Checklist for Considerations Related to Reopening Campus Medical Service Operations

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This checklist was originally developed as a companion document to the now out-of-print ACHA Guidelines: Considerations for Reopening Institutions of Higher Education in the COVID-19 Era. The checklist has been revised to be used alongside ACHA's updated reopening guidelines Considerations for Reopening Institutions of Higher Education for the Spring Semester 2021. The checklist is not intended to be prescriptive; rather, it is intended to be used as a resource to assist student health service directors and service staff in creating a strategy that is consistent with current CDC recommendations and ACHA guidelines. It can be tailored to meet the specific needs of each student health service (SHS) in addressing COVID-19.

Please note the following for use of this checklist:

☐ This checklist is designed with a focus on student medical services; as such it is not inclusive of counseling and mental health services, nor health promotion and wellness services.

☐ This resource is formulated to align with CDC recommendations and ACHA guidelines as of its publication date. Knowing that science-based knowledge and best practice continue to evolve, ongoing monitoring of these sources is recommended.

☐ Additional focused information for audiences such as residence halls and housing, student- athletes, and international students from their affiliated national organizations and professionals is recommended.

Staffing Considerations

☐ Collaborate with Human Resources and encourage all employees who can work from home to do so.

☐ Communicate personal health requirements clearly to employees. Employees should notify their supervisor and stay home or leave the workplace if they are sick or have been in direct contact with a person who has tested positive for COVID-19. CDC provides a list of symptoms of COVID-19 here: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

☐ Ensure access to employee health services for health center staff members including testing and return to work evaluation. Consider contracting with an outside provider if necessary.

☐ Consider establishing a mandatory influenza vaccination policy for health service staff members and providing access to the vaccine on campus or through a contracted provider.

☐ Ensure access to Employee Assistance Programs if available to assist staff with emotional or family issues.

☐ Develop and implement COVID-19-specific self-screening questions to be conducted daily for all individuals working in the health center.

☐ Set up a temperature screening station for employees.

☐ Develop a process for accommodating employees who are at higher risk of complications from COVID-19 infection.

☐ Anticipate office staff illness, absences, and/or quarantine.

- Consider the use of part-time and retired staff or a temporary service to augment staffing.

- Explore opportunities for cross-coverage with health care professionals from other schools and hospitals. Check state laws and work with the campus legal department to ensure compliance with all laws.

- Cross-train staff for essential office and clinical functions.

- Consider use of immunization administration vendors to provide influenza vaccine and other routine immunizations to students.

- Consider use of staff from other institutions or vaccine immunization administration companies to administer SARS-CoV-2 vaccine to health center staff, testing staff and first responders when it is available to those groups.

Staff Education

☐ Review facility policies and practices to minimize exposure of staff and patients to respiratory pathogens, including SARS-CoV-2.

☐ Train staff with job- or task-specific information on preventing transmission of infectious agents.

☐ Review assessment, diagnosis, and treatment for individuals with ARI (acute respiratory infection) and COVID-19.

☐ Review talking points for staff to educate/inform patients regarding office procedures, including how to make an appointment, calling prior to arrival if they have any signs of respiratory infection, and appropriate preventive actions (masks, hand hygiene, and physical distancing).

☐ Consider mandatory online training including but not limited to symptoms of COVID-19, hand hygiene, use of face coverings, physical distancing, and resources for questions/medical care/mental health care for all students, faculty, and staff prior to their return to campus.

☐ Review the proper use of PPE:

- Develop and instruct employees in proper PPE use for each clinical scenario.

- Provide PPE donning and doffing instruction that includes a return demonstration by each individual depending on type of PPE.

- Provide proper hand hygiene instruction and materials. Emphasize the practice of proper hand hygiene after gloves or facial coverings are removed.

- Consider offering ongoing incentives for continuous proper use of donning and doffing of PPE, proper hand hygiene, and adherence to protocols.

- Provide a respiratory protection program for N95 respirator mask use, including medical clearance, training, and professional N95 fit testing for all staff with direct contact with patients/students with confirmed or suspected COVID-19.

Facility Engineering Controls

- ☐ Designate limited points of entry for each facility. If possible, identify a different point(s) of entry and exit. If possible, arrange a separate entrance for patients with acute respiratory illness (ARI) or COVID-19 symptoms.

- ☐ Use or install no-touch handles, knobs, faucets, receptacles, etc. when possible.

- ☐ Design/install engineering controls to shield staff and other patients from infected individuals.
    - Consider the following: separate waiting areas for those with respiratory symptoms, scheduled separate blocks of time for ill students and for non-respiratory illness visits, placing windows/shields between front desk staff and patient areas, designated exam rooms for screening or use of negative-pressure rooms for visits, if available.

- ☐ Remove magazines and other shared items like pens, clipboards, tablets, and kiosks from waiting areas.

- ☐ Develop processes that limit student contact with health service computers/keypads by utilizing EMR templates and the patient portal to complete and submit forms.

- ☐ Rearrange seating in waiting room areas to provide 6 feet of separation between patients.

- ☐ Rearrange staff workstations so that there is 6 feet of separation between staff members. Encourage single occupancy work rooms.

- ☐ Eliminate reusable kitchen items and cleaning tools in breakrooms. Encourage staff to bring their own food, drink, cups, and utensils.

- ☐ Reduce close seating areas in break areas. Provide alternative single occupancy and/or outdoor areas for breaks.

- ☐ Replace shared appliances with single use or no-touch options (coffee makers, ice/water dispensers).

- ☐ Provide sanitizing supplies for individuals to clean their workspaces and breakroom space.

- ☐ Make hand sanitizer dispensers available and functional throughout the facility, particularly at the entrance and exits.

- ☐ Consult with facility/environmental services on campus to assess air exchange in exam rooms and waiting areas and to make recommendations to improve air filtration such as the use of HEPA filtration systems.

- ☐ Determine which rooms are best to use for care of patients with ARI and the time required between use in the event of a known or suspected COVID-19 patient.

- ☐ Consider the use of HEPA filtration devices and CO_2 detection devices in reception areas, exam rooms, and offices.

Triage and Patient Care

- ☐ Develop and implement COVID-19-specific self-screening questions and temperature taking for all individuals entering the facility.

- ☐ Require all visitors to the facility wear an appropriate face mask provided by the facility. Prohibit the use of masks with exhalation valves and loose-fitting cloth gaiters/coverings.

- ☐ Communicate that patients are to make appointments online or call before visiting the health service.

- ☐ Develop triage protocols for various scenarios, including appointments scheduled online or by phone and walk-ins. Protocols should include a recommendation for students with respiratory symptoms, fever (per CDC, 100.4°F), or exposure to an ill person to call the office before arrival.

- ☐ Develop protocols for treating patients with ARI, limiting and tracking the number of staff who enter the exam room, limiting the time the patient spends in the health service, and determining a quick exit route from the health service. Consider use of outdoor evaluation areas.

- ☐ Contact patients 24 hours prior to a visit to review how the patient should enter the health service and to screen for symptoms. Utilize a screening script for these calls (see Appendix A).
- ☐ Consider a stepwise approach when reopening or adding new services so that staff can identify and address practical challenges early in the reopening process, such as:
    - Begin with fewer in-person visits a day, working on a modified schedule, and adjusting visits as appropriate. Modifying the schedule will avoid overcrowding of waiting rooms and longer wait times in the facility.
    - Consider scheduling patients with ARI for the end of the day or at a designated time.
    - Consider keeping the door to the health service locked and a sign posted on the door directing students to call into the office for triage prior to entering the facility.
- ☐ Limit patient companions unless medically necessary to decrease density in the facility.
    - Post your policy for individuals who are not patients or employees of the health service (vendors, service providers, educators) on the entrance door, rerouting these visitors to virtual communications.
    - For visitors who must physically enter the practice (e.g., maintenance workers), designate a time outside of normal office hours to minimize interaction with patients and staff. Require symptom screening and face mask use for all visitors.
- ☐ Utilize alternatives to face-to-face triage and visits such as providing more telemedicine appointments.
- ☐ Do not use nebulizers and peak flow measurements which can generate additional aerosols.
- ☐ After delivering care, exit the room as quickly as possible after wiping surfaces and equipment with the appropriate cleaning solutions. Complete patient documentation in a clean area.
- ☐ Develop plans for mass immunization with influenza vaccine that incorporate physical distancing measures and mask wearing into the process.
    - Consider contracting with an immunization administration vendor to provide this service.
    - Consider doing such mass immunizations in a location other than the health service facility.
    - Identify adequate, secure refrigerated storage for vaccine.
- ☐ Develop plans for mass immunization with COVID-19 vaccine when it becomes available, including procurement of supplies/resources needed to provide this service.
    - Consider contracting with an immunization administration vendor to provide this service.
    - Identify adequate, secure and appropriate refrigerator or freezer storage with temperature monitor s for vaccine. Ensure that protocols are in place regarding expiration dates, time stamps on the vaccine noting when it goes into and is removed from the refrigerator or freezer. All requirements for each vaccine should be reviewed carefully and adhered to.
    - Additional mass vaccination resources are available on [ACHA's website](#).

Financial Considerations

- ☐ Develop a financial model that includes detailed costs for COVID-19 testing, contact tracing, increased staffing, case management, PPE, and engineering controls.
- ☐ Develop a financial model for facility and supply needs.
- ☐ Develop a financial model for costs associated with mass vaccination clinics for influenza and COVID-19 vaccine.
- ☐ Develop a financial plan that accounts for potential impacts on revenue including fees for service, insurance billing, and funding from central administration.

- Communicate appropriate and necessary adjustments in charges for visits, telehealth services, testing, and supplies.
- Identify correct billing codes to facilitate prompt and accurate reimbursement from insurance.

Containment and Surveillance Capabilities

☐ Establish/implement centralized processes and tools to identify and reach out to students with atypical or prolonged absence or lack of participation in academic, student life, athletic, and/or extracurricular activities.

☐ Communicate processes for students, staff, and facility to report concerns to health services.

☐ Establish lines of communication with human resources, university counsel, local hospitals, off-campus providers, and the public health department to discuss protocols for sharing case information.

☐ Outline protocols for reporting on-campus cases/suspected cases to the health service for follow-up.

☐ Work with the residence life department on protocols for communication and delineation of the respective roles of health services and residence life regarding quarantine and isolation housing.

☐ Assign **one** designated staff person(s) to work with the public health department to delineate contact tracing and outbreak responsibilities and ensure they have related appropriate training.

☐ Communicate processes for students, staff, and faculty to report mental health issues and the need for counseling, disability, and academic support services.

☐ Consider a screening/tracking program for housing and residence life staff and other on-site campus staff.

☐ Ensure staff are familiar with specific public health reporting practices legally required in your area.

Transfer and Referral

☐ Establish procedures for transporting students to the hospital, their off-campus residence, or to isolation/quarantine housing. Public transportation should not be used. Personal vehicles or an appropriate health care transport vehicle is preferred.

☐ Ensure appropriate PPE is provided for those involved in transporting students.

☐ Notify the receiving off-campus health care facility or the person managing isolation housing that a suspected COVID-19 patient is being referred/transferred.

☐ Establish protocols for referral to telehealth and traditional medical care in the event that a student, faculty, or staff member needs a referral.

Testing

☐ Develop a testing strategy in coordination with local public health officials based on syndromic surveillance.

☐ Ensure access to testing for all symptomatic and exposed students, faculty, and staff either through campus testing or referral to community testing sites.

☐ Develop a strategy for testing by the campus health service based on the ability to equip and manage both surveillance and symptomatic/exposure COVID testing for students, faculty, and staff. Provide on-site professional testing whenever possible in locations convenient for students, faculty, and staff.

☐ Maintain an up-to-date list of off-campus testing sites with information on location, cost, and access for students, staff, and faculty if on campus testing is not provided.

☐ Use mobile device technology as much as possible for syndromic surveillance and pre-testing and post-testing determinations.

☐ Ensure all clinical staff are familiar with specific public health reporting practices legally required in your area.

Isolation and Quarantine

☐ Identify one or more facilities on or near the campus for students who develop acute respiratory illnesses and/or COVID-19-related symptoms or are exposed, requiring isolation and/or quarantine.

- Anticipate that some students may need isolation housing while waiting for test results.
- Anticipate that some exposed students may need housing to properly quarantine.

☐ Develop a monitoring system for students who test positive, are exposed, or are symptomatic for COVID-19.

- Develop a threshold and standard operating procedure for widespread quarantine when exposure is widespread on a residence hall floor or residence hall or other congregate living setting.

☐ Create a system to notify anyone who may have an exposure to a COVID-19 case while maintaining the confidentiality of the sick person as required by the Americans with Disabilities Act (ADA), FERPA and, if applicable, the Health Insurance Portability and Accountability Act (HIPAA).

- Create a standardized script including text messages to assure that language and documentation are consistent.

☐ Create a system for ongoing communication and monitoring with students in isolation/quarantine to monitor physical and mental health status.

☐ Identify isolation/quarantine rooms that have a private bathroom or shared bathroom for a limited number of students. Provide cleaning supplies and instructions to residents to clean the bathroom after each use.

☐ Collaborate with residence life and student affairs to ensure personal services such as food, laundry, and mail are delivered to students isolated in designated on-campus isolation/quarantined housing and that students living in private off-campus residences have support for obtaining food and laundry.

☐ Develop protocols for daily checks to assess the student's physical and mental health status using remote technologies including patient portals, telehealth, and phones.

☐ Develop a protocol for releasing a student from isolation or quarantine.

Quarantine planning specifics:

- Ideally, one student per room with restroom.
- If separate facilities are not available, a student may be allowed to quarantine in their room if the student has access to a private restroom and has meals and other needs provided.
- Living situation should remain in place for the appropriate quarantine duration as directed by local public health authorities and should be discontinued only if the student shows no signs of infection on the release day.
- See "Quarantine and Isolation" on the CDC website.

Isolation planning specifics:

- For students who have tested positive for COVID-19 or have symptoms, the best course of action is for the student to move to designated isolation housing where there is ideally one student per room with a private restroom. With the approval of public health or the student health service and appropriate controls, students with confirmed COVID-19 infection may be allowed to isolate with other confirmed COVID-19 positive students and share restroom facilities.
- The amount of time in isolation will vary according to local public health authorities, and symptoms.
- Each room should have posted information including a list of symptoms that indicate the need for immediate medical attention and whom to contact in the event of an emergency.
- The criteria for release from isolation is symptom-based rather than test-based.
- Per CDC guidelines, for those who are immunocompromised or have severe illness:
  - Consult an infectious disease expert.
  - A test-based strategy could be considered.

Cleaning

☐ Develop and implement standard operating procedures for enhanced cleaning and disinfection of common contact areas and high-touch surfaces. (See the CDC webpage "Cleaning and Disinfecting Your Facility.")

☐ Ensure all housekeeping staff is provided PPE, training, and guidelines that outline expectations for cleaning and disinfecting non-clinical and clinical spaces.

☐ Discuss assignment, training, and screening of housekeeping personnel with the supervisor in charge of this service.

☐ Develop a process and route for routine deep cleaning of common areas daily, utilizing products recommended for use against COVID-19.

☐ Identify common high-touch surfaces and develop a checklist to ensure frequent sanitization throughout each day, generally a minimum of 3 times day. Common high-touch surfaces include:

☐ Identify common high-touch surfaces and develop a checklist to ensure frequent sanitization throughout each day. Common high-touch surfaces include:

- Doorknobs and handles
- Push plates and crash bars on doors
- Automatic door openers
- Overhead light and lamp switches
- Stair doors and handrails
- Elevator call and interior buttons
- Touch keypads
- Drinking fountains
- Vending machines and ATMs
- Tables and chairs in break rooms
- Refrigerator and microwave handles in kitchens and break rooms.
- Faucet handles in kitchens and bathrooms.
- Restroom surfaces and fixtures

☐ In the event a student, faculty, or staff person tests positive for COVID-19, develop a standard operating procedure to evaluate the need for immediate cleaning and disinfecting of impacted areas (e.g., classrooms, labs, library, cafeteria, washrooms).

Waste Disposal

☐ No-touch methods should be used to dispose of waste materials, especially waste with respiratory secretions.

☐ Arrange to use the currently recommended methods for disposal of biohazardous waste.

☐ Anticipate an increase in biohazardous waste and discuss options for increasing hazardous waste pick-up from your vendor. Factor any additional costs into the health service budget.

- Contact representatives at your office's waste-disposal service regarding plans for appropriate waste disposal so that they can prepare for an increased amount of waste materials. Currently, there is no evidence to support the need of different waste management protocols for facilities caring for patients with COVID-19.

Supplies

☐ Establish a system to frequently assess and monitor the stock of personal protective equipment (PPE), cleaning supplies, sanitizers, and disinfectants. Consider creating periodic automatic replenishment (PAR) levels for key supplies to determine minimum quantities of inventory. This is particularly important for PPE.

☐ Order sufficient supplies in advance of fall term opening to avoid deliveries during clinic hours.

☐ Maintain a sufficient reserve stock of approved PPE, cleaning supplies, and equipment.

☐ Identify additional secure storage locations for supplies if needed.

Community-wide Communication and Educational Programming

☐ Provide frequent updates to campus leadership and to the campus community using multiple communication modalities (social media, email, video, virtual town halls, open letters, FAQs, etc.)

☐ Post signage throughout facility directing risk-minimizing behavior for learners, faculty, and staff, including but not limited to mask use, cough and sneeze hygiene, hand washing and surface sanitizing procedures, COVID-19 symptoms, screening and testing access, process and requirements, and on-campus physical distancing guidelines.

☐ Provide information and resources to learners, faculty, and staff on physical distancing outside of workplace (e.g., in homes, places of worship, transportation).

☐ All risk communication related to COVID-19, including but not limited to signage, instructional material, and self-care materials, should be available in multiple languages appropriate to the university community.

- Provide easily translated and understandable posters/infographics, web materials, and social media in multiple languages.
- Students, staff, and faculty should be kept aware of signs and symptoms of COVID-19.

☐ Establish access to 24/7 medical advice/services, including access to urgent care and emergency care facilities in proximity to campus.

- Ensure all students, faculty, and staff are easily able to access information about medical and mental health care resources available after hours.

Resources

American College Health Association: COVID-19 Resources

American Medical Association: A Physician Practice Guide to Reopening

University of Nebraska Medical Center: Higher Education Pandemic Mitigation & Response Guide

Appendix A: Pre-Visit Screening Script Template

This template can be edited for use in an EMR environment. The questionnaire can be part of the online appointment making process or can be sent in advance of the visit for review by staff.

Introduction: I am calling from [name of campus health service] regarding your appointment scheduled for [date and time]. The safety of our students and staff is of utmost importance to us. Due to the COVID-19 pandemic, we are screening our patients before their visit as a part of our safety plan. I'll ask a few questions in connection with your appointment. All your responses will remain confidential.

Question	Yes/No	Details
Have you had or are you currently experiencing any of the following symptoms: sore throat, cough, chills, body aches, shortness of breath, loss of taste, loss of smell, congestion or runny nose, nausea or vomiting, diarrhea, or fever at or greater than 100 degrees F? If yes, detail what the symptoms are/were, when they started, and when they stopped.		
Have you been in close contact with anyone (for example, a roommate, team member, club member, sorority/fraternity member) in the past 14 days who has had symptoms of sore throat, cough, chills, body aches, shortness of breath, loss of taste, loss of smell, congestion or runny nose, nausea or vomiting, diarrhea, or fever at or greater than 100 degrees F?		
Have you or someone you are in close contact with (for example, a roommate, team member, club member, sorority/fraternity member) been tested for COVID-19? If yes, was the result positive or negative?		
Have you traveled within the past 14 days by plane, bus, or ship? If yes, provide the country, city, or state and dates of travel.		
Have you or someone you are in close contact with been advised to self-quarantine within the last 14 days?		

To the best of your knowledge, have you been in close contact with any individual who tested positive for COVID-19? If yes, when was the person tested, when did the contact occur, and how long were you in contact with the person?		

Thank you for answering these questions. We ask that you notify the student health service if any of the answers to the questions change prior to your appointment. [Further information specific to approaching the student health service can be added to this section.]

Please note that our office requires that all patients and visitors follow CDC guidelines regarding face mask use. For that reason, we ask that you please wear a cloth face covering or mask to your appointment.