



AMERICAN  
COLLEGE  
HEALTH  
ASSOCIATION

## ACHA COVID-19 Update: March 12, 2020

*These updates have been provided by ACHA's COVID-19 Task Force. Please forward this message to others on campus who may benefit. Non-members can subscribe to receive these and other messages [here](#). We will continue to update the [COVID-19 webpage](#) with important alerts and resources.*

### **Pandemic Declared**

World Health Organization Director-General Tedros Adhanom Ghebreyesus [declared the coronavirus outbreak a pandemic](#) on March 11 stating, "We have rung the alarm bell loud and clear. We cannot say this loudly enough, or clearly enough, or often enough: All countries can still change the course of this pandemic."

### **Guidance for Expanded CDC Screening and Testing**

CDC's [Evaluating and Reporting Persons Under Investigation \(PUI\)](#) was updated on March 4, 2020.

CDC expanded the criteria, guiding testing decisions allowing for clinician discretion in determining whether the patient's history, symptoms and signs are consistent with COVID-19. This guidance recognizes the importance of clinician discretion in the face of increasing cases of community transmission.

This guidance has also been challenging to put into policy. [Nebraska Medicine's COVID-19 site](#) has a user-friendly, complete, and concise [flow chart and protocol](#) which may be a good starting point to create your own flow charts and tools. Remember to test for influenza and other respiratory illnesses that would provide an alternate diagnosis.

### **Risk Assessment and Management of Health Care Workers Potentially Exposed to COVID-19 in a Health Care Setting**

Front line health care workers are at elevated risk for COVID-19 exposure. Read the [updated CDC guidance](#) regarding risk classification following exposure with recommendations for subsequent monitoring and work restrictions.

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## From the Trenches

Robert Pomales, MS, executive director of University Health Services at University of Massachusetts-Boston, provides an account of their experience and lessons learned from COVID-19 on campus. It is a testament to preparation, planning, calm under pressure, a coordinated communication strategy, and a willingness to critically review their case management.

On January 29, 2020, a student, who would eventually be confirmed as the 8th COVID-19 case in the U.S., presented to the general medicine clinic of University Health Services (UHS) at UMass Boston.

Since that point in time, the information available, and the medical and institutional implications have grown and shifted tremendously. In addition to a thorough evaluation of our overall response, we are taking a moment to consider the elements of preparation, training and communication.

Because a sizable portion of our international enrollment comes from China, UHS staff began actively monitoring news of the growing outbreak in Wuhan early in January. By the time students began to arrive for the start of the semester, we had already created a communication blitz that repeatedly reminded and encouraged all members of the UMB community to get a flu shot, wash their hands well, and use other common-sense precautions during a typical flu season. Special attention was given to contacting students who were arriving from China. Further, we had providers fit-tested for N-95 respirators and we trained staff at all levels on symptom recognition and travel history screening. This, ultimately, allowed a medical receptionist—students' first point of contact—to immediately identify the need for him to be masked and isolated. Consequently, this led to clearer tracking of potential exposure to others.

Once the immediate risk was identified, an early communication strategy was developed with input and buy-in from all stakeholders. The stated commitment to the campus community was to be as transparent as public health best practices and privacy rights would allow. In close collaboration with public health authorities, a multilevel and multimodal messaging effort was implemented with the goal of offering clear evidence-based information with empathy for an audience experiencing heightened anxiety.

The public health authorities and the University issued press- and wide-release messages to the UMass Boston community. Carefully explaining and following the guidelines from DPH and CDC was complicated with a community that was wary of the frequent and abrupt changes typical in a developing or ongoing crisis.

There were also targeted messages, therefore, at the group level (students with recent travel, faculty, staff, international students, etc.) that attempted to specifically address the unique needs and concerns of those groups, and tailored messages at the individual level (call center). Again, the constantly changing situation required offering regular updates over an extended period.

- Robert Pomales, MS  
Executive Director, University Health Services  
University of Massachusetts-Boston

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## Colleges and Universities Begin Social Distancing

As more states report cases of COVID-19, the strategy has changed from containment to mitigation, with social distancing being key to slowing the spread of this disease. Universities are grappling with the innumerable scenarios of exposed or infected students returning from spring break travel into the congregated settings of campus living and learning.

Many have already made the decision to suspend in-person classes and move to virtual lectures. Others have taken this opportunity to prepare their IT infrastructure, evaluate their critical functions and key personnel, and determine which staff can telecommute.

The NCAA made the monumental decision to play without fans. Whether or not to host large events or social gatherings should be carefully evaluated with consultation of local or state public health department. Individuals designated high risk include those who are older (>60 years old) or have underlying chronic medical conditions such as heart, lung, or kidney disease or immunosuppressive illnesses. These high-risk individuals are members of all of our campus communities, and these medically vulnerable individuals should avoid mass gatherings and community events.

## Global Travel Alert

CDC has issued a [Global Level 2 Alert](#). Older adults and people of any age with serious chronic medical conditions are at increased risk for severe disease and should consider postponing nonessential travel.

The U.S. State Department has issued a Global Level 3 Health Advisory, advising U.S. citizens to [reconsider travel abroad](#) due to the global impact of COVID-19. Many areas throughout the world are now experiencing COVID-19 outbreaks and taking action that may limit traveler mobility, including quarantines and border restrictions. Even countries, jurisdictions, or areas where cases have not been reported may restrict travel without notice.

See all updates here: [https://www.acha.org/ACHA/Resources/Topics/COVID-19\\_Update.aspx](https://www.acha.org/ACHA/Resources/Topics/COVID-19_Update.aspx)

ACHA COVID-19 Page: <https://www.acha.org/COVID-19>