exposure.

9. All faculty, staff, and students must read and complete the attestation forms regarding this education prior to returning to campus, to prevent exposing others.

10. **HIGH-RISK STUDENTS**
    Students who are considered high-risk due to immunosuppression, kidney disease, lung disorders, diabetes, morbid obesity, or any other conditions that might place them as immunosuppressed or at high-risk for complications from COVID-19 are asked to notify the Associate Dean for Student Affairs and not come to campus until all risk has been fully vetted and a decision made regarding the student’s ability to return to campus. The decision will be made by the Associate Dean for Student Affairs and the Campus Dean, and may include the President/Provost. Confidentiality regarding medical conditions is ensured. Students who are at increased risk will not be penalized for delaying their education. VCOM will work with the student if an academic medical leave is not desired and an alternate plan is requested (such as a research year).

11. **NOTIFYING THE ASSOCIATE DEAN FOR STUDENT AFFAIRS OF ILLNESS**
    A. STUDENTS are instructed that they are **NOT ALLOWED TO BE ON CAMPUS IF ILL**, even if such illness does not include COVID-19 symptoms.
    
    B. **First or second-year students who become ill with COVID-19 symptoms** are required to notify the COVID-19 point of contact, the Associate Dean for Student Affairs, regardless of if they will be missing a mandatory learning activity. The notification may be by phone but should be followed by an email and made at the onset of becoming ill.
       
       The notification should be in the a.m. if at all possible.
       
       i. The Associate Dean will also notify the Office of Medical Education that they will be missing a mandatory learning activity.

    C. If a **student becomes ill with any of the COVID-19 symptoms**, appropriate testing for COVID-19 must occur. Assistance will be provided by the Associate Dean for Student Affairs.

    D. Students are also asked to report if they are aware of other students who become ill with COVID-19 symptoms, so the College may reach out to assist the student. Both of these measures will help to keep the campus safe for all students.

    E. An ill student will receive appropriate **instructions for testing, the minimum number of days appropriate to miss, and testing procedures** required before returning to class and/or appropriate restrictions from returning if for a COVID-19 like illness. (see point 12 below.)
12. WHEN A STUDENT TESTS POSITIVE FOR COVID-19 VIRUS
Assistance with identifying appropriate medical care for students will be provided by the Associate Dean for Student Affairs, who is the student point of contact for COVID-19. VCOM does not provide student health services. VCOM contracts with health providers off campus to ensure students have access to health care. Please see the VCOM College Catalog and Student Handbook or talk to your VCOM COVID-19 Officer on accessing health care.

A. When a student, faculty, or staff member test positive, **appropriate exposure or contact tracking must occur**, as well as other campus safety measures, which may include temporary closing of classrooms, laboratory, or classroom space for a while additional appropriate cleaning occurs.

B. Individual leave time for students and employees exposed will be allowed/ensured to monitor for any other students, faculty, or staff who might develop symptoms.

C. If testing positive, OMS-1 and OMS-2 Students who have had COVID-19 may not return to campus for a period of 20 days from the onset of symptoms. In addition, the student must ensure a minimum of 4 days symptom-free and without fever; therefore, the period may extend beyond 20 days if symptoms extend beyond that period (following what is recommended by the CDC for students in a classroom). The CDC literature indicates that COVID-19 virulence typically ceases after 5 to 7 days and cannot be cultured. Because of that, COVID-19 spread should not be a problem. Someone having symptoms and/or fever late into the 20-day period is probably having a secondary infection that is a complication of COVID, and not the COVID itself. That should be addressed as a separate issue with a separate physician visit to determine the need for treatment of a secondary infection.

D. If testing positive, OMS-3 and OMS-4 students who have had COVID-19 may not return to the clinical site for a minimum of 15 days (following the CDC guidelines for healthcare workers) from the onset of symptoms. In addition, the student must ensure a minimum of 4 days symptom-free and without fever; therefore, the period may extend beyond 15 days if symptoms extend beyond that time period. The CDC literature indicates that COVID-19 virulence typically ceases after 5 to 7 days and cannot be cultured. Because of that, COVID-19 spread should not be a problem. Someone having symptoms and/or fever late into the 15-day period is probably having a secondary infection that is a complication of COVID, and not the COVID itself. That should be addressed as a separate issue with a separate physician visit to determine the need for treatment of a secondary infection.

E. In addition to VCOM’s policy, which follows CDC guidelines, OMS-3 and OMS-4 students are subject to and must also follow the guidelines of the hospital or clinical site in order to return to their rotation. If the site requires a negative test to return, the student will be required to have a test with a negative result prior to returning. Students must also follow the site’s requirements as to the number of days before they return to the clinical site. For in-hospital rotations, the students must speak with the DSME. For ambulatory rotations, the student may speak with the Associate Dean and/or the preceptor.

13. TESTING AND CONTACT TRACING
VCOM will work closely with the local health department on testing of employees and students for appropriate contact tracing procedures for others in the building who are exposed to the employee or student who tests positive for COVID-19. A member of the health
department has been invited to sit on each Campus Committee or to serve as a liaison, whichever is the most convenient for the health department member.

14. TEMPORARY CLOSURE NOTIFICATIONS. Temporary campus or classroom closures secondary to the number of students or faculty testing positive will be required from time to time. When an alteration of the academic schedule is required, all students will be notified utilizing email. **Students must, therefore, read their campus emails daily.** (Also see the Communication Plan)

15. NOTIFICATIONS: When an alteration of the academic schedule or work schedule occurs, notifications to all employees will be made utilizing email. **Employees and students are required, therefore, to read their campus emails daily.**

16. EVENTS ON CAMPUS
   A. All large events on campus are cancelled until further notice. **No large events (greater than 50 persons) will be allowed on campus.**
   B. All smaller events < 50 and >30 must be pre-approved. Only essential group events will be approved and will be limited in number. Groups above 30 are discouraged and approvals limited. Social distancing must be practiced. For small group events (less than 50), prior approval is required and must also be approved by facilities, the Campus Dean, and the President and may require approval by the COVID-19 Committee.
   C. A plan for any event greater than 30 must be submitted to and approved by Administration and the COVID-19 Committee.
   D. All student club events will be by ZOOM where possible for the time being.
   E. If a student club event is felt to be essential on campus, this must be approved by the Associate Dean for Student Affairs and the Campus Dean, and the COVID-19 Committee should be consulted in advance.

17. ATTENDANCE
   The attendance policy has been relaxed and many classes do not require mandatory in-person attendance. All learning materials will be posted in Canvas and may be used by students who wish to utilize the online format in lieu of classroom attendance for the curriculum, which has been approved as asynchronous learning. The ability for a student to choose in-person versus online attendance will be designated for each learning activity on the academic calendar.
   A. The learning events requiring attendance will be designated as **Mandatory Learning.** Students must attend all mandatory learning activities unless they are ill.
   B. The learning events that do not require attendance will be designated as **Asynchronous Learning.**
   C. The Academic Calendar will clearly mark between mandatory and synchronous learning.

18. CLASSROOMS AND SCHEDULES (This information is provided to outline the plan for providing on campus instruction when the College Campus is reopened to students). To accommodate classroom instruction for first-year and second-year students, the College will utilize several rooms including the traditional theatre style classrooms and event rooms on campus for instruction. Use of all rooms will allow for no more than 50 persons per room (including the instructor) and the 6-foot separation required between students. The presenter will also follow 6-foot separation rules. Masks must be worn. Students are required to bring hand sanitizer with them and to use after touching door handles, stair rails, and other items. Students will be provided with hand sanitizer before and/or on day one back on campus.
A. To assure social distancing, and limit exposures, an example of the first-year and second-year students alternated between morning and afternoon classes follows:

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<th>Monday</th>
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(the above is an example only and students must follow the true academic calendar).

B. Laboratories will also be scheduled in a manner that will allow for as much social distancing as possible. Laboratory sessions will include smaller numbers of students and must alternate online instructions for the lab with actual in-person time to gain the most from the labs. Students will be assigned to the same person as a lab partner or alternating small groups (not more than 3) to reduce exposure.

C. Classrooms will be cleaned and wiped with disinfectants between classes from 12 noon to 1 p.m., so to clean between the classes being held.

D. The Principles of Primary Care / Osteopathic Manipulation (PPC/OMM) laboratories will and are required for appropriate learning and instruction in OMM. Students typically learn physical examination techniques as well as osteopathic manipulation techniques and use other students as their “patient.” The laboratories have been modified as follows:
   i. Students will be split into 3 or 4 group lab sessions so that there are no more than 50 students per laboratory session (including instructors).
   ii. PPC/OMM laboratories will range from 50 to 60 minutes in length with a minimum of 10 minutes between sessions so that all tables and door handles can be wiped down. Also, this will allow all equipment to be wiped down with disinfectant by the exiting student and again by the incoming student when used.
   iii. To schedule laboratory time appropriately, labs may run as late as 6 p.m. in the evening.
   iv. **A VCOM student will be paired with the same student** in OMM throughout the block to limit the student’s exposure to only one other individual. Where possible room mates will be used to further limit exposure.
   v. Male and female student pairing may be alternated by block or semester by the laboratory director to ensure students have appropriate exposure to both, however this will be when COVID-19 conditions improve.
   vi. Tables will be socially distanced 6 feet apart and used in a head to toe manner to further distance.
   vii. Students will:
      i. wear appropriate face masks
      ii. utilize appropriate hand washing
iii. use hand sanitizer each time before and after the laboratory.

**E. Student attendance for the anatomy laboratory** is also mandatory. VCOM uses an anatomy dissection laboratory as a part of the required course. However, anatomy laboratory dissection will depend on the ability of VCOM to obtain the appropriate number of cadavers under COVID-19 and appropriate precautions for COVID-19. The Anatomy laboratory may be provided online under COVID-19 restrictions.

i. Anatomy laboratories will be for 50 to 60 minutes and alternate to allow for the required limit of 50 persons in the laboratory, including the instructor.

ii. Sessions may begin as early as noon or run through 6 p.m. to accommodate larger class sizes such as the Virginia class.

iii. Anatomy laboratory will be planned with gloves and masks and not more than 3 persons per table, working to socially distance as much as possible except for the table lab partner. Masks will be worn and gloves.

iv. Anatomy laboratory sessions will be alternated with small group learning sessions and/or cases to support the anatomy laboratory learning experience.

**F. Small group case sessions** will consist of as few as 4 and up to 8 students per session depending upon the size of the room and the ability of the room to allow for social distancing. The students in the small group setting must observe a minimum 6-foot separation for social distancing. Masks must be worn as in all other places in the building, and hand sanitizer will be provided. Where possible small groups may be required to meet by ZOOM. The academic calendars will reflect the schedules and how the session is to be held.

**G. Students will only be allowed on campus during the day for the following,**

a. to attend a scheduled class or laboratory
b. for scheduled individual appointments with a department or faculty members made in advance
c. to use library printing services
d. **Students may not study on campus during the day** while the campus is under the COVID-19 restrictions as the number of students in the building, hallway, and common spaces must be limited.

**H.** There will be **no on-campus use of standardized patients** until further notice. Standardized patients may be used via ZOOM or other online venues for interview and supplemented with simulation or telemedicine for the remainder of exam.

**I. Clinical Procedural Skills (CPS) labs** will be held in groups of less than 50 and/or by zoom. When held in person, students will utilize 6-foot distancing in the CPS labs.

**J. Simulations** will continue and be held using telemedicine and/or in person, limiting the number of people in a simulation room will be limited to 3 or less. Any groups waiting will be limited in numbers, so the appropriate social distancing is followed.

**K. Faculty / Student meetings** will all be conducted by ZOOM until further notice. Group meetings of faculty and staff will be conducted by ZOOM until further notice.

**L. Faculty and Staff have prepared to Deliver the Curriculum with both an In-Person Delivery Model and an alternating Online Delivery model.**

a. The Online Delivery has been prepared in advance to be seamless and avoid interruption of instruction at times when Campus Closure is required. All faculty who create materials for classroom instruction are now also required to create online
materials and record any instruction required when moving to the online format. This prevents interruption of the academic schedules when moving from in person to online delivery when a campus outbreak occurs.

b. For classes that do not require mandatory attendance, the materials will be posted and may be used by students who wish to utilize the online format asynchronously in lieu of classroom attendance.

c. For laboratory instruction and other classes with mandatory attendance, faculty will prepare a duplicate online format to deploy in the event that the campus is closed due to COVID-19. However, these materials will only be used if the Campus is closed.

M. INTERNATIONAL MEDICAL EDUCATION EXPERIENCES
There will be no international medical experiences. International travel for employees or students is not allowed until further notice.

N. PARKING LOTS
a. Students, Faculty and staff should not congregate in the parking lots and should practice social distancing.

O. ENTRYWAY TO BUILDINGS AND USE OF HALLWAYS ON CAMPUS
a. Students must put on their face mask prior to entering the building.

b. Students must use six-foot social distancing when entering or leaving the building.

c. Social distancing requires students and faculty not to congregate in the entryway or halls. Faculty and staff should plan to arrive on the quarter hour (8:15 a.m., 9:15 a.m., 12:15 pm, etc.) when arriving on campus to avoid student traffic.

d. Students will be assigned to specific entryways to avoid congregating prior to classes. The doors will be unlocked / open for a period of 30 minutes prior to the 8 a.m. start time and the 1 p.m. start time so to enter properly and to assure their safety. Persons will be placed at unlocked entrances to assure safe entry. Random temperature checks may occur at entry.

P. MYHEALTHTRACTER.COM – All faculty, staff, and students must become familiar with and use MyHealthTracer.com prior to work each day. This will help to limit employee exposure to illness and assure campus safety. Each employee and student will be provided with a thermometer as students, faculty, and staff will be required to take their temperature each morning and complete the tracer information on the online application prior to coming to class.

Q. CAMPUS SAFETY MEASURES - All students must use card swipe for entrance, however, students will be instructed to enter by different doors for class sessions and students will be provided information on which entrance to use so to practice social distancing outside the facility and throughout the entry, as well as when inside the facility. Students and employees are asked to avoid congregating in the foyer prior to entry to the classroom.

a. Each student must use hand sanitizer upon entering the building and should use it often if going to other floors or areas of the building, when handling doorknobs, elevator buttons, stair rails, and other items throughout the day.

b. Students must social distance when using stairs, elevators, and common areas. Students may not gather in the hallways between classes.

e. The capacity within the restrooms is limited to the number of people in the stalls and no more than two persons waiting inside the bathroom to appropriately self-
distance. For this reason, to avoid congregating by bathrooms, employees are instructed to use bathrooms at times when students are not on a break.

c. Visitors to the building must be scheduled in advance and require an escort by the person with whom they are meeting. Visitors are limited to those that are essential. Students may not invite a visitor without first consulting their supervisor.

R. VCOM third-year and fourth-year students will be restricted from campus except on a one-by-one basis for appointments, so as not to impact the total number of students on campus at any time. VCOM third and fourth-year students will be in their clinical sites.

S. STUDY SPACES AND LIBRARY

a. The online library is available 24 hours per day as before.

b. Limited use of the library space will be allowed for in-person study after 5 p.m. Students must sign up to use library study rooms – the librarians will create the sign-up sheets. Student time in the library will be alternated so to provide opportunities for all students requesting to use the library over time. If reserved in advance, use of the library small study rooms may only be used by two students at a time to allow for social distancing and may only occur in the evening.

Again, in general, studying by students during the COVID-19 pandemic is strongly encouraged to be done at home!

T. BUILDING HOURS VCOM facilities will be closed nightly Sunday through Thursday by 10 p.m.; on Friday and Saturday by 8 p.m., to allow for appropriate cleaning of the building. Students will no longer be able to study in classrooms in the evenings to allow for appropriate cleaning.

U. PATIO AND OUTSIDE SPACE

Students may use the patios but should practice appropriate social distancing. Students may use the lawns, exercise tracks, and parking lots as appropriate, however, social distancing must be followed.

The patio tables will be wiped down prior to the day, at noon, and at 6 p.m.

V. RESEARCH SPACE will be assessed and discussed individually and in a separate document.

W. TRAVEL

Students may not travel outside of the community during the semester. (The exception is for an excused absence pre-approved by the Associate Dean for Student Affairs and the Dean.) After such travel, a period of self-quarantine (10 days) will be required before returning to classes on campus. Such exceptions will be rare and largely based on personal medical need or family emergency.

X. GATHERINGS

Travel to an event or gathering requires prior approval as well. A gathering refers to a planned or spontaneous event, indoors or outdoors, with a small number of people participating or a large number of people in attendance such as a community event or gathering, concert, festival, conference, parade, wedding, or sporting event.

Recognize:

a. The more people an individual interacts with at a gathering and the longer that interaction lasts, the higher the potential risk of becoming infected with COVID-19 and COVID-19 spreading.
b. The higher the level of community transmission in the area that the gathering is being held, the higher the risk of COVID-19 spreading during a gathering.
c. The size of an event or gathering should be determined based on state, local, territorial or tribal safety laws and regulation.

Therefore, attendance at any group event must be pre-approved for the student to return to campus. Self-quarantine may also be required even if the event is approved.

Y. If you travel home for Christmas or other holidays, you must follow the CDC guidelines closely: https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html

Z. VCOM will schedule self-quarantine times after block breaks and holiday breaks.

AA. SCHEDULED APPOINTMENTS
Students will be informed of available times to meet with faculty and staff and whether the meeting will be conducted in person or by ZOOM.

BB. CLEANING AND DISINFECTING OF THE CAMPUS.
a. The buildings will be cleaned each night and fully disinfected.
b. Classrooms will be wiped down at noon each day.
c. Facilities will publish further information on cleaning of the building.

IT SHOULD BE NOTED THAT ALL POLICIES WITHIN THIS DOCUMENT POSTED ARE SUBJECT TO APPROVAL BY THE STATE AND NATIONAL ACCREDITATION BODIES, BY RECOMMENDATIONS FROM LOCAL AND STATE HEALTH DEPARTMENTS, AND BY RECOMMENDATIONS BY THE CDC, THEREFORE ALL ARE SUBJECT TO CHANGE. FACULTY, STAFF, AND STUDENTS WILL BE NOTIFIED OF SUCH CHANGES.
Section 3b

The History of VCOM Response to the COVID-19 Pandemic for Students in Clinical Education and 2020-2021 Policies for All VCOM OMS-3 AND OMS-4 Students
BRIEF HISTORY

In the wake of the COVID 19 Pandemic, continuing the medical education of the VCOM students, with minimal disruption, remained a critical concern by VCOM. This concern was balanced with the critically important value placed on student wellness and safety. On March 13, 2020, VCOM students were pulled from their clinical rotation educational program, including all third-year and fourth-year medical students, following the recommendations of the American Association of Colleges of Osteopathic Medicine (AACOM) and the American Association of Medical Colleges (AAMC). The Department of Education and the Commission on Osteopathic College Accreditation also issued statements of guidance that included moving to online education temporarily.

VCOM first-year and second-year medical students were removed from class and all curriculum was placed online by Monday, March 16. The VCOM campuses were closed, restricting access to essential faculty and staff to support faculty and student activities.

The VCOM fourth-year medical students had 6 weeks of education remaining and were provided with online clinical education matching the content of the clinical education that had been scheduled and supplemented with education on caring for patients with COVID-19. VCOM held a robust virtual graduation for the Class of 2020 and assisted the soon-to-be graduates with the additional moving expenses from early self-quarantine that was required and additional graduation expenses by providing a small stipend (in the form of an expense card) to each from the COVID-19 funding for students.

The VCOM third-year medical students were removed from clinical rotations and provided with online education in the expertise of the clinical rotation missed. VCOM remained concerned about the clinical education experiences of the OMS-3 students, and therefore for the remaining 8 weeks of education, VCOM moved the four-week fourth-year required research course into the OMS-3 year and moved an OMS-3 requirement to the OMS-4 year. The schedule was also supplemented with educational resources for COVID-19 education.
Many creative curriculums were developed during this time by faculty and staff, much of which will be used long after the COVID-19 pandemic resolves. VCOM is very proud of the efforts and work of the faculty and staff during this response.

Over the next few months, VCOM along with other higher education institutions across the country, followed the best possible advice of the CDC on reopening of Institutions of Higher Learning (IHE). Documents with guidance from national and state authorities continue to be discussed in all higher education realms. VCOM continued to follow the advice of the local and state health departments and the governor’s office as well as the CDC guidance for IHE.

RETURN OF OMS-3 AND OMS-4 STUDENTS TO CLINICAL EDUCATION AND ROTATIONS AUGUST 2020

VCOM students are returned to clinical education (including clinical rotations) beginning in August 2020. The majority of VCOM’s core hospital clinical learning environments have reopened to medical student education and ambulatory educational experiences have become available.

RESTRICTED ENVIRONMENTS: Due to the number of COVID-19 patients still presenting to certain environments, VCOM students are restricted from emergency rooms, COVID-19 ICUs and other ICUs/Wards where COVID-19 patients are being cared for, urgent care centers, and nursing homes. The Geriatric clinical education has been moved to online for the OMS-3 and OMS-4 year students. The clinical education will be moved to the OMS 2 year in the future when the COVID-19 crisis allows. The current year clinical learning will utilize Geriatric IPE cases online in the 2020 year and add the clinical experience in 2021 when the COVID-19 risk has been reduced.

ENSURING PPE: Ensuring availability of appropriate personal protective equipment (PPE) was an important key to reopening clinical education, and so VCOM has initially purchased PPE for the upcoming year with 80 days of KN-95 masks for in-hospital rotations and 80 days of routine cloth masks and surgical masks for outpatient. VCOM also included hand sanitizer and gloves, recognizing the possible shortages that might exist in the clinical settings.

COVID-19 EDUCATION FOR OMS-3 AND OMS-4 STUDENTS: VCOM rising third and fourth-year medical students are being educated on COVID 19 patient care, on appropriate PPE usage prior to return and on managing the psychological effects of COVID 19 for patients, their families, and the students’ own psychological well-being. In addition, as the OMS-4 students return to the clinical rotations, the Associate Deans for OMS-4 will counsel the students on how to properly frame their disrupted medical education experience when interviewing for residency positions. Students must be able to voice understanding of the alternative program, what they have learned from the experience, and how they have grown. This will be imperative when interviewing with residency programs as it is the expectation of medical students by the rest of the clinical world, to serve and adapt during this time.

The return of VCOM medical students to the clinical learning environment was complex and impacted by the following:

1. The ability of the core clinical teaching sites to maintain a safe and stable learning environment,
2. The demands currently being placed upon the health care system
3. The requirements set forth by the local, state, and national health officials
4. The requirements set forth by the accrediting bodies nationally

Therefore, the Campus Deans and the Associate Deans for OMS-3 and OMS-4 years, along with their clinical chairs, assessed each clinical site as to their ability and willingness to provide the clinical education and their own risk assessment as to the students' ability to return to clinical education. This process will be ongoing as there is an ever-changing environment in the phases of COVID 19. The timing, sequencing, and the core educational requirements for all VCOM OMS-3 and OMS-4 students has been changed. The four VCOM Campus Deans and Associate Deans for the Clinical years have worked together to create equitable student experiences across campuses and while there will be variance of experiences, are ensuring a quality clinical education. VCOM also seeks to assure students are able to graduate on time to begin residency. However, the future of the clinical education of our medical students is also dependent upon the actions of external regulating bodies during COVID-19.

Some of VCOM's core hospitals became stressed by an excess of COVID 19 patients and have discontinued student rotations. When this occurred, VCOM students were (and will be) moved to other sites temporarily to ensure their clinical education continues.

CHANGES TO THE VCOM CLINICAL CURRICULUM FOLLOW:

Under the new clinical environment, the VCOM Curriculum Oversight Committee for the OMS-3 and OMS-4 years reviewed and altered the curricular requirements for the 2020-21 academic year. The new requirements will apply to all students including those on altered degree plans so to avoid delay in their programs and to assure the OMS-4 students would graduate at appropriate times to match to residency programs.

VCOM OMS-3 2020-2021 CLINICAL CURRICULUM SUMMARY:

For VCOM OMS-3 students, VCOM has set new requirements to complete the OMS-3 academic year for 2020-2021. The new required OMS-3 academic curriculum for students includes 8, four-week clinical rotation periods in the following fields:

One, four-week rotation in each of the following: family medicine, pediatrics, OB/Gyn, surgery psychiatry, and rural primary care, and two four-week rotations in internal medicine. Students will have a 10-day self-quarantine period between each of the clinical rotation experiences and students must complete an online education curriculum for the clinical field of the rotation that was just completed during the self-quarantine period. The period of self-quarantine begins on the final Friday of the rotation being completed, and ends on Monday morning of the new rotation 10 days later. The exam is given on the final Friday of the self-quarantine week.

The Foundations of Clinical Medicine I (FCM I) requirement continues at the beginning of the OMS-3 year and is completed online. The Foundations of Clinical Medicine II (FCM II) will be split into two individual weeks. The first week of FCM II will be immediately following the semester break and students must return to the community of their core site so to self-quarantine for a minimum of 10 days before resuming clinical rotations and while completing...
the FCM II curriculum. The FCM II course will follow the final week of the last required rotation and will include the preparation for COMLEX CE and the COMSAE exam.

**Students must complete the required online curriculum for the 10-day self-quarantine period between both OMS-3 rotations and OMS-4 rotations that will enhance the student’s medical knowledge component of the rotation.** Educators across the country have been required to rethink how clinical educational experiences will be delivered, and VCOM’s focus remains a quality learning experience for all students and preparing students for future residency and clinical practice. VCOM will assure all OMS-3 and OMS-4 students meet the educational requirements assuring clinical medical knowledge and clinical skills competencies. It is also expected that the VCOM medical students, as adult learners, will assume responsibility for their personal learning throughout this process. Post rotation exams for the online educational modules will also be an assurance that medical knowledge has been gained.

**VCOM OMS-4 2020-2021 CLINICAL CURRICULUM SUMMARY**

**VCOM OMS-4 students, The VCOM OMS-4 year under the COVID-19 restrictions is now 4 electives and 4 core and selective rotations** to allow for appropriate self-quarantine periods between the educational clinical experiences in different sites.

The selective and core rotations now include: one surgical selective, one internal medicine or intensive medicine selective, and two additional selective rotations as determined by the Associate Dean and the student’s career path. The prior curriculum for Emergency Medicine and Intensive care will be met through online learning modules delivered online and to be completed during the periods of self-quarantine. If Geriatrics was missed during the OMS-3 year, this is to be made up by completing those modules as well during the quarantine periods. Other required rotations that were missed and substituted with the research month will be made up during the selective (or elective) rotations.

While the required Emergency Medicine rotation has been eliminated; students who are seeking an EM residency and who are still be offered an “audition rotation” by emergency medicine residency programs are allowed to complete such rotations. Many emergency medicine residencies however, are offering virtual rotations.

Students who had rotations structured for the OMS-4 year, assured the rotations scheduled that still existed, and new rotations schedules were made with the assistance of the Associate Dean for OMS-4 and GME and the Director for OMS-4 rotations. As nationally AACOM and AAMC (along with AMA) determined the OMS-4 students would burden the system with electives and be at increased risk of exposure, the OMS-4 students were only able to schedule one or two rotations through the VSLO system and so students depended upon VCOM core sites where residencies existed for the remaining audition electives to be seen by the most residency programs possible. Additional educational experiences outside of clinical experiences include ultrasound courses and residency prep courses (or boot camps) for certain specialties. Education on the use of telemedicine was developed and used as simulation experiences.
POLICY FOR OMS-4 AWAY ROTATIONS EFFECTIVE FOR THE 2020-2021 ACADEMIC YEAR

For the 2020-2021 academic year, the elective and away rotations have been changed so to meet national guidelines. Clinical rotations known as electives outside of the VCOM core clinical sites will be generally discouraged except those required for residency audition rotations where the away rotations are important for learners who have a specialty interest outside of the residencies provided by the VCOM core hospital sites, for military students, or for students who seek residency sites where spouses are located or child care will be provided.

VCOM students will likely only be able to schedule one or two rotations through VSLO and should plan also to schedule a portion of their audition electives within the VCOM core sites where these exist. A letter for students to share with residency program sites when required by the site for scheduling has been developed for away audition rotations.

ONLINE INTERVIEWS FOR RESIDENCY

Where online interviews for residency are provided, students should seek to interview early in the cycle utilizing the online interview process rather than in-person interviews which are being discouraged by many. Students should rehearse for these interviews and VCOM is providing support for this through the Chairs and faculty. Ultimately, at this time, whether the interview process will be in-person or the choice of virtual interviews is up to each residency site. AAMC has created a site regarding interview tips for OMS-4 students: https://www.aamc.org/system/files/2020-05/Virtual_Interview_Tips_for_Applicants_05072020_1.pdf

POLICY: MANDATORY USE OF MYHEALTHTRACER.COM AND TESTING POSITIVE FOR COVID-19 IN THE OMS-3 OR OMS-4 YEAR.

All OMS-3 and OMS-4 students are hereby notified of the requirement to use the MyHealthTracer.com online application each day. Students will report if they have a fever or other symptoms, if they been exposed to COVID-19 and test negative or if they test positive for COVID-19. The information goes to the Associate Dean for Clinical Affairs who serves as the COVID-19 Officer for this group.

POLICY: STUDENT RESTRICTIONS FROM CLINICAL ROTATIONS IF ILL OR EXPOSED WITHOUT PROTECTION.

When clinical rotations resume, students in clinical education should not report to their approved clinical education sites if they are experiencing any of the following:

- Have a fever
- New onset cough or shortness of breath
- Have been exposed to a positive COVID-19 patient without appropriate protections
- Have had direct contact with someone who is under investigation for a diagnosis of COVID-19 where appropriate protections were not worn, as students must avoid being a vector for this illness.
Students experiencing COVID-19 symptoms above or who have known exposure to a person with COVID-19 while not wearing protection must seek immediate guidance from the following:

- The clinical faculty member with whom they are rotating
- The site coordinator and DSME (if in a VCOM core site) and
- The Associate Dean for the year of their clinical training.

These Associate Deans serve as the COVID-19 Officer for the OMS-3 and OMS-4 students.

Students and Clinical Faculty and Administrators must be aware of and follow the CDC recommendations for all clinical providers to minimize the spread of the infection: Follow PPE guidelines, actively self-screen and be knowledgeable of symptoms of COVID-19 before entering a health care facility, and optimize the use of PPE so preserve supplies. Students should be observant of these as they apply to the learning environment; however, they should also rely on teaching physicians' advice on such matters.

**POLICY: STUDENT PROFESSIONAL AND ETHICAL REQUIREMENTS TO AVOID EXPOSURE TO AND THE SPREAD OF COVID-19**

As medical students are learners first and must move from one four-week learning environment to the next, under the guidance of their physicians, students must avoid seeing patients with COVID-19 where possible. Most patients with confirmed COVID-19 have developed a fever and/or symptoms of acute respiratory illness (e.g., sore throat, congestions, cough, difficulty breathing) and may also have GI symptoms of nausea, vomiting, or diarrhea along with flu-like symptoms of fatigue. When patients present with any of these symptoms, they become a patient under investigation (PUI). **Students should avoid seeing PUI patients or patients with known COVID-19, in order to avoid becoming a vector of the illness between clinical learning sites.** In all clinical environments, the patient with COVID-19 symptoms are being seen by the least number of medical providers as possible, while still receiving care.

As a matter of professionalism, students must also avoid contracting COVID-19 from social environments. This includes wearing a mask, washing hands frequently followed by hand sanitizer, and social distancing. Students must avoid gatherings that do not observe these same rules of limiting gatherings of 50 or more in large venues or venues of smaller size that do not provide the social distancing of 6 feet and where facial masks are not worn.

Failure to observe the above requirements can result in a Professionalism and Ethics violation and a formal HCC or PESB hearing.

**LEARNING MODULE: EXPECTATIONS FOR VCOM OMS-3 and 4 STUDENTS FOR SELF-TRIAGE AND INITIAL ACTIONS TO PROTECT THE HEALTH AND SAFETY OF THEMSELVES AND THE PUBLIC**

**Scope:** The following is a learning module focuses upon preparing VCOM students, who are entering or re-entering the clinical setting on the key knowledge and actions for VCOM OMS-3 and 4 learners to maximize their health and safety, as well as the health and safety of patients they will encounter in clinic and inpatient settings. This knowledge and these initial actions are integral to osteopathic physician identity formation and professionalism as informed and affected by the evolving COVID-19 pandemic. This module does not provide clinical management guidance. Students will continue to be provided with additional learning modules for COVID 19 patient care.

**Learning Objectives:** Upon completion of this module, an OMS-3 or 4 student will be able to:
1. Recognize key signs and symptoms of COVID-19;
2. Describe the initial protective actions to take should they begin to demonstrate symptoms similar to those associated with COVID-19; and
3. List initial actions expected should the student develop symptoms consistent with possible COVID-19 infection.

What are the symptoms of infection from COVID-19? There are multiple symptoms ranging from mild to severe. The symptoms currently associated with the initial presentation of symptomatic COVID-19 are listed below. Students must continue to recognize there are many people who are infected and asymptomatic. The following list is current as of May 22, 2020: (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html):

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Dizziness with change of mental status
- Diarrhea, nausea, and vomiting
- Fatigue
- Headache

These symptoms are similar to other viral illnesses (ex., influenza). Notably, dyspnea and loss of taste or smell may be rather unique to COVID-19. In general, students must not report to their clinical rotation if they are ill, unless to be seen as a patient.

- Seek emergency medical care by calling 911 should a student have any of the following emergency warning signs (this is not a comprehensive list):
  a. Trouble breathing
  b. Persistent pain or pressure in the chest
  c. New confusion
  d. Inability to wake or stay awake
  e. Bluish lips or face

What should a student do if she/he begins to have symptoms potentially compatible with COVID-19 infection? Take actions to rapidly triage your symptoms, determine the recommended self-care actions to take, minimize infecting others, and notify key persons who have responsibilities for your well-being.

It is the VCOM student’s responsibility to notify their core site and the VCOM COVID-19 OFFICER (the Associate Dean for Clinical Affairs for 3rd and 4th year students) of the illness: VCOM OMS-3 and 4 students have a high professional responsibility to recognize in themselves COVID-19 symptoms at the earliest stages and quickly take personal actions to protect their health and the health of all those with whom they may have contact. This is physician professionalism at its most basic.
If a student becomes ill while in the clinical setting, he or she must minimize transmission by:

- Safely vacating clinical spaces
- Ensuring a minimum of 6 feet of social distancing
- Ensuring proper wearing of a surgical, cloth, or KN95 mask until in a safe isolated setting
- Further minimize the spread of the COVID-19 virus through fomites:
  - Wear non-sterile gloves if in public
  - Wipe surfaces touched and/or prevent others from touching the same surfaces
  - Frequently wash hands for 20 seconds with soap and water or use at least 60% alcohol-based hand sanitizer
  - Increase environmental sanitation (wiping surfaces contacted or touched with a virucidal cleaner if available; and do not forget surfaces touched in the car). Remember that cleaners with strong alcohol concentrations or other cleaners followed by strong alcohol concentrations that are readily available may suffice as such a cleaner.

Students Must Seek Timely Medical Evaluation and Care if COVID-19 symptoms develop: This can occur through the student’s primary care physician, through telemedicine or through the clinical resources at the rotation site. If a student is unable to identify a provider, he or she should call the DSME and the Associate Dean for Clinical Affairs for assistance. This action will help objectively validate symptoms and signs as well as determine next steps, including diagnostic COVID-19 testing for infection. Students should ask for the rapid test (PCR) which is returned within less than 24 hours to assure to lose the fewest days from rotation if he or she tests negative. In most settings, a clinician testing order will be required to obtain rapid PCR laboratory testing for COVID-19. Students must notify both the clinical faculty preceptor and the Clinical Affairs office if they are positive for COVID-19 or if they become a person under investigation (PUI) for infection.

Students are Required to Communicate! VCOM OMS-3 and 4 students are required to inform the following should they have symptoms consistent with a person under investigation (PUI) for COVID-19. These notifications should occur whether the student has laboratory-confirmed COVID-19 illness or is in self-quarantine awaiting results:

- Associate Dean for Clinical Affairs as the COVID-19 Officer for students in the clinical years.
- Clinical Faculty Preceptor
- Site Coordinator
- DSME (Director of Student Medical Education)

Summary: VCOM expects OMS-3 and 4 students to model exceptional physician professional behavior to safeguard their health as well as the health of the public. This is accomplished through early recognition of symptoms and signs, taking timely protective actions that include clinical assessment, minimizing the transmission of COVID-19 to others, and reporting their situation to those responsible for their learning and well-being.
VCOM students should be aware that state and local health departments may adapt recommended testing guidelines to respond to rapidly changing local circumstances and should read the most recent COVID-19 clinical criteria weekly, if not more often, which includes information on testing and treatment.

VACCINE. While there are no current U.S. Food and Drug Administration approved drugs specifically for the treatment of patients with COVID-19, and no approved immunizations, research and investigation is promising for antibodies, and or an approved immunization so students, as well as faculty, must remain current from the medical literature and should read weekly for changes. When a safe vaccine is developed, VCOM students will be required to obtain the vaccine.

Strategies to Optimize the Supply of PPE and Equipment by Medical Students  Personal protective equipment (PPE) is used every day by healthcare personnel (HCP) to protect themselves, patients, and others when providing care. PPE helps protect HCP from potentially infectious patients and materials, toxic medications, and other potentially dangerous substances used in healthcare delivery. PPE shortages are currently posing a tremendous challenge to the U.S. healthcare system because of the COVID-19 pandemic. Healthcare facilities are having difficulty accessing the needed PPE and are having to identify alternate ways to provide patient care. If PPE is limited in the health care environment in which you are participating, and you do not have the PPE provided to you by VCOM with you, you must prioritize to conserve PPE supplies as required by your site.

The PPE equipment includes: Eye Protection, isolation gowns, gloves, face masks, N95 respirators, air purifying and elastomeric respirators, and ventilators. VCOM students will be provided with surgical masks, a reusable face shield, hand sanitizer, and gloves. As students will be avoiding care for COVID-19 patients or patients under investigation for COVID-19, these supplies should be adequate to supplement the ambulatory site experiences. Most hospital sites will require that a student utilize their PPE, however, where possible, students should utilize their own PPE. VCOM provided PPE for all 3rd year students (surgical and/or cloth masks for ambulatory rotations and KN95 for hospital rotations) and will supply surgical masks for PPE and money to assist students in purchasing some of the site specific PPE for fourth year students.

RISKS OF COVID-19. VCOM students returning to or beginning clinical rotations: VCOM seeks to balance the need for supporting the learning of its OMS-3 and 4 students in a clinical setting, whether outpatient or inpatient, against the health risks associated with the COVID-19 pandemic. Clinical training presents some risk of infection by COVID-19.

By returning to rotations, just as utilizing other facilities for everyday activity, students assume the responsibility to be vigilant in their activities, hygiene, and social distancing, and assume the risk of possibly contracting the coronavirus despite the CDC-recommended precautions taken by the individual and by VCOM. These risks assumed by students include, but are not limited to, the possibility of personal illness, injury, lengthy hospitalization, requiring the use of a ventilator, permanent disability and possibly even death. These are not health risks the College is able to mitigate except by following the CDC and local guidelines to the best of their ability and by asking that all students be aware of and follow these same guidelines.

By the act of returning to rotations, each student acknowledges he or she has read the above policy and information, understands the same, assumes the risks described herein, and waives and releases any
claim or right of action against VCOM, its board of directors, Officers, faculty, staff and other personnel arising out of and/or in connection with COVID-19 or in the event any person contracts the coronavirus (COVID-19), whether a COVID-19 infection occurs before, during, or after participation in any VCOM program or activity.

Should a student not wish to be on clinical rotations, VCOM will not require them to return to clinical learning rotations at this time and there will be no adverse consequences from VCOM. However, students must be aware that such an interruption in their clinical program will likely delay their graduation date and may prevent them from entering the residency match with their current class.

Students must sign the waiver and return to the College to begin rotations. The waiver is required in many of the clinical sites as well and students may be required to sign a site-specific waiver from time to time.

For the information provided above, VCOM credits the following resources: CDC website, NIH guidelines, recommendations by AACOM, AAMC, AMA, and the AOA, the US Department of Education, as well as other state and national organizations (too numerous to mention) who have been essential in providing guidance and information in the continual updating of COVID 19 requirements and restrictions.
Section 4

VCOM Facilities Plan for Repopulation of the Campus
SECTION 4: VCOM Facilities Plan for Repopulation of the Campus

The Vice President for Facilities serves on the College-wide COVID-19 team and each campus team. The Director of Facilities on each VCOM Campus serves on the campus-specific COVID-19 team. The following plans have been put in place and will be the policies for practice throughout the COVID-19 restrictions while in Phase 2 and will be re-evaluated for any modifications if the campus moves back to Phase 1 or moves to Phase 3.

1. Signage will be placed throughout the campus buildings on ways to stay safe, including but not limited to: hand-washing, hand sanitizer, staying home if ill, physical distancing, face masks, and banning congregation.
2. All faculty, staff, and students have been sent information on the above procedures for staying safe. All faculty, staff, and students will be screened prior to returning to campus and educated on COVID-19.
3. To ensure physical distancing and keeping less than 50 persons in any one room (as recommended by the CDC and all states), VCOM has remodeled event facilities for classrooms, removed excess chairs, ensured technology is in place, and altered student schedules.
4. Visitors have been limited to essential visitors for business purposes only. All administrators are aware and employees are required to consult with supervisors before inviting visitors to campus.
5. All faculty, staff, and students have been advised to stay at home if ill.
6. A small amount of “grab and go” food services are provided through healthy vending and self-check-out kiosks; however, students have been advised to bring their own food from home if needed.
7. In the classrooms, physical distancing of 6 to 7 feet will be required for students and the speaker.
8. All classrooms are limited to 50 per room, including the speaker.
9. Laboratory attendance also is restricted to 50 per room. The exception to physical distancing will occur during OMM laboratories when two students are assigned as partners for physical examination and osteopathic manipulation education. The two people are; however, distanced from the next group by 6 feet or more.
10. Hand sanitizing stations are placed at each entrance, elevators, classroom entrances, and other common areas throughout the building.
11. Students will be allowed to use the external exits from the ground floor classrooms to outdoor patios for break time where they can socially distance rather than exiting into the hallways to prevent congregating. In general, the majority of the time, only half of the first and second-year medical students will be on campus at the same time.
12. Congregating in the hallways is not allowed.
13. Capacity of restrooms is limited to the number of people in the stalls and two persons waiting to appropriately self-distance.
14. VCOM has increased the number of cleaning staff and cleaning protocols.
15. The times students are allowed to study within the building is limited to between 5 p.m. and 10 p.m. Monday through Thursday; Friday between 5 p.m. and 8 p.m.; Saturday between 10 a.m. and 8 p.m.; and Sunday between 12 noon and 10 p.m. Physical distancing protocols will still apply.

16. Each small group study room will be posted as to maximum occupancy and physical distancing restrictions. These restrictions will also apply in the library.

17. Students will not be allowed to study in lecture hall space as those will be in process of being cleaned nightly.

18. Students wishing to study on campus must sign-in documenting where he or she will be studying. There will be limited areas for study and these will be available on a first come, first serve basis.

In general, medical students are adult learners who will be asked to study at home if at all possible.

19. Prevention education has been provided to all students, faculty, and staff that follows the CDC guidelines.

20. All areas for work have been evaluated for workspace physical distancing. Employees who are in offices are asked to keep their office doors closed (or nearly closed) and are required to wear a mask when exiting their office.

21. Many employees are going to have days they work from home and days they work on campus, which helps to limit the number of people in the building.

22. All employees considered at high-risk will be working from home.

23. Conference rooms will be limited to the number that can appropriately self-distance. In general, the maximum number in the largest conference room is eight. All others will join by ZOOM.

24. Cleaning:
   a. Classrooms – all surfaces will be cleaned with a germicidal disinfectant that contains a minimum of 75% alcohol and/or known chemical that kills COVID-19.
   b. Classrooms will be wiped at noon and cleaned each evening.
   c. All door handles, stair-rails, and other frequently touched surfaces will be cleaned each evening.
   d. All faculty and staff are provided with a cannister of wipes to clean their desks and in office surfaces each evening and between visitors (other faculty, staff, and students) in their office.
   e. If a student, faculty, or staff member tests positive for COVID-19 and they have been coming to campus, the area they occupied will be thoroughly disinfected and be vacated for an appropriate period.

25. VCOM students have independent housing and this is not owned by the College. Students, faculty and staff have been educated on prevention of COVID-19.

26. Third-year and fourth-year medical students who are in clinical training will only come to campus one at a time for meetings or individual education and these will be rare and limited to those which are required to be in person.

27. VCOM students, faculty, and staff are encouraged to use outdoor space for breaks, lunches or study, and these areas will be wiped with disinfectant a minimum of three (3) times daily.
Faculty and staff will be responsible for wiping the patio tables with their own wipes that have been provided by the College.

28. As referenced in other documents, all employees and students have been provided with three washable face masks and hand sanitizer. Each night, all persons are advised to spray or dip face masks in alcohol and let dry or to launder.
Section 5

Information Technology Plan
Section 5: Information Technology Plan

History: In March of 2020, VCOM increased the number of licenses for ZOOM, making this technology available to all employees and students for meetings and educational sessions. VCOM has always used a technology referred to as VCOM TV where all lectures, presentations, and some laboratory demonstrations were recorded and placed in a restricted site for the VCOM community. Using this technology allowed VCOM to adapt to offering virtual education to all students with minimal educational disruption. Faculty and staff who used desktops were provided with laptops so they could continue their work from home.

Instructions for the use of ZOOM technology and other online meetings

1. All faculty and staff are required to use ZOOM technology for larger meetings where physical distancing may be challenging.
2. All faculty and staff are encouraged to use ZOOM technology when possible for smaller meetings, as this reduces person-to-person exposure.
3. More restrictive technology will be used for meetings such as professionalism and ethics boards and promotion boards.
4. Faculty and staff have been trained on the use of ZOOM technology, so meetings can occur with ease of use.

Information Technology Support for the Department of Medical Education, for Simulation, and for Faculty Support

5. All faculty are required to prepare the curriculum to be delivered in-person and also to be delivered virtually for asynchronous learning and/or in case of an unexpected closure of the campus. All faculty will be provided with the appropriate IT support and should notify the Associate Dean for Medical Education, or Jim Rathmann, or Kevin Price if having technical difficulty with on-line presentations or other IT needs. VCOM is utilizing Voice over PowerPoint on CANVAS for most of this delivery, however the Simulation Center is utilizing newer technologies that may require additional support.

6. All meetings by clinical affairs with hospitals and clinical faculty are now to be done by ZOOM or other virtual means until further notice. Associate Dean and DSME meetings are to occur monthly, and will be supported by IT.

7. Simulated standardized patient visits continue using a virtual technology application and placed on CANVAS. The Simulation Center and IT are working closely on this delivery on each campus.

8. Testing will continue to occur via Exam Soft, which can be utilized by students on campus and off-campus should the campus be unexpectedly closed or exams rescheduled.

9. New students will be set up with individual appointments with IT to install the required educational software. Email addresses are provided by virtual means. Appointments for ID badges will be set individually within the first two weeks after return but before needed on campus.

The students will be provided with the appropriate information during orientation. Students, faculty, and staff will continue to use the help-desk for assistance.
Section 6

Employee and Student Guidance on:
COVID Testing Requirements for Students and Employees and
An Action Plan for Students and Employees Who Become Ill on Campus or Who Test Positive after Returning to Campus
SECTION 6: Employee and Student Guidance on:

- COVID Screening and Testing
- Requirements for Returning to Campus
- An Action Plan for Student and Employees Who Become Ill on Campus; and
- An Action Plan for Students and Employees Who Test Positive After Returning to Campus

Your COVID-19 Officer: The COVID-19 Officers are the:

- Associate Dean for Student Affairs for first and second-year students,
- Associate Dean for Clinical Affairs for third and fourth-year students, and the
- Director of Human Resources (for employees).

Each of these COVID-19 Officers will assist you with contacting a healthcare provider and for testing, as well as to connect you with the local health department.

COVID-19 Screening and Testing on Returning to Campus: Following the CDC's guidance, all students and employees who return to campus will not initially be tested for COVID-19 prior to returning. This same guidance to not test all students is also given by many of our states' local health departments. (However, if local health departments require testing in the future, VCOM may change this policy to follow their local health departments' guidance.)

Screening: All persons coming to campus will be screened with a questionnaire to deem if they are at risk for having COVID-19. The questionnaire (screening tool) will be provided on-line and all students and employees who develop a positive response on the tool will have further testing. The screening tool is myhealthtracer.com. The questionnaire will include temperature checks and all employees and students were initially provided with a thermometer. Persons who are deemed to be at increased risk for having the COVID-19 virus by the screening tools will be required to have further COVID-19 testing. The screening tool questions users on symptoms, fever, and exposure. Persons with significant exposure may also be required to test or self-quarantine prior to coming on campus. The screening results go to your COVID-19 Officer who will tell you if you need further testing prior to coming on campus. Random temperature checks at the door will also be used.

Guidelines for Returning to Campus: VCOM requests all Student and Employees follow the guidance below on returning to the VCOM campus. This guidance serves as a policy so not to place others on campus (students and employees) at risk for contracting COVID-19.

1. **If you are ill with any symptoms, stay at home, and do not come to campus.** Regardless of the type of symptoms, you do not want to bring an illness to campus. The exceptions for not staying at home would be to keep an appointment with your physician or to follow recommendations
provided by the local health department on being tested and receiving treatment. You should call for emergency help if you become seriously ill and have trouble breathing or other emergent conditions. VCOM does not provide student health services. VCOM contracts with health providers off campus to ensure students have access to health care. Please see the VCOM College Catalog and Student Handbook or talk to your VCOM COVID-19 Officer on accessing health care.

2. **Be educated on the facts.** All employees and students are required to read the educational materials on the CDC website. The links have been provided throughout this document. The facts and guiding principles were sent in the Spring and again in July to employees and students. The guidance also contains instructions and waiver forms that are being provided to all students and employees on Qualtrix.

3. **Participate in Screening Protocols so as not to infect others.** All students and employees are required to complete a screening survey tool prior to returning to campus on myhealthtracer.com. The survey tool ensures all who have had recent exposure or current illness have additional testing to rule out COVID-19 prior to returning to campus.

4. **Students and Employees deemed to be at risk for having COVID-19 through the survey tool or screening** will be required to have further testing and evaluation before returning to campus and/or a period of self-quarantine may also be required before returning to campus.

5. **Two types of testing exist:**
   a) a viral test to show if you have current or active infection and
   b) an antibody test to show if you had a previous infection.

6. **VCOM will follow the state and local health department guidance** on testing of persons who demonstrate illness and may be required to perform random screening on campus from time to time.

7. **If you test positive,** you will be asked to follow the advice of the local health department, as well as to read and follow the CDC's guidelines on protecting yourself and others when you test positive for COVID-19. You will also be required to follow the policy and procedures below.

**Policy for Persons Who Develop Symptoms of COVID-19 While on Campus**

1. **Notify the COVID-19 Officer on campus**

2. **The COVID-19 Officer will assist you with obtaining a test for COVID-19 and notifying your local healthcare provider (by telemedicine or in-person).**

3. **The COVID-19 Officer will also assist you in notifying the local health department.**

4. **The COVID-19 Officers are:**
   - the Associate Dean for Student Affairs (for first and second-year students),
   - the Associate Dean for Clinical Affairs (for third and fourth-year students), and
   - the Director of Human Resources (for employees).

5. **Each of these COVID-19 Officers will assist you with contacting a provider and testing with the local health department.**

6. **While waiting on campus for disposition and transportation, you will be isolated in a room that has been established to protect you and others at VCOM from spreading the virus.**

7. **If you test negative, you were probably not infected at the time of the test, however until you have the results of the test, you must act in a manner as though the test is positive and self-quarantine.**
8. Recognize a **negative test** for infection means you do not have COVID-19 today. The test does not tell if you have been exposed to COVID-19 or if you have immunity from prior infection.

9. Immunity is only known when you receive an antibody test and is not a result of the antigen test, which is used most often to test for acute infection. So, you may test antigen-negative and antibody positive if you had COVID-19 earlier and did not know it. Some individuals have tested positive for antibodies and/or acute disease who had no symptoms. It is important to know these principles in case you have a positive antibody test later when participating in contact tracing or other antibody testing.

10. If you test positive for COVID-19, and/or if you become ill at home and are waiting to be seen or to test, you should take all preventive measures to protect yourself and others while awaiting test results. You should also ask for the rapid PCR test so that your results will return in less than 24 hours and you do not have to wait for 7 days or longer for the older tests. The following guidance is found on the CDC website under **What to Do If You Are Sick With COVID-19** and includes:

1. **Stay home.** Most people with COVID-19 have mild illness and can recover at home without hospital care. Do not leave your home or visit public areas, except to get medical care.

2. **Take care of yourself.** Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.

3. **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing or have any emergency warning signs. VCOM does not provide student health services. VCOM contracts with health providers off campus to ensure students have access to health care. Please see the VCOM College Catalog and Student Handbook or talk to your VCOM COVID-19 Officer on accessing health care.

4. **Avoid leaving your home except for healthcare purposes.**

5. **Avoid public transportation, ride-sharing, or taxis.**

6. **Separate yourself from other people** within your home, **stay in a specific room in your home** away from other people and pets and do not share a bathroom if possible.

7. **Assure others in your home wear face masks, practice handwashing and use hand sanitizer, use gloves** if possible, and **socially distance** a minimum of 6 feet or more from you when they bring something to your room.

8. **Eat on paper plates and use disposable utensils** if ill. Dispose of your items in a closed trash bag in your room that can be more safely carried to an outside trash area daily.

9. **Use tissues** to cover your mouth and dispose of in a trash bag that is removed nightly.

10. **Wash your hands frequently** with soap and water for 20 seconds, followed by hand sanitizer. (This is important to do often and each time after blowing your nose, coughing, or sneezing; and before eating or preparing food).

11. **Avoid touching** your eyes, nose, and mouth with unwashed hands.

12. **Avoid** sharing personal household items, including but not limited to dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.

13. **Wash any items touched thoroughly** with soap and water or put in the dishwasher.
14. **Clean and disinfect** high-touch surfaces in your “sick room” and bathroom; wear disposable gloves. Let someone else clean and disinfect surfaces in common areas, but you should clean your bedroom and bathroom, if possible.

15. **If a caregiver or other person needs to clean and disinfect** a sick person’s bedroom or bathroom, they should do so only on an as-needed basis. The caregiver/other person should wear a mask and disposable gloves prior to cleaning.

16. **Clean all** high-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables with soapy water and then disinfectant. Be careful of electronics and water.

17. **If showing any of these signs, seek emergency medical care immediately:**
   i. Trouble breathing and/or Persistent pain or pressure in the chest
   ii. New confusion or Inability to wake or stay awake
   iii. Severe fatigue and shortness of breath when walking
   iv. Bluish lips or face

11. **There is no specific antiviral treatment** recommended for COVID-19. People with COVID-19 should often receive supportive care to help relieve symptoms and for severe cases, treatment should include support vital organ functions.

12. **Vaccine Trials**: Some individuals are participating in vaccine trials. Participation in a vaccine trial is not prohibited and has no bearing on your ability to come to campus. If an effective vaccine is developed, students will be required to receive the vaccine. Employees will also be required to have the vaccine to be on campus if they have not had the virus prior.

13. **Self-Quarantine Following COVID-19 Illness after Testing Positive.** If you have become ill, or have tested positive for COVID-19, you may not return to campus for a period of 20 days from the onset of symptoms. In addition, the employee or student must ensure a minimum of 4 days symptom-free and without fever; therefore, the period may extend beyond 20 days if symptoms extend beyond that period (following what is recommended by the CDC for students in a classroom). The CDC literature indicates that COVID-19 virulence typically ceases after 5 to 7 days and cannot be cultured. Because of that, COVID-19 spread should not be a problem. Someone having symptoms and/or fever late into the 20-day period is probably having a secondary infection that is a complication of COVID, and not the COVID itself. That should be addressed as a separate issue with a separate physician visit to determine the need for treatment of a secondary infection.

14. **You are no longer required to test negative prior to returning to campus, IF** you have abided by the CDC guidance specified above in point 13. This will help to protect others so you do not infect other students or employees.

15. **If testing positive, OMS-3 and OMS-4** students who have had COVID-19 may not return to the clinical site for a minimum of 15 days (following the CDC guidelines for healthcare workers) from the onset of symptoms. In addition, the student must ensure a minimum of 4 days symptom-free and without fever; therefore, the period may extend beyond 15 days if symptoms extend beyond that time period. The CDC literature indicates that COVID-19 virulence typically ceases after 5 to 7 days and cannot be cultured. Because of that, COVID-19 spread should not be a problem. Someone having symptoms and/or fever late into the 15-day period is probably having a secondary infection that is a complication of COVID, and not the COVID itself. That should be addressed as a separate issue with a separate physician visit to determine the need for treatment of a secondary infection.

16. **In addition to VCOM’s policy, which follows CDC guidelines**, OMS-3 and OMS-4 students are subject to and must also follow the guidelines of the hospital or clinical site in order to return
to their rotation. If the site requires a negative test to return, the student will be required to have a test with a negative result prior to returning. Students must also follow the site's requirements as to the number of days before they return to the clinical site. For in-hospital rotations, the students must speak with the DSME. For ambulatory rotations, the student may speak with the Associate Dean and/or the preceptor. VCOM follows the policy to not require testing prior to returning as recommended by the CDC.
Section 7

The COVID-19 Committees and
Campus Response Teams
Edward Via College of Osteopathic Medicine (VCOM)

SECTION 7: VCOM COVID-19 Coordinators and Campus Response Teams

COVID-19 College-Wide Contacts for Questions Regarding the Plan

- Contact and Email Address for questions from employees:
  Robert Hudson, Senior Director for Human Resources, rhudson@vcom.vt.edu

- Contact for State and National Accrediting Bodies and Departments of Health
  Debbie West EdD, Vice Provost, Institutional Planning and Accreditation, dwest@vt.vcom.edu
  Secondary contact: Dixie Tooke-Rawlins, DO President and Provost, dtrawlins@vt.vcom.edu

Lead contact for Students regarding Questions on this plan:

- Virginia 1st and 2nd year Students: Whitney Stokes, Associate Dean for Student Affairs
  wstokes@vt.vcom.edu
- Virginia 3rd and 4th year Students: Sofia Abraham-Hardee, DO, Associate Dean Clinical Affairs
  sabraham@vt.vcom.edu
- Auburn 1st and 2nd year Students: Jake Williamson Ph.D., Associate Dean Student Affairs
  jwilliamson@auburn.vcom.edu
- Auburn 3rd and 4th year Students: Robert Pepper DO, Associate Dean for Clinical Affairs
  rpepper@auburn.vcom.edu
- Carolinas 1st and 2nd year Students: Lindsey Ridgeway Ph.D. Associate Dean Student Affairs
  lridgeway@carolinas.vcom.edu
- Carolinas 3rd and 4th year Students: Lindsey Tjiattas-Saleski, DO Associate Dean Clinical Affairs
  ltjiattassaleski@carolinas.vcom.edu
- Louisiana 1st year Students: Nathan Kinnard, Associate Dean for Student Affairs
  nkinnard@ulm.vcom.edu

Lead Contacts for Employees for COVID-19 Questions - Campus Specific

Employees: Robert Hudson, Senior Director for Human Resources and/or the Director of Human Resources on your campus.
I. VCOM COLLEGE-WIDE COVID-19 COMMITTEE APPOINTED MEMBERS AND CHARGES:

Chair: Robert Hudson, Senior Director for Human Resources and COVID-19 College-wide Officer
Co-Chair: Dixie Tooke-Rawlins, DO, President and Provost
Co-Chair: Vice Provost Institutional Planning, Accreditation & Student Support:
Debbie West, EdD
The Senior Vice President (over Clinical Services and GME): John Lucas, DO
The Campus Deans from each Campus: Jan Willcox, DO, Virginia
Elizabeth Palmarozzi, DO, Auburn
Matthew Cannon, DO, Carolinas
Ray Morrison, DO, Louisiana
The Vice President for Finance and CFO: Chuck Swaha
The Vice President for Communications, Marketing, Website and Publications: Cindy Rawlins
The Vice President for Administrative Policy and Law: Honorable Randy Schuller
The Senior Vice President for Facilities and IT: Bill Price
Student representatives: One for OMS 1 and OMS 2 students
One for OMS 3 and OMS 4 students

COVID-19 COLLEGE-WIDE COMMITTEE PURPOSE AND PROCEDURES

- The Committee will be convened monthly and/or more frequently as needed.
- The Committee will focus on policies and procedures and will follow the status of all Campuses and their response to COVID-19.
- The Committee will review national trends, including the impact from national decisions made by AACOM, COCA, the CDC, and or the Federal Government.
- The Committee will propose actions and changes by Administration to VCOM policies and procedures as needed to adapt to COVID-19, and the COVID-19 plan.
- Minutes will be taken by the Executive Assistant for the Senior Director for Human Resources.
- The impact of any changes to the overall College will also be reviewed and must be approved by the President and the Vice President for Administrative Policy and Law.

II. VCOM CAMPUS-SPECIFIC COVID-19 COMMITTEE APPOINTED MEMBERS, PURPOSE AND PROCEDURES

A campus-specific committee will also be created for each campus.
The committee will be convened at a minimum monthly and may meet more frequently as needed and determined by the Dean or the President.
The committee will focus on the status of the specific campus and their responses to COVID-19 and the application of the policies and procedures on the campus.
The committee will focus on and be responsive to the evolving Community and State events surrounding COVID-19 and suggestions for any needed changes to Policies and Procedures or how they are applied to the specific campus according to their needs.
Minutes will be taken by the Director for Human Resources for the campus.
The impact of COVID-19 to the specific campus will be reviewed and suggestions for changes to policies and procedures may be made or referred to the College-wide Committee for consideration. (Urgent changes required may be sent to the College-Wide Committee Chairs and the President).

The Committee may also meet to review considerations for vulnerable students or employees when there are issues that cannot be resolved by the COVID-19 Officer and the Campus Dean or Division Officer in consultation with the President and Provost and the Vice Provost. The consideration is only required when the issue cannot be addressed by the Division Officer or Campus Dean to meet the needs of the employee or student by following College Policy.

When the Committee meets on an employee or student issue that cannot be resolved by the Campus Dean /or appropriate Officer, the name of the employee or student involved will not be used and a number will be applied to the case in order to ensure confidentiality. In most cases accommodations can be made by the Campus Dean and/or the Division Officer who is the supervisor of the individual and this can be a report to the Committee rather than a decision to be made.

**Virginia Campus COVID-19 Committee Members:**

**Chair:** Robert Hudson, Senior Director for Human Resources and COVID-19 College-wide Officer  
Dixie Tooke-Rawlins, DO, President of the College  
Bill Price, Vice President for facilities and Information Technology  
Randy Schuller, Vice President for Administrative Policy and Law  
Cindy Rawlins, Vice President for Communications, Marketing, Website and Publications  
Debbie West, Vice Provost for Institutional Planning, Accreditation, and Student Support  
John Lucas, DO, Senior Vice President for Health Services and GME  
Jan Willcox, DO, the Campus Dean  
Whitney Stokes, Associate Dean for Student Services  
Sofia Abraham, DO, Associate Dean for Clinical Affairs  
Calvin Price, Director of Facilities  
Chuck Swaha, Vice President for Finance and CFO  
Renee Prater, Associate Dean for the first-year and second-year students.  
Brian Hill, Dean for the MABS program  
Peter Recupero, DO  
Theresa McCann, PhD, MPH  
Noelle Bissell, MD, Director for the Montgomery Regional Health Department  
Students representatives:  
Julianna Procaccini, Class of 2021  
Douglas Yeager, Class of 2023  
Recorder: Assistant Director for Human Resources Virginia Campus
Carolinas Campus Committee Members

Chair: Robert Hudson, Senior Director for Human Resources and COVID-19 College-wide Officer
Jean Harris, Director of Human Resources and COVID-19 Officer for the Campus
Dixie Tooke-Rawlins, DO, President of the College
Bill Price, Vice President for facilities and Information Technology
Randy Schuller, Vice President for Administrative Policy and Law
Cindy Rawlins, Vice President for Communications, Marketing, Website and Publications
Debbie West, Vice Provost for Institutional Planning, Accreditation, and Student Support
John Lucas, DO, Senior Vice President for Health Services and GME
Matt Cannon, DO, the Campus Dean
Lindsey Ridgeway, Associate Dean for Student Services
Linda Tajekas-Saleski, DO, Associate Dean for Clinical Affairs
Monk Monahan, Director of Facilities
Chuck Swaha, Vice President for Finance and CFO
Ron Januchowski, Associate Dean for the first-year and second-year students
Students to be determined when classes resume

Auburn Campus Committee Members

Chair: Robert Hudson, Senior Director for Human Resources and COVID-19 College-wide Officer
Dixie Tooke-Rawlins, DO, President of the College
Bill Price, Vice President for facilities and Information Technology
Randy Schuller, Vice President for Administrative Policy and Law
Cindy Rawlins, Vice President for Communications, Marketing, Website and Publications
Debbie West, Vice Provost for Institutional Planning, Accreditation, and Student Support
John Lucas, DO, Senior Vice President for Health Services and GME
Elizabeth Palmarozzi, DO, the Campus Dean
Jake Williamson, the Associate Dean for Student Services
Robert Pepper, DO, FAAFP, Associate Dean for Clinical Affairs
Randy Cervoski, Director of Facilities
Chuck Swaha, Vice President for Finance and CFO
Rich Virgilio, DO, Associate Dean for the first-year and second-year students.
Tom Dayberry, DO, Associate Dean for OMS 4th Year and Graduate Medical Education
Karla Meadows, Director of Human Resources Auburn and COVID-19 contact for employees.
Students to be determined when classes resume

Louisiana Campus Committee

Chair: Robert Hudson, Senior Director for Human Resources and COVID-19 College-wide Officer
Christie Ellis, Director of Human Resources and COVID-19 Officer for Louisiana employees
Dixie Tooke-Rawlins, DO, President of the College
Bill Price, Vice President for facilities and Information Technology
Randy Schuller, Vice President for Administrative Policy and Law
Cindy Rawlins, Vice President for Communications, Marketing, Website and Publications
Debbie West, Vice Provost for Institutional Planning, Accreditation, and Student Support
John Lucas, DO, Senior Vice President for Health Services and GME
Ray Morrison, DO, the Campus Dean
Nathan Kinnard, the Associate Dean for Student Services and primary COVID-19 contact for first-year and second-year students.
Donald Langley, DO, Associate Dean for Clinical Affairs and primary COVID-19 contact for third-year and fourth-year students.
Darrell Dozier, Director of Facilities
Chuck Swaha, Vice President for Finance and CFO
Mark Sanders, DO, Associate Dean for the first-year and second-year students.
Students to be determined when classes begin.

**Emergent Actions and Contact Information:**
The Committee or the President, Campus Dean, the Senior Director for Human Resources, the Senior Vice President, and the Vice Provost for Institutional Planning and Accreditation will meet on any emergent conditions that arise and may call a meeting of the Committee when needed. The Director of Human Resources and the Student COVID-19 Officer may also be included depending upon whether it is the employee or student infected.

The Vice Provost or the Senior Vice President will notify the local Director of the Health Department / District or their COVID-19 contact with any new cases. The Directors of the local Health Departments where any of the VCOM Campuses are located, will be invited to be a member of the Campus Committee and will receive a copy of this plan as well as updates monthly. The local Health Departments will be asked to perform contact tracing where the departments provide this. Where this is not provided, VCOM will utilize a new application tool that has been developed for such tracing.

Confidentiality is maintained for all tracing.

**Health Department Contacts**
The Director of Human Resources and/or the Vice Provost, in consultation with the Campus Dean and the President, will inform the Health Department of any case(s). The contact information for the Health Departments is kept with the Director of Human Resources on that campus. The Virginia contact information is: New River Health District Virginia Department of Health, 210 Pepper St. SE, Suite A, Christiansburg, VA 24073 Ph. (540) 585-3304 In addition, in Virginia, the local NRV Health Department Director, Noelle Bissell, MD serves on the VCOM-Virginia Campus Covid-19 Committee.
Section 8

Plans for a Response to a COVID-19 Case and a COVID-19 Outbreak on Campus
This document will be used as the quick reference on VCOM’s response to a COVID-19 suspicious case, positive case, or multiple cases as an outbreak on campus to mitigate the spread on campus. This plan follows the Institutions of Higher Education (IHE) Decision Tree provided through the CDC. It should be noted; however, that VCOM will work closely with the local health department on confirmed cases who may have recommendations or requirements beyond what is written below and when such requirements are made, VCOM will follow all requirements set forth by the local health department.

A. WHEN SOMEONE BECOMES ILL WHO IS ON CAMPUS

All employees and students have been informed NOT to come to campus if he or she is ill. However, if someone becomes ill after arriving on campus they must contact the COVID-19 Officer on Campus. The COVID-19 Officer will place the person in an isolated room (a room has been arranged for this purpose and will remain open throughout the COVID-19 restrictions).

1. An appropriate assessment of risk will occur to include:
   - Is this someone who became ill on campus or soon after leaving campus and does not have COVID-19 symptoms?
   - Is this someone who has COVID-19 symptoms and no diagnosis has been made?

2. If the employee or student has COVID-19 symptoms, the COVID-19 Officer will contact the Campus Dean and President and arrangements will be made for the employee or student to be seen by a physician and to have testing. Same day testing will be required and so the positive or negative test information will return quickly. The student will see the designated student health clinic or a separate physician if they have a local primary care provider outside of student health. The employee will be seen by their local health provider. In either case, the College has ensured a provider will provide this assistance should the student or employee not have a provider.
   a. If a student or employee tests positive for COVID-19, that person may not return to campus until cleared by the COVID-19 Officer and Committee (working with the local health department). The CIFSS Division will work with the student to ensure that he or she is supported academically and for psychological effects.
   b. If a student or employee tests negative for COVID-19, they will be treated as all other who present with illnesses other than COVID-19 according to the faculty and staff handbooks and students according to the student handbook. If the test is negative for COVID-19 and the person is no longer ill, they will be allowed to return to campus when all symptoms have resolved.

3. In the case of the ill employee who is not experiencing COVID-19 symptoms, the Officer will follow up on the student’s or employee’s progress to ensure the person does not develop COVID-19 symptoms and will ask them to test if any COVID-19 symptoms occur. The Officer will also ensure the person is well and symptom-free before returning to campus.

4. The COVID-19 Officer will have the employee or student perform appropriate tracking of the past seven days for exposures prior to becoming ill and since becoming ill and will
maintain this tracking for the department of health. The COVID-19 Officer will also notify all close contacts that they have had possible exposure to COVID-19 and to self-quarantine, monitor for symptoms for a period of ten days, and to practice social distancing and preventive measures within their home. The name of the employee or student infected will remain confidential.

5. The COVID-19 Officers, the Campus Dean, the Vice Provost, the Vice President, the President and Provost and the rest of the COVID-19 Campus Committee will meet when there is a positive case on campus.

The appropriate COVID-19 Officer for the student or faculty member and the Campus Dean will also serve as the individual(s) responsible to assist the employee or student to notify the local Health Department that the person has tested positive for COVID-19, to share known contacts, and to develop a plan for safe disposition, as well as a plan for the campus. The report will also go to the Committee to plan the course of action for the campus.

a. At a minimum, VCOM will inform any close contacts (less than 6 feet and or using same area – suite, desks, doors, etc.) of the possibility of being exposed to a person (remains not named) with COVID-19 and ask they follow precautionary procedures not to spread infection until testing occurs.

b. If the student or employee tests positive, the campus area impacted will be notified there has been a positive case on campus and to use additional precautions. (VCOM will not reveal the name of the person infected during this process).

c. While awaiting the test results, the area where the employee or student occupied will be taped off until a thorough cleaning/disinfecting occurs prior to anyone working in the area again. (The facilities team will be trained for such cleaning.) See the Facilities document for further information on cleaning.

d. The case will be considered positive and all precautions taken until a negative test result is received OR until a positive diagnosis is confirmed.

e. VCOM will follow all other advice provided by the Department of Health.

6. Enhanced monitoring will occur on campus when there has been a reported COVID-19 case to see if others develop such symptoms. Enhanced monitoring will be followed to ensure there is no increase in absenteeism of employees or students and if this is noted the health department will be consulted prior to further action.

7. Any small group gatherings or small events will be canceled. (Large groups are not allowed at this time but this applies to smaller group gatherings).

8. When someone on campus tests positive, VCOM administration and the COVID-19 Committee will, with consideration of the advice of the local Health Department, determine the appropriate plan of action:

a. VCOM will coordinate with local health officials from the Department of Health on responding to campus outbreaks or when there is a significant surge of cases in the community, and determining any closure of portions or of the entire campus. The COVID-19 Officer, the Dean of the Campus, and the President are designated by VCOM as the liaisons to work with the local health department.
9. Any decision on closing the campus and on the return to campus will be made by VCOM administration in consultation with the local Health Department and in cooperation with the College’s accrediting body, if an extended closure.

10. **All classes and events will be canceled if a significant outbreak on campus** occurs as determined by the COVID-19 Committee and when needed advice of the local Health Department.

11. **VCOM will follow the state and local health department advice on closure** when there is a significant surge of cases in the community, local and state actions may close the campuses.

12. VCOM administration in consultation with the Committee and the Health Department may determine if a short-term closure is required for additional cleaning of campus buildings. This will be determined by whether the case is isolated or appears to be from contact with another student or employee on campus.

13. VCOM administration in consultation with the Committee and the local Health Department will determine when a longer-term closure of facilities may be required (up to 10 days). The classes may be limited to distinctive buildings that have not been used by the individual(s) diagnosed with COVID-19 or to online classes for a short period of time.

14. A short-term class suspension may be required for VCOM and the local health officials to gain a better understanding of the COVID-19 situation to determine appropriate next steps for cleaning and disinfecting, for observing faculty and staff, and/or if longer-term closure is sufficient. VCOM will also follow the advice of the CDC and VDH in considering whether a move to online curriculum would be needed for the remainder of a semester.

15. During a time of a reported positive case, there will be heightened monitoring. The monitoring will include close observation of students and employees reports of illness, absenteeism from tests and required on campus events, and other measures employed as possible including contact tracing by the health department to ensure there is not an extended spread. Students and employees will be told to notify the COVID-19 Officer if they develop any symptoms. Testing will be supported.

16. During the short-term temporary suspension of classes, VCOM will continue to discourage students, staff, and faculty from gathering or socializing anywhere. This includes group childcare arrangements, as well as gathering at places like a friend’s house, a favorite restaurant, or the local coffee shop. Students, faculty, and staff are to continue social distancing even when not coming to campus.

**B. COMMUNICATION**

The President, the Campus Dean, COVID-19 Campus Committee, and the VP for Communications and Marketing will determine the best process to communicate the information regarding the news of possible exposure and any news to dismiss classes. This will be done in a manner in coordination with the local health department officials.

1. VCOM will ensure the plan includes messages to counter potential stigma and discriminations.

2. In a circumstance where there is a confirmed COVID-19 case that has been on campus, VCOM recognizes and will ensure confidentiality of the student or staff member is maintained as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act, (as applicable and as possible with only
supervisors knowing the absence is excused and with health department required notifications).

3. Appropriate protective gear will be worn by those cleaning. The area will be cleaned and disinfected and closed off from other students and employees until it is safe to occupy again. See the Facilities Plan for cleaning and disinfecting the area.
Section 9

VCOM’s Provisions for Academic Assistance to Students While Operating under COVID-19 Restrictions
EDWARD VIA COLLEGE OF OSTEOPATHIC MEDICINE

SECTION 9: VCOM’S Provisions for Academic Assistance to Students While Opening and Operating Under COVID-19 Restrictions

VCOM’s Center for Institutional, Faculty, and Student Success (CIFSS) on each campus provides academic assistance to VCOM students in a variety of ways. The following guidelines have been put in place to assure the provision of all forms of academic assistance during a restricted campus opening, during future campus closures, or should a student become ill and be quarantined off-campus due to COVID-19.

**Academic Assistance**

The Center provides nearly 1000 academic assistance meetings to OMS-1 through OMS-4 students each academic year. While most of these meetings occur in-person on campus, the Center does currently utilize other forms of technology for meetings with OMS-3 and OMS-4 students or with OMS-1 and OMS-2 students after hours and these methods will continue to be utilized.

VCOM recognizes the increased stress placed on students during this time and will continue to support students using on-line support wherever possible.

While the campus is open, students may continue to schedule individual in-person appointments with the Directors for Student and Institutional Academic Success. However, students may also schedule a Zoom or phone meeting. Zoom and/or phone meetings are encouraged while the campuses are under restriction. Directors may not meet with groups of students in-person; instead, these meetings must occur via Zoom.

All appointments with the Directors, except in emergencies, must be made in advance using the Bookings link provided to the students. When scheduling, students will be prompted to specify their choice of setting (in-person, Zoom, or phone).

Should Directors meet with students in-person:

- Students and the Director must wear face masks;
- Students and the Director must socially distance; and
- Directors must disinfect any areas the student may have touched in their office (arms of chair, desk, doorknob) immediately following the meeting.

Students should arrive on time for their appointment and should avoid arriving early as waiting areas will not be available for student use.

**Peer Tutoring**

Peer tutoring sessions are held for OMS-1 and OMS-2 students prior to every examination. Typically offered in-person for an unlimited number of students, sessions will now be offered via Zoom to minimize student gatherings. The dates and times for peer tutoring sessions will be posted on CANVAS and on the block calendars.
Academic Advising

OMS-1 and OMS-2 students are assigned biomedical and clinical faculty academic advisors. Students may still meet with their academic advisors; however, Zoom meetings are encouraged whenever possible. If an in-person meeting is required, students may schedule an in-person meeting with their academic advisors in advance. Advisors may only meet with one student at a time. Advisors may not meet with groups of students in-person but can meet with groups via Zoom. Should advisors meet with students in-person:

- Students and advisors must wear face masks;
- Students and advisors must socially distance; and
- Advisors must disinfect any areas the student may have touched in their office (arms of chair, desk, doorknob) immediately following the meeting.
Section 10

Coping with COVID-19: Strategies for VCOM Students
Section 10: Coping with COVID-19: Strategies for VCOM Students

Mental Health Resources

A pandemic can cause high levels of stress, which will affect each student in different ways. Fear and anxiety can cause strong emotions that may exacerbate a pre-existing mental health condition and/or initiate new symptoms. It is important that students take care of their mental health and have awareness of any red flags that indicate a need for help.

For emergency or non-emergency, confidential personal counseling, students have both on-campus and off-campus counseling options that are of no cost.

On-Campus Counseling

- VCOM employs a Mental Health Counselor on each campus and students are free to utilize the support of any of the four counselors regardless of which campus they attend.
  - Students may schedule non-emergency appointments through the Bookings link that has been previously provided to them and is also located in Canvas. Appointments are offered in person, by phone, or via Zoom (video conference).
  - Students can also contact any of the Directors of Counseling Services by email or phone.
    - Carolinas Campus: Natalie M. Fadel, PsyD nfadel@carolinas.vcom.edu 864-327-9875
    - Virginia Campus: Edward Magalhaes, PhD, LPC emagalhaes@vt.vcom.edu 540-231-1944
    - Auburn Campus: Mary A. Taylor, PhD, MS mtaylor@auburn.vcom.edu 334.442.4037
    - Louisiana Campus: David Boyle, PhD, LPC dboyle@ulm.vcom.edu 318.342.7100

Off-Campus Counseling

- In addition to VCOM’s Mental Health Counselors, VCOM contracts with mental health providers in the campus community to assure that VCOM students have readily accessible mental health services when preferred by the student. Local mental health services are free of charge and are available to students on each campus as well as immediate family members. In-person and telehealth options are available.
  - Carolinas Campus: Spartanburg Area Mental Health Center (SAMHC) www.sparmhc.org 864 585-0366. 24-hour emergency care line: 864-585-0366 or 1-800-277-1366
  - Virginia Campus: New River Valley Community Services (NRVCS) www.nrvsc.org 540-961-8300. 24-hour emergency care line: 540-961-8400
- Louisiana Campus: **Affinity Behavioral Health Clinic**
  

- **WellConnect**: For third and fourth year students, VCOM also contracts with WellConnect, a national mental health service that will facilitate in person counseling, phone sessions, or online sessions from any location. 24/7 emergency and non-emergency confidential line: 866-640-4777 or visit [WellConnectForYou.com](http://WellConnectForYou.com) School code: VCOM.

- **BetterHelp**: A national virtual counseling service available to all students who have United health insurance through VCOM. Video, phone, and text options are available for counseling. Students may set up a free appointment at: [www.betterhelp.com/united/](http://www.betterhelp.com/united/).

A variety of other resources are available to students in crisis:

- Students who feel they are experiencing an emergency should call 911.
- Disaster Distress Helpline: 1-800-985-5990 or text TalkWithUs to 66746. [https://www.samhsa.gov/find-help/disaster-distress-helpline](https://www.samhsa.gov/find-help/disaster-distress-helpline)
  Provides immediate crisis counseling to people affected by natural or human caused disasters.
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255) [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org), or Lifeline Crisis Chat to connect with a counselor via web chat. [https://suicidepreventionlifeline.org/chat/](https://suicidepreventionlifeline.org/chat/)
- Crisis Text Line: Text HOME to 741741 if you are in a crisis. Provides 24/7 mental health support via text message. [www.crisistextline.org](http://www.crisistextline.org)

The CDC and the Department of Mental Health at the Johns Hopkins Bloomberg School of Public Health provide tips on how individuals can protect their mental health during these trying times, while also following guidelines set by health authorities to protect our physical health. VCOM also recommends these tips as guidelines to students:

**Know the signs and symptoms**

Stress during an infectious disease outbreak can sometimes cause the following:

- Fear and worry about your own health and the health of your loved ones, your financial situation or job, or loss of support services you rely on.
- Changes in sleep or eating patterns.
- Difficulty sleeping or concentrating.
- Worsening of chronic health problems.
- Worsening of mental health conditions.
- Increased use of tobacco, and/or alcohol and other substances.

People who may respond more strongly to the stress of a crisis include:

- People who are at higher risk for severe illness from COVID-19 (for example, older people and people with underlying health conditions).
- Children and teens.
- People caring for family members or loved ones.
- Frontline workers such as health care providers and first responders, retail clerks, and others.
- Essential workers who work in the food industry.
- People who have existing mental health conditions.
- People who use substances or have a substance use disorder.
- People who have lost their jobs, had their work hours reduced, or had other major changes to their employment.
- People who have disabilities or developmental delay.
- People who are socially isolated from others, including people who live alone, and people in rural or frontier areas.
- People in some racial and ethnic minority groups.
- People who do not have access to information in their primary language.
- People experiencing homelessness.
- People who live in congregate (group) settings.

Healthy ways to cope with stress

Create structure

- Create a daily and/or weekly schedule. When working at home, have a dedicated study area in a location that is conducive to studying. Make it for study/work only and have all the things you need to make it your own.
- Set limits on time spent watching, reading or listening to news reports that cause you to feel anxious or distressed. A near-constant stream of news reports can be upsetting and distracting. Instead, seek CDC updates and practical guidelines at specific times during the day.
- Make space for activities and conversations that have nothing to do with the outbreak.
- Check in with yourself throughout the day to make sure you are in the driver’s seat of what you are doing with your mind and body. Minimize distractions while studying like phone and social media in order to maintain productivity and sense of control.

Maintain your physical health

- Aim for 7-9 hours of sleep most nights. Good quality, sufficient sleep not only helps to support your immune system but also helps you to better manage stress and regulate emotions. [See recommendations by the National Sleep Foundation.]
- Try to eat at regular times and opt for nutritious foods whenever possible. Some people may crave junk food or sugary snacks and be tempted to snack mindlessly when stressed or bored, and others may skip meals altogether.
- Maintain an exercise routine, even if you cannot go to the gym. Exercise at home using an online workout video, or go for a walk, run, or bike ride. Getting outside can also help to calm and reset your mind.

Stay Connected

- Taking care of your friends and your family can be a stress reliever, but it should be balanced with care for yourself. Helping others cope with their stress, such as providing social support,
can also make your community stronger. During times of increased social distancing, people can still maintain social connections and care for their mental health. Virtual communication (like phones or video chats) can help you and your loved ones feel less lonely and isolated.

- Crises offer a time for community cohesion and social solidarity, and volunteering is one way to not only help others, but yourself as well. Science has repeatedly shown that volunteering can improve mental health. Check out this article for a list of organizations to donate to and this article for other ways to help your neighbors and community. You can also get involved with VCOM outreach opportunities.
- If you have children, talk to them honestly about what is going on in an age-appropriate manner. Help kids express their feelings in a positive way, whether playing in the backyard, drawing, or journaling. Check out these guides by the Substance Abuse and Mental Health Services Administration, Child Mind Institute, or National Association of School Psychologists for tips on how to talk to your kids about coronavirus.

Take care of your spirit

- Find a place of worship that is streaming or recording services. If prayer is an important part of your life, make time for it. Stay connected to your church community through phone calls, emails, and video chats.
- Try meditation, deep breathing, progressive muscle relaxation, or another mindfulness or relaxation technique. Check out YouTube or phone apps such as Calm or Headspace for guided meditation exercises. Consider enlisting friends and family and practicing meditation together at least once a day. Mindfulness can help lower blood pressure, reduce stress, support your immune system, and protect brain health.

Continue or seek out mental health treatment

- If you are currently in mental health treatment, continue with your current plan if possible, being mindful of approaches to minimize contact with others. Consider reaching out to a mental health professional even if you haven’t before. Make sure you have ongoing access to any medications you need.
- Ask about video therapy or phone call appointments. Most states have already made emergency exemptions to insurance coverage for telehealth. Regulations have been temporarily relaxed to allow even non-medical software like Skype, Facetime, and Zoom to be used for telehealth. Contact your provider to ask about remote services.
- Avoid drugs and alcohol, particularly if you have a pre-existing mental health or substance use disorder. Check out online support groups and meetings, such as Alcoholics Anonymous, Smart Recovery, and In The Rooms.
- The need for social distancing may make it difficult to see symptoms of depression in others. With social isolation, the in-person opportunities that we usually have to notice that friends, family, and colleagues may be struggling with a problem are no longer there. One way to think about it is that child abuse or intimate partner violence is missed more often in winter because long clothes cover bruises. Conduct regular "check ins" with your network and stay attuned to symptoms of depression, such as persistent feelings of sadness, hopelessness, loss of interest or pleasure in activities, or changes in sleep and weight.
Conclusion

Remember that the emotions you may be experiencing are normal reactions to difficult circumstances. Accept that things are different right now and everyone is adjusting. Prioritize what is most important and know that it is okay to let some things go right now.

Be kind to yourself and others. Try to stay positive and use this time to try things you have been putting off, such as learning a new skill, or getting in touch with your creative side. This is an opportunity to connect with classmates in a different way.

It can be hard to think past what is going on today, let alone in a week or in six months, but give yourself permission to daydream about the future and what is on the horizon. Remember that this is temporary, and things will return to normal.

Section 11

Coping with COVID-19: Strategies for VCOM Employees
EDWARD VIA COLLEGE OF OSTEOPATHIC MEDICINE

Section 11: COPING with COVID-19: Strategies for Employees

Mental Health Resources

A pandemic can cause high levels of stress, which will affect employees in different ways. Fear and anxiety can cause strong emotions that may exacerbate a pre-existing mental health condition and/or initiate new symptoms. It is important that employees take care of their mental health and have an awareness of any red flags that indicate a need for help.

For non-emergency counseling, contact a local health care provider. There are also national telehealth options available.

For a mental health care provider or substance abuse treatment:

- Employees who carry insurance through VCOM, can contact the Anthem Employee Assistance Program (EAP) for counseling options. [https://www.anthem.com/employer/eap/employee/](https://www.anthem.com/employer/eap/employee/) There is an online option (LiveHealth Online) for live therapy via smartphone, tablet or computer in order to get expert advice, a treatment plan, and medication, if needed.

- Employees can also contact the Substance Abuse and Mental Health Services Administration (SAMHSA) [www.samhsa.gov/find-treatment](http://www.samhsa.gov/find-treatment) 1-800-662-HELP (4357)

On-Campus Resources

- While VCOM’s on-campus Mental Health Counselors do not provide counseling services to employees, employees may seek the advice of these counselors as to employee’s next steps in dealing with their mental health issue and/or provide referrals and resources.
  - Carolinas Campus: Natalie M. Fadel, PsyD nfadel@carolinas.vcom.edu 864-327-On9875
  - Virginia Campus: Edward Magalhaes, PhD, LPC emagalhaes@vt.vcom.edu 540-231-1944
  - Auburn Campus: Mary A. Taylor, PhD, MS mtaylor@auburn.vcom.edu 334.442.4037
  - Louisiana Campus: David Boyle, PhD, LPC dboyle@ulm.vcom.edu 318.342.7100

For an immediate crisis:

- Call 911
The CDC and the School of Public Health from John’s Hopkins have created some tips on how individuals can protect their mental health during these trying times, while also following guidelines set by health authorities to protect our physical health. VCOM has read and also recommends these tips as guidelines for VCOM employees:

How to cope with work-related stress and build resilience during a pandemic

Whether you are going into work or working from home, the COVID-19 pandemic has probably changed the way you work. Fear and anxiety about this new disease and other strong emotions can be overwhelming, and workplace stress can lead to burnout. How you cope with these emotions and stress can affect your well-being, the well-being of the people you care about, your workplace, and your community. During this pandemic, it is critical that you recognize what stress looks like, take steps to build your resilience and manage job stress, and know where to go if you need help.

Know the signs and symptoms of stress:

- Feeling anger, irritation, or in denial
- Feeling uncertain, nervous, or anxious
- Lacking motivation
- Feeling tired, overwhelmed, or burned out
- Feeling sad or depressed
- Having trouble sleeping
- Having trouble concentrating

Know the common work-related factors that can add to stress during a pandemic:

- Concern about the risk of being exposed to the virus at work
- Taking care of personal and family needs while working
- Managing a different workload
- Lack of access to the tools and equipment needed to perform your job
- Feelings that you are not contributing enough to work or guilt about not being on the frontline
• Uncertainty about the future of your workplace and/or employment
• Learning new communication tools and dealing with technical difficulties
• Adapting to a different workspace and/or work schedule
• Healthcare personnel and first responders are at higher risk for burnout. See here for more CDC recommendations on how to cope. https://www.cdc.gov/coronavirus/2019-ncov/hcp/mental-health-healthcare.html

Follow these tips to build resilience and manage job stress:

• Communicate with your coworkers, supervisors, and employees about job stress while maintaining social distancing (at least 6 feet).
• Identify things that cause stress and work together to identify solutions.
• Talk openly with your supervisor and colleagues about how the pandemic is affecting work. Expectations should be communicated clearly by everyone.
• Ask about how to access mental health resources in your workplace.
• Identify those things, which you do not have control over and do the best you can with the resources available to you.
• Increase your sense of control by developing a consistent daily routine when possible — ideally one that is similar to your schedule before the pandemic.
  o Keep a regular sleep schedule.
  o Take breaks from work to stretch, exercise, or check in with your supportive colleagues, coworkers, family, and friends.
  o Spend time outdoors, either being physically active or relaxing.
  o If you work from home, set a regular time to end your work for the day, if possible.
  o Practice mindfulness techniques. www.mindful.org
  o Do things you enjoy during non-work hours.

• Know the facts about COVID-19. Be informed about how to protect yourself and others. Understanding the risk and sharing accurate information with people you care about can reduce stress and help you make a connection with others.
• Remind yourself that each of us has a crucial role in fighting this pandemic.
• Remind yourself that everyone is in an unusual situation with limited resources.
• Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting and mentally exhausting.
• Connect with others. Talk with people you trust about your concerns, how you are feeling, or how the COVID-19 pandemic is affecting you.
  o Connect with others through phone calls, email, text messages, mailing letters or cards, video chat, and social media.
  o Check on others. Helping others improves your sense of control, belonging, and self-esteem. Look for safe ways to offer social support to others, especially if they are showing signs of stress, such as depression and anxiety.
o Crises offer a time for community cohesion and social solidarity. Science has repeatedly shown that volunteering can improve mental health. Check out this article for a list of organizations to donate to and this article for other ways to help your neighbors and community. You can also get involved with VCOM outreach opportunities.

o If you have children, talk to them honestly about what is going on in an age-appropriate manner. Help kids express their feelings in a positive way, whether playing in the backyard, drawing, or journaling. Check out these guides by the Substance Abuse and Mental Health Services Administration, Child Mind Institute, or National Association of School Psychologists for tips on how to talk to your kids about coronavirus.

- If you feel you may be misusing alcohol or other drugs (including prescription drugs) as a means of coping, reach out for help.
- If you are being treated for a mental health condition, continue with your treatment and be aware of any new or worsening symptoms.

Maintain your physical health

- Aim for 7-9 hours of sleep most nights. Good quality, sufficient sleep not only helps to support your immune system but also helps you to better manage stress and regulate emotions. (See recommendations by the National Sleep Foundation.

- Try to eat at regular times and opt for nutritious foods whenever possible. Some people may crave junk food or sugary snacks and be tempted to snack mindlessly when stressed or bored, and others may skip meals altogether.

- Maintain an exercise routine, even if you cannot go to the gym. Exercise at home using an online workout video, or go for a walk, run, or bike ride. Getting outside can also help to calm and reset your mind.

Take care of your spirit

- Find a place of worship that is streaming or recording services. If prayer is an important part of your life, make time for it. Stay connected to your church community through phone calls, emails, and video chats.

- Try meditation, deep breathing, progressive muscle relaxation, or another mindfulness or relaxation technique. Check out YouTube or phone apps such as Calm or Headspace for guided meditation exercises. Consider enlisting friends and family and practicing meditation together at least once a day. Mindfulness can help lower blood pressure, reduce stress, support your immune system, and protect brain health.

Continue or seek out mental health treatment

- If you are currently in mental health treatment, continue with your current plan if possible, being mindful of approaches to minimize contact with others. Consider reaching out to a mental health professional even if you have not before. Make sure you have ongoing access to any medications you need.
• Ask about video therapy or phone call appointments. Most states have already made emergency exemptions to insurance coverage for telehealth. Regulations have been temporarily relaxed to allow even non-medical software like Skype, FaceTime, and Zoom to be used for telehealth. Contact your provider to ask about remote services.

• Avoid drugs and alcohol, particularly if you have a pre-existing mental health or substance use disorder. Check out online support groups and meetings, such as Alcoholics Anonymous, Smart Recovery, and In The Rooms.

• The need for social distancing may make it difficult to see symptoms of depression in others. With social isolation, the in-person opportunities that we usually have to notice that friends, family, and colleagues may be struggling with a problem are no longer there. One way to think about it is that child abuse or intimate partner violence is missed more often in winter because long clothes cover bruises. Conduct regular "check-ins" with your network and stay attuned to symptoms of depression, such as persistent feelings of sadness, hopelessness, loss of interest or pleasure in activities, or changes in sleep and weight.

**Conclusion**

Remember that the emotions you may be experiencing are normal reactions to difficult circumstances. Accept that things are different right now and everyone is adjusting. Prioritize what is most important and know that it is okay to let some things go right now.

Be kind to yourself and others. Try to stay positive and use this time try things you have been putting off, such as learning a new skill, getting in touch with your creative side, or starting that project at work that has been on the back burner.

It can be hard to think past what is going on today, let alone in a week or in six months, but give yourself permission to daydream about the future and what is on the horizon. Remember that this is temporary, and things will return to normal.


Section 12

Required Curriculum for COVID-19

OMS-3 and OMS-4 VCOM Students on Clinical Experiences
In order to best prepare for the opportunity to care for patients with the novel SARS-CoV-2, students must be aware of the management perspectives and differences in severity of disease. In order to prepare for the possible scenarios, each student is required to complete the New England Journal of Medicine COVID-19 Primer exercise, the 5 simulated NEJM cases as well as the post-test administered by VCOM (to show understanding of the material). These must be completed by all OMS 3 and OMS 4 students, and must be done prior to any clinical rotations beginning June 1, 2020.

**COVID-19 Supplemental Curriculum**

**Learning Objectives:** Upon completion of this module, an OMS-3 or 4 learner will be able to:

1. Identify the significant risk factors for poor prognosis in COVID-19
2. Manage complications associated with severe COVID-19
3. Determine the best route to manage hypoxia for COVID-19 patients
4. Utilize the most recent guidelines to manage the disease manifestations

First step is to complete the COVID-19 Primer:

The Second task within part 1 is to complete all 5 simulation cases:

Third, upon sending attestation of completion to Clinical Affairs, complete the COVID-19 exam.

**COVID-19 Personal Protective Equipment Supplemental Curriculum**

This learning module focuses upon preparing VCOM students who are entering or re-entering the clinical setting for learning in the context of COVID-19. The scope of this learning module is narrow as it is limited to key knowledge and actions necessary for VCOM OMS-3 and 4 learners to maximize their health and safety as well as protecting the health and safety of patients, patients’ family members, and Health Care Professionals (HCPs) encountered in the ambulatory setting. This knowledge and these initial actions prior to entering or re-entering the ambulatory settings are integral to the osteopathic physician identity formation and professionalism as informed and affected by the evolving COVID-19 pandemic. This module does not provide clinical management guidance.

**Learning Objectives:** Upon completion of this module, an OMS-3 or 4 learner will be able to:

4. Describe the categories of non-pharmaceutical interventions NPIs available for use in an ambulatory clinical setting to mitigate the spread of COVID-19
5. Recognize and be able to employ non-pharmaceutical interventions for the spread of COVID 19
6. Differentiate between Source Control masks and PPE masks
7. Recognize appropriate Personal Protective Equipment (PPE) utilized in ambulatory settings to decrease the spread of COVID-19
8. Identify the proper PPE to be used in one’s specific ambulatory clinical setting.
9. View videos provided by the CDC for proper Donning and Doffing of PPE
10. Recognize proper Donning of PPE and possible contamination/exposure points in this procedure
11. Recognize proper Doffing of PPE and possible contamination/exposure points in this procedure

Expectations

VCOM seeks to support a safe learning environment for its OMS-3 and 4 students in a clinical setting, whether outpatient or inpatient against the evolving health risks associated with the COVID-19 pandemic. Providing instructional materials to students to promote avoidance of infection during clinical training is vital to the health of all.

VCOM OMS-3 and 4 students have a high professional responsibility to recognize in themselves COVID-19 symptoms at the earliest stages and quickly take personal actions to protect their health as well as to protect the health of all those with whom they may have contact. This is physician professionalism at its most basic.

By providing this PPE educational information, if diligently learned and properly applied, students should be able to protect themselves and others from expose. This learned information and skills should be transferrable by the VCOM student to any core site or rotation site across the nation. Students should have already learned the signs and symptoms of COVID-19 infection from the additional information sent by VCOM and in review of the Self-Triage and Initial Actions Modules.

1. To reiterate and stress the non-pharmaceutical interventions please see the following CDC links:
   - staying home when sick
   - how to avoid spreading germs at work

2. For Using Personal Protective Equipment (PPE) please be sure to watch the donning video and then the doffing video.
   - https://www.youtube.com/watch?v=YYTATw9yav4

Please be aware that different ambulatory clinics may have different PPE requirements and different ways of triaging patients AND employees (students) before entering the facility.

STUDENTS SHOULD PAY ATTENTION TO THE REQUIRED PPE FOR EACH OF THE CLINICAL SITES IN WHICH HE OR SHE IS ENTERING AS EACH FACILITY AND EACH ROTATION MAY HAVE DIFFERENT REQUIREMENTS.

To assure you are prepared, the student MUST read the following and learn the definitions:

Summary

As one can see from the information from the CDC links above there is much information about PPE and proper use as it relates to COVID 19. Also, not all facilities and patient care settings interpret and/or apply the CDC recommendations in the same way. There may be variances in guidance based on state health department regulations. It is imperative that VCOM students know the differences between source control equipment and Personal Protective Equipment and to when and how to use each. It is also imperative that VCOM students find out in advance the requirements for entrance to the different ambulatory clinical settings in which you are training, so she or he will be prepared upon arrival to the practice or patient care facility.

Additional information

- Links to a one hour CDC QA session https://www.youtube.com/watch?v=V9p10jSLd9s
- Link to 3M respirator data https://multimedia.3m.com/mws/media/17915000/comparison-ffp2-kn95-n95-filtering-facepiece-respirator-classes-tb.pdf
Section 13 Forms

Attestation Forms for OMS-1 and OMS-2 students, OMS-3 and OMS-4 students and Employees
Section 13: Forms

Attestation Form for Returning to Clinical Rotations for
OMS-3 and OMS-4 Students

Q1
Edward Via College of Osteopathic Medicine  OMS-3
and OMS-4 Medical Student Attestation Form
for Returning to Clinical Rotations During the COVID-19 Pandemic

Q2 Last Name
_________________________________________________________________

Q3 First Name
_________________________________________________________________

Q4 I am a student on the:

☐ Auburn Campus  ☐ Carolinas

☐ Campus  ☐ Virginia Campus
Q5 I am an:

- OMS-3 student in the following core clinical site:
  __________________________________________________

- OMS-4 student who will complete my core rotations (does not include audition rotations) in the following core clinical site:
  __________________________________________________

Q6 I have read the "VCOM Response History and Requirements Under COVID-19 for Students Returning to Clinical Rotations" document and all required references and am providing this document as attestation.  
- I agree  
- I do not agree

Q7 I attest that to the best of my knowledge I have not been exposed to COVID-19 and am following the practices recommended by the CDC to avoid exposure to COVID-19.

- I agree  
- I do not agree

(please explain)  
________________________________________________
Q8 I agree to follow VCOM’s standards and CDC requirements as recommended to avoid the spread of COVID-19.  

☐ I agree  ☐ I do not agree

Q9 I understand that I am not to return to campus without prior written approval if I have had COVID-19, if I have been a person under investigation for COVID-19, or if I have been directly exposed to COVID-19. I also understand a time of self-quarantine may be required for a student who is on clinical rotations prior to returning to campus.

☐ I understand and agree  ☐ I do not agree

Q10 I am attesting that I do not meet any of the criteria for being considered a person at increased risk for complications from COVID-19 (as described in the policy). I also understand that it would be a breach of ethics to not inform the COVID-19 officer of this risk prior to my return to clinical rotations. I understand that if I do have these criteria, I may qualify for an altered educational plan or leave and this will be discussed upon my notification regarding my status.

☐ I agree  ☐ I do not agree

(please explain)

Q11 I attest that I am not living with a person that meets the criteria for increased risk for complications from COVID-19 infection and understand that I am obligated to inform the COVID-19 officer if I am living with a person who is at increased risk for complications prior to my return to campus. I understand that I may be granted a leave or an altered educational plan where possible.  

☐ I agree  ☐ I do not agree

(please explain)
Q12 I understand that I am to follow the self-quarantine between my OMS-3 clinical rotations and that failure to do so before beginning a new clinical rotation site is considered a breach of professionalism and ethical standards. I also understand this self-quarantine will prevent travel and the time is to be spent on completing the educational modules and testing (and is not vacation time, and is not time where I should travel outside the area).

☐ I understand and agree ☐ I do not agree

Q13 I understand that I may (or may not be) required to self-quarantine between my OMS-4 clinical rotations and that where required failure to do so is considered a breach of professionalism and ethical standards. I also understand this self-quarantine will prevent travel and the time is to be spent on completing the educational modules and testing (and is not vacation time, and is not time where I should travel outside the area).

☐ I understand and agree ☐ I do not agree

Q14 **Special Instructions for students returning to a main VCOM campus from the clinical environment:** When the CAMPUS opens, students who have recently been exposed to COVID-19 patients or patients under investigation for COVID-19, will be restricted from certain work or educational environments. Students who meet this description should contact their COVID-19 officer and will be instructed on a one by one basis on their ability to return, the requirements for self-quarantine, and the workspaces they will be restricted to. Students who do not abide by the above instructions and the restrictions that are placed on them by the College for returning to campus will be considered to be engaging in unethical or unprofessional behavior by placing others at risk. Students on clinical rotations where COVID-19 patients have been present or any possible exposure exists, will
not be allowed on campus or on their next clinical rotation unless they have self-quarantined for a minimum of 10 days and show no symptoms.  

- [ ] I understand and agree
- [ ] I do not agree

Q15 I understand that returning to rotations is an individual decision and involves a risk of contracting the coronavirus, as does performing everyday activities such as shopping, eating out, and other social functions where other people are present.

During the pandemic, no student is required to attend rotations and by exercising this option there will be no adverse academic consequences from VCOM beyond delay in the program and graduation date.

By returning to rotations, just as utilizing other facilities for everyday activity, students assume the responsibility to be vigilant in their activities, hygiene, and social distancing, and assume the risk of possibly contracting the coronavirus despite the CDC-recommended precautions taken by the individual and by VCOM. These risks assumed by students include, but are not limited to, the possibility of personal illness, injury, lengthy hospitalization, requiring the use of a ventilator, permanent disability and possibly even death. These are not health risks the College is able to mitigate except by following the CDC and local guidelines to the best of their ability and by asking that all students be aware of and follow these same guidelines.

By the act of returning to rotations, each student acknowledges he or she has read VCOM's policy and information regarding COVID-19, understands the same, assumes the risks described herein, and waives and releases any claim or right of action against VCOM, its board of directors, officers, faculty, staff and other personnel arising out of and/or in connection with COVID-19 or in the event any person contracts the coronavirus (COVID-19 ), whether a COVID19 infection occurs before, during, or after participation in any VCOM program or activity.

- [ ] I understand and agree
- [ ] I do not agree

Q16 I am unable to sign this document and request a follow up meeting with the COVID-19 officer, who is the appropriate Associate Dean on my campus (OMS-3 or OMS-4). A follow-up meeting with the appropriate Campus Dean may also be required to assure the best possible plan is developed for the student.
☐ I am unable to agree with all of the attestations in this survey and request a meeting with the COVID-19 Officer.

Q17 By signing below, I hereby acknowledge that I have completely read and fully understand VCOM's policy regarding the return to clinical rotations during the COVID-19 pandemic. I also affirm the truth of the above statements:
Faculty and Staff Attestation Form for Returning to Campus

Q1
Edward Via College of Osteopathic Medicine Faculty and Staff Attestation Form for Returning to Campus During the COVID-19 Pandemic

Q2 Last Name

Q3 First Name

Q4 I am an employee on the:

- [ ] Auburn Campus
- [ ] Carolinas Campus
- [ ] Louisiana Campus
- [ ] Virginia Campus
Q5 I have read the guidance document for returning to campus and am providing these responses as attestation.  

☐ I agree  ☐ I do not agree

Q6 I agree to follow VCOM's standards and CDC requirements as recommended to avoid the spread of COVID-19. I also attest that I have read the additional educational materials provided on the CDC website.  

☐ I agree  ☐ I do not agree

Q7 I attest that to the best of my knowledge I have not been exposed to COVID-19 in the past 14 days and am following the practices recommended by the CDC to avoid exposure to COVID-19. 

☐ I agree  ☐ I do not agree

(please explain)

Q8 I understand that I am not to return to campus without prior written approval if I have had COVID-19, if I have been a person under investigation for COVID 19, or if I have been directly exposed to COVID-19. I also understand a time of self-quarantine may be required.  

☐ I understand and agree  ☐ I do not agree
Q9 I am attesting that I do not meet any of the criteria for being considered a person at increased risk for complications from COVID-19 (as described in the policy). I also understand that it would be a breach of ethics to not inform the COVID-19 point of contact of this risk prior to my return to campus.

☐ I agree  ☐ I do not agree

(please explain)

Q10 I attest that I am not living with a person that meets the criteria for increased risk for complications from COVID-19 infection and understand that I am obligated to inform the COVID-19 point of contact if I am living with a person who is at increased risk for complications prior to my return to campus.

☐ I agree  ☐ I do not agree

(please explain)

Q11 I understand that returning to work on campus is an individual decision and involves a risk of contracting the coronavirus, as does performing the everyday tasks of shopping, eating out, and other social interactions with people and am assuming the risk by my return. ☐ I understand and agree  ☐ I do not agree
Q12 **Special Instructions for clinical faculty and staff participating in clinical care:** When the campus opens, employees who participate in the clinical care of COVID-19 patients or patients under investigation for COVID-19, may be restricted from certain work or educational environments. Employees who meet this description, (primarily clinical faculty and staff) will be instructed on a one by one basis on their ability to return, the requirements for self-quarantine, and the workspaces they will be restricted to. Such employees who do not abide by the instructions and restrictions placed on them by the College will be considered to be engaging in unethical or unprofessional behavior by placing others at risk.

I have read the above instructions and attest I will follow the instructions above and will notify my immediate supervisor and the COVID-19 point of contact to determine my workplace restrictions or if I believe I am unable to comply with this document.  ○ I understand and agree  ○ I do not agree

○ This does not apply to me

Q13 By the act of returning to campus, I understand that I assume the risk of possibly contracting COVID-19 despite following the CDC-recommended precautions that I have taken and that VCOM has provided; and the risks assumed include, but are not limited to, the possibility of personal illness, injury, lengthy hospitalization, requiring the use of a ventilator, permanent disability, and possibly even death; and understand these are not risks the College is able to mitigate other than to continue to follow the CDC and state and local guidelines to the best of their ability and by asking all employees and students follow these same guidelines; and by my return I also wave and release any claim or right of action against VCOM, its Board of Directors, officers, faculty, staff, and other personnel arising out of and/or in connection with COVID-19 or in the event any person contracts COVID-19 whether the infection occurs before, during, or after participation in any VCOM program or activity.

○ I understand and agree  ○ I do not agree

Q14 I am at high risk or am living with a person at high risk and I request a follow up meeting with the COVID-19 point of contact and the appropriate administrative officer. It is my responsibility to provide this information in writing to the COVID-19 point of contact and to assure a meeting follows.
○ I am at high risk or am living with a person at high risk and I request a follow up meeting with the COVID-19 point of contact.

○ I am NOT at high risk or living with a person at high risk.

Q15 By signing below, I hereby acknowledge that I have completely read and fully understand VCOM's policy regarding the return to campus during the COVID-19 pandemic. I also affirm the truth of the above statements:
Section 14

COVID-19 Basic Guide to Resuming and/or Initiating Research Requirements for Reopening

and

VCOM Research Restart Plan Checklist
SECTION 14: COVID-19 Basic Guide to Resuming and/or Initiating Research
Requirements for Reopening

The guidance contained within this document applies to research in any VCOM operated lab, whether on a VCOM campus, rented lab space, collaborative University or clinical partner site. While researchers will be required to adhere to the guidance provided by the host site, each investigator must recognize that VCOM has an obligation to ensure that faculty, staff and students are protected from unnecessary COVID-19 exposure regardless of outside authorities. As such, please read this document carefully as it applies to ALL research involving VCOM faculty, staff or students.

Researchers resuming or initiating new research protocols will be required to develop a risk mitigation plan outlining additional procedures that will be implemented to prevent the potential transmission of COVID-19. Prevention measures should be in place for not only research participants, but also investigators and personnel working in compact lab spaces. Each research team should evaluate the risks and benefits, carefully considering any additional precautions that must be taken before deciding to resume or initiate their research.

All research activities that can be conducted virtually for projects should be conducted in that manner and in a manner that minimizes days on campus.

When developing the risk mitigation plan, keep in mind that actions taken for public health or clinical purposes (and not for research) are not considered ‘research activities.’ No IRB approval is required before implementation. For example:

- Mandatory clinical screening for COVID-19 for all who come to an institution, including research subjects.
- Sharing such clinical screening results with a public health authority or with the research subjects.

Risk mitigation plans should consider and address the following:

1. A statement on specific COVID-19 risks in the proposed research location and/or setting. Consider the impact on the validity of the variables being collected, as well as on overall study outcomes.
2. General Procedures (keeping in mind and being consistent with the institution’s policies and procedures, including the COVID-19 plan):
   - For research involving human subjects, describe plans to identify or screen the health status of your study participants (healthy populations, at-risk populations, seniors, temperature checks or other procedures).
   - Researchers are encouraged to continue using virtual meeting tools, including phone and virtual teleconference, in lieu of in-person meetings, whenever possible.
   - If in-person meetings are essential, limit in-person meetings to 10 people or less and ensure social distancing between participants.
   - Lingering and socializing before and after in-person meetings should be discouraged.
• Describe any ‘red flags’ indicating that the study should not or cannot proceed (new rules for social distancing, hygiene protocols, and staffing considerations might impact your ability to complete study objectives safely and/or per the protocol).
• Describe the location in which the contact tracing log will be stored (see below for more information on the contact tracing log).

3. Plans for Physical Distancing, including reducing time and minimizing potential exposure:
• Describe social distancing measures for all designated areas (consider requirements for individual clinics, hospitals, research spaces, offices, etc.).
• Describe requirements for research/lab personnel vs. participants.
• Describe the plan if participants show up with visitors as visitors are not allowed and must wait in cars outside or return later.
• Describe any scheduling alterations to ensure staggered arrival and minimize the number of personnel in space.
• Consider eliminating reception seating areas and instead request that participants call or text upon arrival and wait in their cars until called in.
• Include protocol for staff to follow in the event they feel ill.
• Outline respiratory etiquette to be followed, including covering coughs and sneezes.
• Describe any new sanitary or isolation protocols in place (how to handle participants who have arrived with COVID-19 symptoms, how to ensure participants do not arrive who have an active case of COVID-19, and when to include participants who have recovered from COVID-19).

4. Plans to Require and/or Supply PPE:
• Emphasize that research personnel should continue to follow previously established lab-specific requirements for PPE while in the lab or in common areas.
• Provide guidance for appropriate use of cloth face coverings and barrier masks, reiterating guidance for the expected use of face coverings.

5. Plans for Disinfecting Equipment and Surfaces:
• Document when to use hand wash station or hand sanitizing station, and who is required to maintain
• Establish enhanced cleaning and disinfecting procedures for high contact surfaces in the lab and common areas, as well as all shared equipment and surfaces (e.g., shared desks, countertops and telephones)

6. For human subjects research, discuss other ways in which the study conduct might be impacted:
• Recruitment:
  o Do you still have the ability to recruit participants for your study?
  o Does your recruitment strategy need to change? Can it change?
  o Do you need new recruitment materials explaining COVID-19 related risks?
• Informed Consent
  o Is there a virtual process or online tool for obtaining consent?
  o What is the investigator’s role in the consent process?
  o Are you still allowed to use clinic facilities for consenting?
  o How will the COVID-19 Consent Addendum be obtained from participants?
In addition to a COVID-19 risk mitigation plan, research involving human subjects will be required to include in the Informed Consent document specific information regarding COVID-19 risk and risk reduction strategies as it applies to research participants. Informed Consent templates found in the forms and templates library of IRBNet have been revised to include this information. Studies in which informed consent has already been obtained will be required to have research participants sign an addendum to the previously signed document. Templates for this addendum can be found in the forms and templates library of IRBNet.

Researchers will be required to prepare and maintain a daily contract tracing logs, contact tracing on campus is for all persons (is not restricted to those with COVID-19). For human subjects research, you will be required to maintain separate contact logs for research participants and research personnel. These logs may be electronic or paper and should be stored in a secure location separate from other study related information and research data. The daily contact tracing logs should be completed by a member of the research team (not the participant) and should include the following information: name of the individual, contact information, date of visit and the names of all individuals who they might have come in contact with during their visit. In the event that a case is reported that originated with a participant or a member of the research team, the Principal Investigator is responsible for alerting the appropriate local health authority, as well as the VCOM IRB. The contact tracing log should be maintained for a minimum of 60 days and be consistent with institutional policies where the research is being conducted.

For research not involving human subjects, daily contact tracing logs are required for all lab personnel. In the event that a case is reported that originated with a member of the research team, the Principal Investigator is responsible for alerting the appropriate local health authority, as well as the Associate Deans for Biomedical Affairs.

Additional resources are available through the CDC.

Please address the following questions about your laboratory/space and plans to restart or begin new research at VCOM and attach your risk mitigation plan. These documents must be submitted and approved prior to the initiation or the resumption of research.

- For research involving human subjects research, please submit risk mitigation plan along with this completed checklist to IRB Administration.

- For all other research (those studies not involving human subjects), please submit risk mitigation plan along with this completed checklist to Dr. Mahaney, Chair of VCOM IEBC.

<table>
<thead>
<tr>
<th>GENERAL SPACE CONSIDERATIONS</th>
<th>YES</th>
<th>NO</th>
<th>Any Concerns Not Addressed in Your Mitigation Plan</th>
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</thead>
<tbody>
<tr>
<td>1. Have you read and used VCOM’s COVID-19 Basic Requirements for Resuming or Initiating Research to plan research restart or initiation?</td>
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<td>2. Briefly describe any research activities and/or special equipment that may be impacted by your restart plan.</td>
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<td>3. Can you conduct your research activities in compliance with current occupancy and social distancing standards as determined by local health authorities AND institutional guidance?</td>
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<td>4. Have you followed VCOM’s guidance in addressing the safety and works plans for all self-identified high-risk personnel?</td>
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<td>5. Have you planned your research activities so that all work that can be done remotely will continue remotely?</td>
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<tr>
<td>GENERAL SPACE CONSIDERATIONS</td>
<td>YES</td>
<td>NO</td>
<td>Any Concerns Not Addressed in Your Mitigation Plan</td>
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<td>• If yes, identify those activities</td>
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<td>• If no, explain why not</td>
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<td>6. Do your cleaning and disinfecting protocols adhere to VCOM Institutional, Environmental, and Biosafety Committee or laboratory partner site (AU, VT, ULM etc.) guidance?</td>
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<tr>
<td>• Have you identified additional cleaning and disinfecting needs for your space, laboratories, and shared office spaces?</td>
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<td>o If yes, explain (include to whom have these responsibilities been assigned?)</td>
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<td>7. Do personnel need to use another space for your research program (for example, use of common equipment in other locations, shared tissue culture rooms, supply areas, etc.)?</td>
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<td>• If yes, do you have a copy of the social distancing traffic patterns, PPE requirements, and cleaning and disinfecting protocols for these spaces?</td>
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<td>• If that space is a core facility space, have you discussed your use and access needs with the Director of Facilities?</td>
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<tr>
<td>8. Have you reviewed VCOM’s guidance for social distancing and cleaning in common areas, such as breakrooms, lunchrooms, shared offices, workstations, and conference rooms?</td>
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<tr>
<td>9. Should any personnel or research participant either exhibit symptoms of SARS-coV-2 or quarantine be required because of contact with and potential exposure, is your plan to address research activities in these circumstances consistent with VCOM guidelines?</td>
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<tr>
<td>GENERAL SPACE CONSIDERATIONS</td>
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<td>NO</td>
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<tr>
<td>10. Have all your research personnel been informed of the research restart plans, understand their role in it, know how to report violations of the plan and know what to do if they become exposed to SARS-coV-2?</td>
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If conducting field research, address the following:

<table>
<thead>
<tr>
<th>FIELD RESEARCH</th>
<th>YES</th>
<th>NO</th>
<th>Any Concerns Not Addressed in Your Mitigation Plan</th>
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</thead>
<tbody>
<tr>
<td>11. Will research personnel be conducting field research off campus?</td>
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<td>• If yes, identify the mitigation measure you will be using at the field location.</td>
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<tr>
<td>• If yes, have you planned for health care contingencies off site?</td>
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<tr>
<td>• If yes, how will you prevent the trafficking of SARS-coV-2 back to campus?</td>
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</table>

If conducting research with human participants, address the following:

<table>
<thead>
<tr>
<th>RESEARCH WITH HUMAN PARTICIPANTS</th>
<th>YES</th>
<th>NO</th>
<th>Any Concerns Not Addressed in Your Mitigation Plan</th>
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<tbody>
<tr>
<td>12. Have you submitted your risk mitigation plan using guidance found in VCOM’s COVID-19 Basic Requirements for Resuming or Initiating Research document?</td>
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<td>13. Will research personnel and/or participants need to go into non-VCOM operated clinical areas to interact with research participants?</td>
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<td>• If yes, will your personnel and research participants be following guidance issued by the hospital or clinic?</td>
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<td>• If no, explain why not</td>
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<tr>
<td>RESEARCH WITH HUMAN PARTICIPANTS</td>
<td>YES</td>
<td>NO</td>
<td>Any Concerns Not Addressed in Your Mitigation Plan</td>
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<tr>
<td>14. Will research personnel need to leave campus to interact with research participants?</td>
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<tr>
<td>• If yes, identify the locations where these interactions with research participants will occur; identify the plan for determining health status of these research participants and how PPE will be provisioned and social distancing measures be implemented at the off-site location.</td>
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<tr>
<td>• How will you prevent trafficking of any SARS-coV-2 back to campus spaces?</td>
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<td>15. Will research participants be provided with specific information regarding risk and risk reduction strategies as it applies to research participants either via Informed Consent Addendum [previously enrolled participants] or a revised Informed Consent Document [new enrollees]?</td>
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<tr>
<td>16. Have you prepared a daily contact tracing log to be used for in person encounters as described in VCOM’s COVID-19 Basic Requirements for Resuming or Initiating Research document?</td>
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<tr>
<td>• If yes, have research team members been instructed on the proper use and secure storage of this log?</td>
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<td>17. Have you submitted a modification request to the IRB which includes any revisions to study procedures or documents as required by Federal IRB regulations?</td>
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Name and Signature of Preparer: ________________________________

Name and Signature of PI, if not Preparer: ________________________
Section 15

Avoiding Social Stigma from COVID-19
WHAT IS SOCIAL STIGMA?

Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease.

Such treatment can negatively affect those with the disease, as well as their caregivers, family, friends and communities. People who don’t have the disease but share other characteristics with this group may also suffer from stigma.

The current COVID-19 outbreak has provoked social stigma and discriminatory behaviors against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus.

WHY IS COVID-19 CAUSING SO MUCH STIGMA?

The level of stigma associated with COVID-19 is based on three main factors: 1) it is a disease that is new and for which there are still many unknowns; 2) we are often afraid of the unknown; and 3) it is easy to associate that fear with ‘others’.

It is understandable that there is confusion, anxiety, and fear among the public. Unfortunately, these factors are also fueling harmful stereotypes.

WHAT IS THE IMPACT?

Stigma can undermine social cohesion and prompt possible social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread. This can result in more severe health problems and difficulties controlling a disease outbreak.

Stigma can: • Drive people to hide the illness to avoid discrimination • Prevent people from seeking health care immediately • Discourage them from adopting healthy behaviors

HOW TO ADDRESS SOCIAL STIGMA

Evidence clearly shows that stigma and fear around communicable diseases hamper the response. What works is building trust in reliable health services and advice, showing empathy with those affected, understanding the disease itself, and adopting effective, practical measures so people can help keep themselves and their loved ones safe.

How we communicate about COVID-19 is critical in supporting people to take effective action to help combat the disease and to avoid fueling fear and stigma. An environment needs to be created in which the disease and its impact can be discussed and addressed openly, honestly and effectively.

Here are some tips on how to address and avoid compounding, social stigma:

1. Words matter: dos and don’ts when talking about the new coronavirus (COVID-19)
2. Do your part: simple ideas to drive stigma away
3. Communication tips and messages.

WORDS MATTER:
When talking about coronavirus disease, certain words (i.e. suspect case, isolation...) and language may have a negative meaning for people and fuel stigmatizing attitudes. They can perpetuate existing negative stereotypes or assumptions, strengthen false associations between the disease and other factors, create widespread fear, or dehumanize those who have the disease.

This can drive people away from getting screened, tested and quarantined. We recommend a ‘people first’ language that respects and empowers people in all communication channels, including the media. Words used in media are especially important, because these will shape the popular language and communication on the new coronavirus (COVID-19). Negative reporting has the potential to influence how people suspected to have the new coronavirus (COVID-19), patients and their families and affected communities are perceived and treated.

There are many concrete examples of how the use of inclusive language and less stigmatizing terminology can help to control epidemics and pandemics from the HIV, TB and H1N1 Flu.

DOS and DON'TS
Below are some dos and don'ts on language when talking about the new coronavirus disease (COVID-19):

DO - talk about the new coronavirus disease (COVID-19)

Don’t - attach locations or ethnicity to the disease, this is not a “Wuhan Virus”, “Chinese Virus” or “Asian Virus”.

The official name for the disease was deliberately chosen to avoid stigmatization - the “co” stands for Corona, “vi” for virus and “d” for disease, 19 is because the disease emerged in 2019.

DO - talk about “people who have COVID-19”, “people who are being treated for COVID-19”, “people who are recovering from COVID-19” or “people who died after contracting COVID-19” Don’t - refer to people with the disease as “COVID-19 cases” or “victims”

DO - talk about “people who may have COVID-19” or “people who are presumptive for COVID-19” Don’t - talk about “COVID-19 suspects” or “suspected cases”.

DO - talk about people “acquiring” or “contracting” COVID-19 Don’t talk about people “transmitting COVID-19” “infecting others” or “spreading the virus” as it implies intentional transmission and assigns blame. Using criminalizing or dehumanizing terminology creates the impression that those with the disease have somehow done something wrong or are less human than the rest of us, feeding stigma, undermining empathy, and potentially fueling wider reluctance to seek treatment or attend screening, testing and quarantine.

DO - speak accurately about the risk from COVID-19, based on scientific data and latest official health advice. Don’t - repeat or share unconfirmed rumors, and avoid using hyperbolic language designed to generate fear like “plague”, “apocalypse” etc.
DO - talk positively and emphasize the effectiveness of prevention and treatment measures. For most people this is a disease they can overcome. There are simple steps we can all take to keep ourselves, our loved ones and the most vulnerable safe. Don’t - emphasize or dwell on the negative, or messages of threat. We need to work together to help keep those who are most vulnerable safe.

DO - emphasize the effectiveness of adopting protective measures to prevent acquiring the new coronavirus, as well as early screening, testing and treatment.

DO YOUR PART:
Governments, citizens, media, key influencers and communities have an important role to play in preventing and stopping stigma surrounding people from China and Asia in general. We all need to be intentional and thoughtful when communicating on social media and other communication platforms, showing supportive behaviors around the new coronavirus disease (COVID-19). Here are some examples and tips on possible actions to counter stigmatizing attitudes:

• Spreading the facts: Stigma can be heightened by insufficient knowledge about how the new coronavirus disease (COVID-19) is transmitted and treated, and how to prevent infection. In response, prioritise the collection, consolidation and dissemination of accurate country- and community-specific information about affected areas, individual and group vulnerability to COVID19, treatment options and where to access health care and information. Use simple language and

• Engaging social influencers 4 such as religious leaders on prompting reflection about people who are stigmatized and how to support them, or respected celebrities to amplify messages that reduce stigma. The information should be well targeted and the celebrities who are asked to communicate this information must be personally engaged, and geographically and culturally appropriate to the audiences they seek to influence. An example would be a mayor (or another key influencer) going live on social media and shaking hands with the leader of the Chinese community.

• Amplify the voices, stories and images of local people who have experienced the new coronavirus (COVID-19) and have recovered or who have supported a loved one through recovery to emphasize that most people do recover from COVID-19. Also, implementing a “hero” campaign honoring caretakers and healthcare workers who may be stigmatized. Community volunteers also play a great role in reducing stigma in communities.

• Make sure you portray different ethnic groups. All materials should show diverse communities being impacted and working together to prevent the spread of COVID-19. Ensure that typeface, symbols and formats are neutral and don’t suggest any particular group.

• Ethical journalism: Journalistic reporting which overly focuses on individual behavior and patients’ responsibility for having and “spreading COVID-19” can increase stigma of people who may have the disease. Some media outlets have, for example, focused on speculating on the source of COVID-19, trying to identify “patient zero” in each country. Emphasizing efforts to find a vaccine and treatment can increase fear and give the impression that we are powerless to halt infections now. Instead, promote content around basic infection prevention practices, symptoms of COVID-19 and when to seek health care.
COMMUNICATION TIPS and MESSAGES

Facts, not fear will stop the spread of novel coronavirus (COVID-19) - Share facts and accurate information about the disease. - Challenge myths and stereotypes. - Choose words carefully. The way we communicate can affect the attitudes of others (see do’s and don’ts above).

This document is a copy of free on-line information provided free by UNICEF, Johns Hopkins, and the World Health Organization.