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Checklist for Considerations Related to Reopening Campus Medical Service Operations

July 15, 2021

This updated checklist serves as a companion document to ACHA's Considerations for Reopening Institutions of Higher Education for the Fall Semester 2021. It is not intended to be prescriptive; rather, the checklist is intended to be used as a resource to assist student health service directors and staff in creating plans that are consistent with current CDC recommendations and ACHA guidelines and are tailored to meet the specific requirements of the student health service (SHS) in addressing clinical and operational issues related to COVID-19.

Items on this checklist follow recommended public health mitigation practices and are subject to modification dependent on several factors, including campus COVID-19 vaccination policies; the number of community members fully vaccinated; the prevalence of disease in the community; the occurrence of outbreaks; the circulation of variants; and state, local, tribal, and territorial rules and regulations.

Student health services (SHS) at each institution of higher education (IHE) should monitor data on the prevalence of COVID-19 and variants on campus and at the local, state, and national level. Each IHE should have plans in place for modifying mitigation efforts should the prevalence of disease increase or decrease. Student health services should also monitor vaccination rates on official sites such as that of the CDC to assess potential community-level ("herd") immunity and modify plans as appropriate.

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 or health promotion and wellness services. A separate document has been prepared for mental health services.

☐ This resource aligns with current CDC recommendations and ACHA guidelines. As science-based knowledge and best practice continue to evolve, users should continue to monitor of these sources.

☐ Additional information for specific areas of campus, such as residence halls and housing, athletics, and international students, can be obtained from their affiliated national organizations.

Staffing

☐ Develop strategies to increase vaccination rates among SHS employees, including the establishment of a tolerance policy for allowing employees to take a day off in the event of post-vaccine side effects; this should be done in collaboration with human resources.

☐ In consultation with human resources, develop protocols to address the needs of SHS employees regarding accommodations for return to on-site work in the fall of 2021. Develop a process for SHS employees who are at higher risk of complications from COVID-19 to request accommodations.

☐ Communicate personal health requirements clearly to employees. Employees should notify their supervisor and stay home or leave the workplace if they are sick, have elevated temperatures, have symptoms of COVID-19, or have significant short-term side effects from the vaccine. The CDC provides a list of COVID-19 symptoms here.

☐ 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 COVID-19 vaccination policy for health service staff members and a system for providing easy access to COVID-19 vaccine on campus or through an off-campus entity.

☐ Update the current employee vaccination policy with strong consideration of establishing a mandatory influenza vaccination policy for health service staff members.

☐ Provide easy access to influenza vaccine on campus or through an off-campus entity.

☐ Ensure access to employee assistance programs or other support services to assist staff with personal, emotional, or family issues.

☐ Consider requiring staff to use masks in all clinical spaces, regardless of vaccination status.

☐ Consider use of COVID-19-specific self-screening questions for individuals working in the health center. Consider a temperature and symptom screening process for unvaccinated employees.

☐ Develop contingency planning for additional temporary staffing to cover COVID-19 vaccination clinics, contact tracing, testing, and resumption of non-COVID-19 health service appointments:

- 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.
- Ensure compliance with all state laws.
- Consult with the campus legal counsel.
- Cross-train staff for essential office and clinical-related functions that do not require a licensed professional.
- Consider use of immunization administration vendors to provide immunizations required by the institution, influenza vaccine, and COVID-19 vaccine for students, faculty, and staff.

☐ 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.

("Staffing" continued)

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

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

☐ Consider mandatory online training on symptoms of COVID-19; hand hygiene; use of face masks; physical distancing.

☐ Provide FAQ sheets and information on resources for medical and mental health care for all students, faculty, and staff prior to their return to campus.

☐ Ensure personal protective equipment (PPE) and hand hygiene and cleaning materials per CDC recommendations are easily accessible, especially at points of entry.

☐ Review the proper use of PPE and hand hygiene:

- 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.

- Set up stations with PPE as well as areas for removal of PPE adjacent to rooms where this equipment is needed.

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

- Consider offering ongoing incentives for continuous proper use of and 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

☐ If possible, arrange a separate entrance and exit for patients with ARI or COVID-19 symptoms.

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

☐ Provide hand sanitizer (and perhaps wipes) in places where multiple persons might need to touch specific surfaces.

☐ Design/install engineering controls to shield staff and other patients from infected individuals. Consider the following:

- Separate waiting areas for those with respiratory symptoms or escort patients with respiratory symptoms directly into exam rooms.

- Schedule separate blocks of time for ill students and for non-respiratory illness visits.

- Place windows/shields between front desk staff and patient areas.

- Designate exam rooms for screening or use negative-pressure rooms for visits, if available.

☐ Consider removal of shared items like pens, clipboards, tablets, and kiosks from waiting areas.

☐ If workflows require the use of tablets and kiosks, establish protocols for hand hygiene before and after use and consider placing wipeable covers on electronics.

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

☐ Rearrange seating in waiting room areas to provide 6 feet of separation between patients, particularly if campus vaccination rates are low.

☐ Unless all staff members in a workstation location are fully vaccinated, rearrange staff workstations so that there is 6 feet of separation between staff members and encourage single occupancy work rooms.

☐ Provide adequate cleaning supplies, including gloves, for cleaning non-disposable kitchen items. Consider installing a dishwasher or encouraging staff to bring their own food, drink, cups, and utensils.

☐ If all staff members are fully vaccinated, shared break areas are acceptable. If the vaccination status of all staff members is unknown, reduce close seating in break areas to maintain physical distancing or provide alternative single occupancy and outdoor areas for breaks.

☐ Ensure that all equipment is cleaned thoroughly and on a regular schedule. Consider replacing shared appliances with 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 keep them full 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 through the use of high efficiency particulate air (HEPA) filtration systems.

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

☐ Arrange for timely cleaning of rooms in which patients with ARI have been.

☐ Consider the use of HEPA filtration devices and carbon dioxide (CO_2) detection devices in reception areas, exam rooms, and offices.

Triage and Patient Care

☐ Encourage all individuals entering the facility to review COVID-19-specific self-screening questions and defer entry until any positive responses to the self-screen can be addressed with a health service staff member.

☐ Require all visitors to the facility wear an appropriate face mask that covers the nose and mouth.

☐ Have face masks available if the person is not wearing an appropriate mask. Prohibit the use of masks with exhalation valves and loose-fitting cloth gaiters/coverings.

☐ Encourage students to make appointments online or by phone before visiting the health service.

("Triage and Patient Care" continued)

☐ Develop triage protocols for various scenarios, including appointments scheduled online or by phone and walk-ins. Protocols should include instructions 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 symptoms of ARI, limiting and tracking the number of staff who enter the exam room, limiting the time the patient spends in the health service, utilizing telemedicine when possible, and determining a short exit route from the health service. Consider use of outdoor evaluation areas.

☐ Contact patients 24 hours prior to a visit to SHS to screen for symptoms of COVID-19 and provide any instructions to the patient regarding arrival and intake procedures. 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. Strategies include:

- Modifying the patient visit schedule to avoid overcrowding of waiting rooms and longer wait times in the facility. For example, begin with fewer in-person visits per day and adjust appointment times by reason for visit to ensure a steady pace.

- Scheduling patients with ARI for the end of the day or at designated appointment times to decrease exposure to others in the facility.

☐ If available in the clinic, offer COVID-19 vaccine routinely to unvaccinated patients at every clinic visit. Take time to answer questions related to vaccination and provide referral information for those who need to be vaccinated off campus.

☐ Limit patient companions unless medically necessary to decrease density in the facility.

☐ In the event of high prevalence of disease, low vaccination rates, or an outbreak:

- Post the SHS entry 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.

- Designate a time outside of normal office hours for visitors who must physically enter the facility (e.g., maintenance workers) to minimize interaction with patients and staff.

- Require symptom screening and face mask use for all visitors.

☐ Utilize a hybrid model of care by providing telemedicine appointments along with telephone triage and traditional face-to-face triage and visits.

☐ Do not use nebulizers and peak flow measurements which can generate additional aerosolization. Most non-pediatric patients can be effectively treated using metered dose inhalers with or without a spacer, rather than nebulizers.

☐ After delivering care to an individual or someone who is suspected to have COVID-19, exit the room as quickly as possible after wiping surfaces and equipment with the appropriate cleaning solutions. Complete patient documentation in a clean area. This is especially important if the IHE has unvaccinated providers.

("Triage and Patient Care" continued)

☐ 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 mass immunizations in a location other than the health service facility, to avoid overcrowding in the health care facility.

- Identify adequate, secure refrigerated and alarmed storage for vaccine. Follow all requirements for safe handling of the vaccine.

☐ Develop plans for mass immunization with COVID-19 vaccine, including procurement of supplies/resources needed to provide this service.

- Consider contracting with an immunization administration vendor to provide this service.

- Consider doing mass immunizations in a location other than the health service facility, to avoid overcrowding in the health care facility.

- Identify adequate, secure, and appropriate refrigerator or freezer storage with temperature monitors for vaccine. Ensure that protocols are in place regarding expiration dates and 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](#).

☐ Work collaboratively with mental health services and health promotion services to provide a unified approach to preventing and addressing mental health issues, identifying students in distress, and providing timely services and support in response to any mental health concerns.

Financial Considerations

☐ Develop a financial model that includes detailed costs for SARS-CoV-2 testing, contact tracing, increased staffing, case management, PPE, and engineering controls in the event of high prevalence of disease or the occurrence of outbreaks.

☐ 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

☐ Develop a plan that encourages vaccination of all community members. This should be done in concert with the leadership of key campus departments, including but not limited to mental health services, centers for diversity and inclusion, international student centers, human resources, public relations/communications/media and marketing, student leaders, legal counsel, health promotion services, and housing and residence life.

☐ 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 faculty to report concerns to health services.

☐ Develop protocols for sharing case information among key departments on and off campus with strict attention to patient privacy based on FERPA or HIPAA regulations and within parameters as discussed with the IHE legal counsel.

☐ Establish lines of communication with human resources, legal counsel, local hospitals, off-campus providers, and the local public health department to determine these protocols.

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

☐ Work closely with residence life, student affairs, and housing departments regarding housing for vaccinated and unvaccinated individuals.

☐ Develop a protocol and training for staff responsible for responding to family phone calls and concerns.

☐ 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 at least one primary staff person and one back-up staff person to work with the public health department to delineate contact tracing and outbreak responsibilities and ensure these staff have related appropriate training.

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

☐ Consider a COVID-19 screening/tracking program for staff who have high student contact, such as those staff in housing and residence life, athletics, and student activities.

☐ Ensure staff are familiar with specific, legally required public health reporting practices.

Transfer and Referral

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

☐ Ensure the person being transported wears a mask and that appropriate PPE is provided for those involved in transporting students. Persons involved in transporting students should be strongly encouraged to get vaccinated if they are not vaccinated already. If they decline vaccination, a testing regime should be established for those individuals.

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

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

Testing

☐ Continue to monitor the prevalence of COVID-19 cases on campus, in the local community, in the state, and nationally.

☐ Develop a testing strategy in collaboration with local public health officials that takes vaccination status into consideration along with state, tribal, and territorial rules and regulations.

☐ 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-19 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, legally required public health reporting practices.

Isolation and Quarantine

☐ Identify one or more facilities on or near the campus for students who develop symptoms of ARI and/or COVID-19 or are exposed and require 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 quarantine of unvaccinated students 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 index case as required by the Americans with Disabilities Act (ADA), Family Educational Rights and Privacy Act (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 in designated on-campus isolation/quarantined housing and that students living in private off-campus residences have support for obtaining food and laundry.

☐ Collaborate with academic faculty and staff to ensure referral processes to student health services and mental health services are understood and utilized.

☐ 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.

☐ Collaborate with mental health services on how to best identify and provide services and support to students undergoing emotional distress particularly due to isolation and/or quarantine.

Quarantine planning specifics:

- Ideally, one student per room with restroom. Educate the student that there is to be no in-person socialization during the quarantine period, even among students who are simultaneously quarantining in different rooms.

- 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.

- The 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 "https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/ihe-testing.html" on the CDC website.

Isolation planning specifics:

- The best course of action for students who test positive for COVID-19 or have symptoms is to move them to designated isolation housing where there is ideally one student per room with a private restroom. With the approval of the public health department 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 daily deep cleaning of common areas, utilizing products recommended for use against COVID-19.

☐ 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
- Light 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

☐ If 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

☐ Utilize currently recommended methods, including no-touch methods, to dispose of biohazardous waste materials.

☐ 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 the waste-disposal service regarding scheduled pick-ups so that they can prepare for an increased amount of waste materials.

Supplies

☐ Establish a system to frequently assess and monitor the stock of 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

☐ Develop a comprehensive communication plan to encourage vaccination of all campus community members. Include information on the safety and efficacy of the SARS-CoV-2 vaccine, on- and off-campus vaccination opportunities, and the benefits of being vaccinated. Establish a diverse and inclusive group of students, staff, and faculty to provide feedback and assist in planning communication efforts related to vaccination.

☐ Continue to provide opportunities to engage and improve communication and access to international students and marginalized students including BIPOC, LGBTQ+, AAPI, and students with disabilities.

☐ 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 students, 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.

☐ All risk and vaccine communication, 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.

☐ Keep students, staff, and faculty aware of signs and symptoms of COVID-19.

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

☐ Ensure all students, faculty, and staff can easily access information about medical and mental health care resources available after hours.

Resources

American College Health Association: COVID-19 Resources

Centers For Disease Control: Community, Work, and School

This checklist was written by Anita Barkin, DrPH, MSN, NP-C, FACHA, and Geraldine Taylor, MS, APRN-BC, FACHA, co-chairs of the ACHA COVID-19 Task Force, and was originally published on June 30, 2020. A revised edition was published on January 19, 2021, and this latest revision was published on July 15, 2021.

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