

# USF's Plan for Autumn 2020

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Resuming University Operations Amid a Global Pandemic  
June 12, 2020

## **Executive Summary**

The purpose of this document is to provide details on the University of South Florida's (USF) response to the COVID-19 pandemic. This document outlines the methodology behind USF's reopening plans, introduces the nine (9) Recovery Support Functions (RSF) utilized throughout the planning and implementation process, and describes the four (4) phases of reopening the University. Also included are highlights of plans that departments across the University will put in place during each reopening phase. It should be noted that the plans mentioned in this document are subject to change based on epidemiologic data trends and further guidance from the University's Executive Policy Group (EPG) and external sources, such as the Florida Department of Health and the Centers for Disease Control and Prevention (CDC). A contingency plan is outlined to allow the University to consider reverting back to previous phases should conditions warrant. Also listed are a number of assumptions to bear in mind as the University works to safely welcome students, faculty, and staff back onto campus for the Fall 2020 semester. The plan aligns with the Florida State University System Blueprint for Reopening Campuses (May 28, 2020).

*A Healthy Campus Environment* begins with a shared commitment to the health and safety of all university constituents across all three of our campuses. The University will implement mitigation measures and make changes to campus operations to promote healthy practices, and will remind all USF community members that health and wellness is a shared responsibility. All persons on campus will be subject to new policies, procedures, and oversight designed to promote a safer and healthier environment for teaching, learning, and working, including strategies to protect individuals at higher risk for developing adverse outcomes of COVID-19. These changes align with the University's commitment to community.

Mitigation measures include physical barriers, reconfigured spaces, and continued telework for those who are able to work productively remotely. Individual and community behavior consistent with public health guidelines will be required including wearing face coverings in shared spaces, maintaining physical distancing, and staying home when symptomatic or infected. Hand hygiene, cough etiquette and frequent disinfecting will be encouraged and supported through the provision of sanitizing supplies. All of this will be communicated through a marketing campaign as well as education and training modules; consequences for non-compliance will be clearly communicated. USF will continually review health data trends and monitor the campus atmosphere to best determine when and how various activities can resume or must be curtailed.

*A Healthy Community Environment* builds on strong relationships that already exist between the University of South Florida and the counties in the Tampa Bay region. As our employees and the majority of our students commute into and out of our three campuses each day from a six-county area, our efforts to mitigate transmission of COVID-19 must necessarily be coordinated with those of these surrounding counties. We work closely with county governments, Departments of Emergency Management and county offices of the Florida Department of Health in our region. We have provided epidemiologic data analysis and contact tracing support; staffed testing sites; supported specific efforts to control the virus in long term care facilities; manufactured and donated PPE supplies; and, educated policy makers and the general public on COVID-19. The responsibility to control the spread of COVID-19 is one we share with our surrounding counties; their success is ours and vice versa. Visitors to our campuses will be asked to follow our mitigation measures and members of our USF community will be asked to serve as role models in consistently practicing disease

mitigation on and off campus. We further intend to expand flu vaccination availability across our campuses and to support COVID-19 testing sites on or near our campuses.

*Virus Testing, Tracing and Surveillance* are important elements of the USF plan. Depending on epidemiologic data available in the next month, we plan to require students, faculty and staff returning to campus from outside the state to be tested and clear of disease if positive, prior to returning. Baseline and periodic symptom surveys of all faculty, staff and students will provide important information on COVID-19 history and exposure and trends in COVID-19-like illness. Environmental sampling of frequently touched surfaces will also indicate possible viral activity on our campuses. These two data sources will signal any need to do cluster testing in specific populations or specific spaces in order to identify positive cases and isolate them and anyone with high exposure risk. Isolation beds have been set aside on the Tampa and St. Petersburg campuses for this purpose and medical, mental health and academic/student support care teams will monitor all students in isolation to meet their needs during that period. In concert with the Florida Department of Health and our county governments, we intend to make voluntary testing in our communities convenient and to test randomly selected samples of our population on a bi-weekly basis. This surveillance system (symptom checking, environmental sampling and testing) will provide data needed to determine if our mitigation approaches are working or if we need to reconsider these reopening plans.

*Academic Program Delivery* in the context of the overwhelming imperative to promote the health and safety of students, faculty and staff, and visitors has created challenges and opportunities as we have utilized all available learning modalities to deliver high quality instruction to our students. A flexible hybrid approach has guided our plans for the fall semester wherein large lecture-based classes will be offered fully on-line, while others that include content better delivered in a face-to-face (F2F) format have been organized into spaces that can accommodate expected enrollments within social distancing guidelines, split into multiple sections, or offered in a synchronous (real-time) format. All spaces that can be used for F2F instruction have been mapped for maximum occupancy maintaining social distancing. All persons in the shared classroom space will be required to maintain distancing, wear face coverings, and adhere to disinfecting protocols. Due to the uncertainty of COVID-19 and the possibility of severe weather during the fall, all instructors must be adaptable, flexible and prepared to transition to quality online delivery at any point during the semester. No student will be required to register for F2F classes and those in “high risk” groups are provided access to coursework through a range of alternative delivery platforms and accommodations as appropriate and consistent with ADA and university guidelines. Faculty members in a “high risk” category shall be given priority to teach their courses online or remotely as a reasonable accommodation consistent with a *Memorandum of Understanding* with the USF Chapter of the United Faculty of Florida.

All student learning and final examinations will migrate to a quality online platform beginning November 28, 2020, and following Thanksgiving break, to mitigate the spread of COVID-19 resulting from holiday-related travel. Residence halls, dining options and student support services will remain open after Thanksgiving break for students who need access through the end of the fall semester.

This plan, guided by data and the expertise we are fortunate to have on our campus; informed by ongoing conversations with our faculty, staff, students and county partners; and designed for maximum flexibility we believe puts in place reasonable mitigation measures supported by education, training and a public health campaign that will enable us to deliver high quality instruction and a valuable university experience for our entire University of South Florida community.

### Introduction

On December 31, 2019, a pneumonia of unknown cause detected in Wuhan, China was first reported to the World Health Organization (WHO) Country Office in China. The “unknown cause” was labeled a novel (new) coronavirus in early January 2020, and the first confirmed case outside of China was reported by Thailand on January 13. By January 30, the virus began spreading globally and was declared a Public Health Emergency of International Concern by the WHO. On February 11, the novel coronavirus was named COVID-19, and one month later, on March 11, the WHO declared COVID-19 a pandemic.

The University acted quickly to keep our community members informed, sending out campus-wide messaging as early as January 27, 2020 – seven days after the first case in the United States was recognized. On March 1, the Florida Department of Health reported the first confirmed case of COVID-19 in Florida, and Governor Ron DeSantis issued an executive order directing a statewide Public Health Emergency. On March 2, USF leadership created the COVID-19 Task Force to provide public health guidance and to assure cross-campus collaboration and support to the Department of Emergency Management as it led our response across our three campuses.

USF is dedicated to the health and safety of all within the University community while we work to sustain academic continuity and our research and service missions as a pre-eminent University. As we slowly transition back to on-campus operations for the Fall 2020 semester, we will follow data and guidance from the FDOH, CDC, and other reliable sources while being cognizant of our impact on those we serve.

To facilitate the return to on-campus operations, USF developed four (4) phases which incrementally increase the levels of activity permissible on each campus over time. Due to the evolving dynamics of this event, resumption plans developed by departments throughout USF are subject to change to maximize public health and safety. Planning assumptions that may need to be applied and must be kept in consideration during recovery efforts include:

- As this is a dynamic event, this plan is subject to change based on surveillance data and in relation to guidance issued by public health and government officials.
- The plan is designed to promote the health and wellbeing of our communities as a shared responsibility, but success may be dependent upon the personal efforts of the members of the USF and surrounding communities.
- The ability of the University to adequately respond will in some measure be dependent on the capacity of the county(ies) and the state to support such response capability.
- Herd immunity will not exist for a considerable period of time.
- Disease mitigation measures including physical distancing and the wearing of face coverings may continue indefinitely.

This plan is in alignment with the Board of Governor’s Blueprint for Opening the State University System for Fall Semester 2020, and summarizes the current guidance for all USF campuses as they resume on-campus operations.

### Guiding Principles

The University of South Florida is committed to promoting the health and safety of every member of the University community and to delivering high quality instruction, including resuming some in-person classes in the fall of 2020. The following Guiding Principles lay a foundation for returning to on-campus operations and guide USF leadership in decision making about the Fall 2020 semester.

- Utilizing scientific, medical and public health data, and expertise, to inform decision-making,
- Aligning with national, statewide and local authorities, to implement prudent and rigorous precautions to promote campus health and safety,

- Fostering a commitment to shared responsibility in promoting campus safety,
- Embracing flexibility, adaptability and innovation in shaping a resumption of in-person operations,
- Optimizing student access and student success,
- Delivering high quality instruction and assuring student learning outcomes through multi-modal platforms,
- Providing expanded access to support services to meet student, faculty and staff needs,
- Reinvigorating research, scholarly and creative activity across the university,
- Strengthening research partnerships to serve the university and broader community needs,
- Exercising proactive planning and sound fiscal practices to preserve the core mission of the university.

### Recovery Goals for COVID-19

USF is proud of the unique, vibrant, and resilient community brought together by students, faculty, staff, vendors, volunteers, visitors, and all those surrounding the university. The ways in which members of our community have contributed to not only the USF community, but to their hometowns and beyond, during this pandemic illustrates how we uphold the values set forth by those who founded the university in 1956. USF's commitment to community is demonstrated by the tireless work of frontline healthcare workers and public health professionals from USF Health, as well as the tremendous contributions of those in the College of Engineering, College of Arts, USF World, USF Foundation, and countless others. Additionally, we are continuously guided by researchers and other professionals throughout USF.

As we return to a new normal, there are two goals – one short term and one long term – that USF will strive to meet:

**SHORT TERM:** Transition in a phased approach back to on-campus operations while continuing to implement social distancing measures as indicated by the data.

**LONG TERM:** Promote academic continuity and economic, community, and sustained public health recovery for the University.

USF does not expect linear implementation of this plan; we will need to adapt as circumstances change and each campus may progress through the phases at the rate appropriate to each local health environment. We will continue to monitor data on COVID-19 or other communicable diseases that pose a risk to our community and will institute measures as necessary to mitigate transmission.

### Methodology

USF will utilize a variety of resources from several internal and external sources to return to on-campus operations. The University will leverage partnerships with federal, state, and local health departments, emergency management agencies, and additional stakeholders, like the State University System Board of Governors, to inform our plans.

There are several forms of analysis that USF will consider as it resumes operations. Actions taken will first and foremost be driven by epidemiologic data, including but not limited to data indicating a decline in the rate of transmission of COVID-19 and decreases in the number of cases relative to increases in the numbers being tested. Any increase in numbers of new cases could trigger a tightening of restrictions and return to conditions of a previous phase. In addition, ongoing consultation with various constituents informed decision making for various elements of the plan. Focus groups with students,

conversations with faculty and student leaders, and multiple town halls and surveys sent to faculty and staff provided important perspectives on comfort regarding returning to campus, remote working and learning, and adoption of personal mitigation strategies on campus. USF will pay particular attention to data from students, faculty, and staff with access and functional needs, as well as risk populations, as these factors will influence mitigation methods and other reconstitution strategies.

Furthermore, actions will be based on governmental orders, such as Executive Orders from Governor Ron DeSantis, the CDC lifting or relaxing social distancing guidelines, the CDC lifting all domestic travel advisories, and the State Department lifting Level 4: Do Not Travel Global Health Advisory.

USF President, Dr. Steven Currall, implemented the COVID-19 Task Force to help lead the university in response and recovery efforts. This Task Force is chaired by the Dean of USF's College of Public Health and includes broad membership from across the university. The Task Force tracks USF-related COVID-19 cases, shares recommendations with the President and the Executive Policy Group (EPG), consults with campus constituents as part of the planning process, and reviews plans created by the RSFs.

Per the USF Comprehensive Emergency Management Plan (CEMP), the EPG maintains responsibility for University-wide strategic decision-making during emergencies and disasters, and determines the University's strategic course of action. This group is chaired by the USF President and membership is comprised of the Provost, Senior Vice Presidents, Vice Presidents, Regional Chancellors, and General Counsel. As part of the University of South Florida's Recovery Plan for phasing in on-campus operations for COVID-19, nine (9) RSFs have been formed to serve as workgroups for the coordination of recovery planning and operations. The following RSFs will be utilized during COVID-19 recovery planning and operations:

1. Finance and Economic Development
2. Wellness and Community Resilience
3. Housing
4. Community Planning
5. Facilities and Infrastructure
6. Instruction and Student Support
7. Research
8. Public Information and Community Outreach
9. Information Technology

USF's emergency operations are based on coordinated planning efforts and the USF CEMP and each campus's Emergency Operations Plan (EOP), as well as the USF Infectious Disease Plan and existing emergency plans from departments across the university.

### Risk

As this situation continues to unfold, the University's planning teams have been managing and mitigating risk along multiple dimensions through the response and now into the recovery phases of action. Those charged with developing each element of the RSF model were asked to consider these risk dimensions as well as levels of risk associated with various recommended actions. We considered the following risk categories, as informed by the *Report of the NACD Blue Ribbon Commission on Risk Governance: Balancing Risk and Reward*:

- Health and Human Resources Risks affect the health of faculty, staff, and students, as well as recruitment and retention of faculty and staff
- Compliance and Legal Risks such as those involving federal and state law
- Operational Risks include those associated with academic programs, research, instruction, faculty development, admissions, financial aid, IT, fundraising, and athletics



- Financial Risks reflect those associated with revenues, expenditures, and financial viability
- Reputational Risks are those that threaten the university's brand or public standing

The University's highest priority is limiting the health and safety risk to the campus population. However, the lowest risk action in this regard – to remain in remote work and instructional mode through the fall - creates significant risk in the other dimensions, including employee retention and student melt.

Further, these categories are non-linear and interrelated and therefore our approach to risk mitigation must consider a careful and thoughtful balance among all dimensions of risk within all strategies selected.

### Concept of Operations

The USF President has the authority to direct and coordinate a pandemic response and recovery operation. USF will implement multiple strategies across our campuses and departments to provide for the health and safety of faculty, staff, and students. Some of these duties may be delegated to the COVID-19 Task Force charged with overseeing the development of policy and plans not previously addressed or implemented in response to an incident of this magnitude. This Task Force encompasses senior leadership from the University and works with appropriate departments to provide a measured and systematic approach to response and recovery activities. USF continues to maintain an all-hazards approach in the development and execution of programs, policies, plans, and procedures in support of emergency operations.

### Phases

USF developed and will implement a 4-phased approach to promote a healthy and safe environment as the University reconstitutes normal operations that support faculty, staff, and student return to campuses. These 4 phases provide flexibility and adaptability based on current and projected developments in COVID-19 trends. Each phase limits the number of individuals on campuses, while collecting data to determine next actions.

#### Phase I

Phase I allows for up to 25% of staff returning to the campuses, based on space configuration, and allows additional critical functions to be performed beyond those allowed in the planning period while continuing to enforce strict protective measures to limit exposure of returning employees and reduce potential for community transmission. This looks at multiple requirements, such as cleaning, campus activity, PPE, social distancing requirements and travel guidance.



### Phase II

Phase II allows for up to 50% of staff returning to the campuses, based on space configuration, and expanded resumption of critical services with extensive protective measures still in place. Preparing for resumption of normal operations while continuing to limit exposure of returning employees and reduce community transition. During Phase II the mitigation requirements remain the same, however, the guidance is modified to support steps necessary to move to Phase III.

### Phase III

Phase III allows for up to 75% of staff returning to the campuses, based on space configuration, and near-full full resumption of critical operations. Protective measures remain in place to limit exposure of returning employees and students, and reduce community transition. During Phase III the mitigation requirements remain the same, however, the guidance is modified to support steps necessary to move to Phase IV.

### Phase IV

Phase IV, CDC lifts social distancing guidance, herd immunity is achieved, or the rate of transmission in the six-county area of the University is stable below 1.0. All community members return to campuses and operations resume. Protective measures necessary to limit exposure to residual circulating virus remain in place as appropriate and necessary based on data and expert advice

#### Progression Through Phases

The decision to progress to a new phase will be based on the ability to meet and/or sustain specific identified criteria in order to avoid adverse impacts to the University community. These benchmarks are based on public health data, and availability of appropriate resources to execute the plan. It is imperative that this plan and identified phases remain flexible and allow the University to respond appropriately to changing conditions.

A formalized process to move through the phases has been developed to allow appropriate University leadership an opportunity for review. Movement through phases will be managed by the Department of Emergency Management, through University Emergency Operations Centers.

Our plan remains flexible and includes a contingency plan that may be implemented to bring us back to a previous phase. Criteria and decision points that may require us to reconsider our approaches or revert back to a more restrictive phase include:

- A new governmental order prohibits us from moving forward or requires us to phase back
- COVID-19 cases increase, reports of Influenza-Like Illness and COVID-Like Illness increase every day for 14 days in the surrounding community
- The percent of positive tests among an individual campus population exceeds that of the surrounding counties
- We experience an unexpected fatality among a member of our University community related to the event
- There is a disruption in the supply chain preventing us from obtaining appropriate PPE or cleaning supplies

### A Healthy Campus Environment

The health and welfare of all students, faculty, staff, vendors, volunteers, and visitors across the University is the foundational priority of USF's reopening plan. The University will implement mitigation measures and make changes to campus operations to promote healthy practices, and will remind all USF community members that health and wellness is a shared responsibility. All persons on campus will be subject to new policies, procedures, and oversight designed to promote a safer and healthier environment for teaching, learning, and working, including strategies to protect individuals at higher risk for developing adverse outcomes of COVID-19. These changes align with the University's commitment to community.

Institutionally, we will adopt measures to mitigate transmission, such as physical barriers, reconfigured spaces, and policies encouraging tele-work, which are described in further detail below. We will also encourage community behavior that remains consistent with public health guidelines, especially in regards to physical distancing, hand-washing, cough etiquette, face covering, disinfecting surfaces, and staying home when symptomatic. Hand sanitizer will be available to the campuses through a variety of means.

A marketing campaign will be implemented to educate faculty, staff, and students on the new requirements and expectations set for the benefit of community health. Consequences for non-compliance have been developed, as outlined in the Healthy Campus Community section of this plan, and will be communicated to all constituents, as the University strives for a common understanding of and respect for the gravity of this situation. Training will be available to support compliance, collective responsibility, and if necessary, enforcement of these requirements. USF will continually review health data trends and monitor the campus atmosphere to best determine when and how various activities can resume or must be curtailed.

### Human Resources

USF employees will be returning to on-campus work in a phased approach; this includes faculty in classes and staff in offices. When planning for the return of employees to campus, units must continue to meet both business requirements and health and safety standards. USF is committed to flexibility in meeting both obligations, where reasonable circumstances permit.

In the early phases of returning to regular on campus work, the following conditions will apply:

- If duties can be performed remotely while still meeting business needs, then the employee should be permitted to do so/continue to do so.
- An employee who is exhibiting COVID-19 symptoms or who is diagnosed with COVID-19 should not come to work.
- If the duties cannot be performed remotely while still meeting business needs; then the workplace outcome depends on the reason for being unable to return to campus. See below.
- If the employee is limited in returning to campus because of a disability, then the employee should consult with Central HR or the unit's HR professional to consider available options for ADA reasonable accommodations or the possibility of FMLA leave, including expanded federal eligibility for leave. The University already has an infrastructure for managing these legal obligations. The supervisor should not be the primary contact for ADA and FMLA matters.
- If the employee is limited in returning to campus because of dependent/elder care obligations, then the employee should consult with Central HR or the unit's HR professional to consult regarding FMLA leave, including expanded federal eligibility for leave for dependent care. The University already has an infrastructure for managing these legal obligations. The supervisor should not be the primary contact for FMLA matters.
- If the employee is limited in returning to campus due to the employee's risk profile based on CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups->

[at-higher-risk.html](#)), then the employee and supervisor should explore options to adjust the work environment to support the employee's return to on campus work, such as: flexible work schedules; alternating days in the workplace with days of remote work; hybrid performance of duties with telecommuting and in person work functions (i.e. faculty providing remote lectures with carefully managed in person labs); temporary reassignment; staggered start and end times to limit number of employees arriving or departing at the same time.

However, presenting one or more risk factor does not necessarily equate to a disability under the ADA that would be a basis to provide a reasonable accommodation (i.e. being 65 is not a disability). If the employee is limited in returning to work due to generalized concerns unrelated to the employee's own health or dependent/elder care circumstances, then regular leave and assignment policies should apply.

### Enhanced Cleaning and Disinfection

The University has developed enhanced cleaning and disinfection protocols for all resumption phases that align with CDC guidelines and public health recommendations. Enhanced cleaning/disinfection protocols consist of additional focus on high touch points/surfaces (e.g., tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.) utilizing EPA registered products and/or CDC approved disinfection materials effective for COVID-19.

Responsibility for enhanced cleaning/disinfection has been clearly delineated depending on the space type. For example, Custodial Services (internal or contract) will conduct enhanced cleaning/disinfection in areas traditionally serviced including, but not limited to, conference/teaching areas and public/common areas (e.g., building entries, lobbies, atria, restrooms, elevators, elevator lobbies, break rooms, etc.). End users/occupants will be responsible for enhanced cleaning/disinfection in private/shared offices, research labs, and core/common labs. In addition, educational and learning spaces (classrooms, teaching labs, computer labs, etc.) will be centrally supplied with cleaning/disinfection supplies in order for end users/occupants to supplement custodial services between classes. University Auxiliary and DSO functions have developed synonymous enhanced cleaning/disinfection protocols that align with the University's established standards.

In order to respond to potential positive COVID-19 cases within the University community and associated spaces, resources (equipment including sprayers, foggers, misters as well as associated disinfection products and personnel) have been secured/coordinated to effectively disinfect potentially impacted areas and restore academic and business continuity in an efficient manner. In addition, the University maintains continuing services contracts with vendors experienced and equipped to efficiently execute large scale enhanced disinfection, if required to supplement the University's internal resources.

The University's Division of Administrative Services/Facilities Management is coordinating the purchase, installation, and maintenance of standardized disinfecting/sanitizing supplies for all campuses and will provide disposable sanitizing wipes, spray bottles, or equivalent, dependent on supply. Multiple resource, sourcing, and distribution plans have been developed in order to address potential supply shortages and variable business needs. An assessment of spatial needs across the University for disinfection/sanitizing stations, kits, and/or resource distribution mechanisms has been conducted and implementation is underway. Administrative Services/Facilities Management will maintain all USF standardized disinfecting/sanitizing supplies in all E&G buildings and staff will be dedicated to monitoring and refilling the standardized sanitizer stations/bottles/kits, disposable sanitizing wipes, and restroom hand washing supplies.

Purchasing, distribution, and material maintenance plans have been shared and coordinated with University Auxiliary and DSO functions in order to facilitate sourcing, potential cost savings via bulk purchase, as well as a consistent approach across all University locations. In addition, Administrative Services/Facilities Management will also serve as a resource to the University community to assist in the procurement and distribution of additional cleaning supplies and sanitizers based on individual departmental needs.

### Personal Protective Equipment/Hygiene

In alignment with CDC and University guidelines and to minimize the potential for the spread of COVID-19, the University has purchased and will issue two (2) reusable and washable cloth face coverings for each student, staff, and faculty member. The University is centrally sourcing/purchasing hand sanitizer and finalizing spatial plans and associated mechanisms for distribution to facilitate effective hand washing/sanitizing practices.

Further, additional Personal Protective Equipment (PPE) including, but not limited to, gloves and face shields will be provided if the daily activity/tasks necessitate the usage of such equipment. Facilities Management/Environmental Health & Safety will evaluate all products and associated application processes to ensure appropriate PPE is identified and available for end users. Information regarding the proper use, risks (if any), proper health & safety practices, and PPE requirements will be provided to all end users.

Marketing and communication campaigns are currently being developed and implemented to facilitate effective personal hygiene, utilization of PPE, and social distancing practices across the University community.

### Student Extracurricular Activities

Engagement and involvement activities are important aspects of the college experience. Although the necessary safety regulations may at first seem to minimize social interaction, the focus is on *physically* distancing rather than on social distancing. USF departments will continue to hold events and students will have opportunities to engage in social activities both face to face and virtually. However, these activities will be necessarily altered to protect all members of the USF community. Students will also still have the opportunity to get involved in student organizations.

All student organizations, fraternities and sororities, and sports clubs will need to submit plans for how they will share responsibility for maintaining a healthy campus community by abiding by USF health and safety guidelines in events and programs. A committee will review and approve these plans before they can begin functioning in a face to face format.

### Wellness Support

The University is committed to promoting comprehensive health and well-being of its students. We provide an array of health and wellness services and programs on all campuses. (USF Sarasota-Manatee has a longstanding partnership with New College of Florida to support the health and well-being of its students.) The USF Office of Student Health Services, the USF Counseling Center and the USF Center for Student Wellbeing all work to assure that students have timely access to medical care, mental health services, and health promoting programs all designed to contribute to student success and to life-long health and career success.

All services and programs have remained operational, though in limited, remote, or hybrid mode, and have included enhanced attention to screening, testing, tracing, and supporting any students with COVID-19 symptoms or illness. Students asked to self-isolate have been provided with medical

monitoring, mental health assessments, and other supports including academic support. During the fall semester and as long as necessary, we will continue to provide twice-daily medical monitoring of COVID-19 positive cases, mental health assessments and delivery of counseling, and Care Team support for all other academic, student, and daily living needs.

As the University enters into its phased-approach to resuming operations, Student Health Services will remain in a hybrid service mode, offering Telehealth services and limited appointments scheduled to segregate well-visits from those related to COVID-19 or other illnesses. The numbers of in-person appointments will increase as additional staff are able to return to campus work, but Telehealth will remain a significant mode of delivery. All clinical sites will require temperature and symptom checks before entering and all customer service points will have physical barriers (e.g. Plexiglas) in place. Sufficient PPE supplies for health care and front-line personnel and enhanced cleaning/disinfectant protocols will be maintained. Spaces will be reconfigured and patient flow directed to maintain social distancing. The Counseling Center intends to operate in a similar fashion. Psychiatric visits and behavioral health consultations will remain largely in Telehealth mode, with exceptions for those at highest risk and deemed in need of in-person visits. Small group sessions may be arranged in phase II, if space allows for appropriate social distancing.

The Center for Student Well-Being will also remain in remote delivery mode for its services and has enhanced its presence on social media and held webinars and livestream events. In-person programming will increase as space allows to maintain social distancing and activities targeted at students returning to campus will be redesigned for outdoor venues and/or for curbside pickup of such items as wellness packs.

As students return to campus, a public health campaign designed to encourage influenza vaccinations will commence and multiple opportunities for free flu shots will be made available. Faculty and staff will also be encouraged to be immunized against influenza; USF Student Health Services offers free flu shots for students and the College of Public Health intends to offer multiple free flu shot days for the campus and surrounding communities in partnership with the FDOH, as it has done every year for over 25 years.

### Research

Critical research efforts have continued throughout the duration of the COVID-19 response with modified operations to promote physical distancing and enhanced cleaning and sanitization protocols. Remote work was encouraged as much as possible and occupancy thresholds were established in laboratory spaces. As we progress through the phases, operations will be modified to meet the current health and operational environment. As we enter the fall semester, faculty PIs, Laboratory, and Facility Managers should continue to monitor laboratory personnel to maintain six feet physical distancing within all laboratories and associated research spaces, when possible. Personnel (i.e., PIs, technicians, post docs and graduate students) may engage in laboratory research provided COVID-19 health and safety measures are observed, to include physical distancing and frequent hand washing and sanitizer use. Frequently used surfaces, equipment, etc., should be wiped down with disinfectant wipes or sprays and cloths often and always between uses by different persons. Personnel should continue to rotate through research labs on an established schedule and only personnel conducting active experiments should be present within the labs.

### Space Planning

The University will be flexible in allowing employees to continue telework as appropriate. Information Technology will be producing telework guidelines to promote cyber security. Applicable University policies and procedures are being updated to reflect the new telework environment.

In order to support CDC guidelines and public health recommendations regarding social distancing guidelines for those working on a campus, Facilities Management/Planning has conducted an extensive analysis of University space and developed guidance and engineering/administrative controls to facilitate proper physical distancing. The analyses consisted of physical walk-throughs of University space, questionnaires for area occupants/users regarding personnel and utilization during the re-opening phases, and the evaluation/re-design of space drawings to determine appropriate occupancy and potential necessity of appropriate engineering/administrative controls to effectively mitigate risk. Depending on the utilization and spatial characteristics of the specific space type, engineering/administrative controls to be implemented for physical distancing guidelines include, but are not limited to, the following:

- Reduced occupancy of spaces based on square footage and required minimum 6 feet of separation between occupants;
- Physical modification/re-orientation of the physical layout of the space;
- Modification/staggering employee work schedules;
- Modification of traffic patterns and modified/limited entry points within a space;
- Installation of physical barriers (e.g., Plexiglas, partitions, cubicles, etc.) at point-of-service, shared/open landscape offices, and retail areas;
- Development and installation of floor decals/signage specifying social distancing guidelines and area use expectations in high-priority/volume service areas (e.g., Registrar's Office, dining areas, etc.); and,
- Removal or taping of seating areas.

Examples of space planning considerations for both office and classroom space can be found in Appendices A and B.

### Dining

Dining Services have been operating according to modified protocol throughout the duration of the COVID-19 response period. As we progress through the phases toward the fall semester, additional modifications will be made for sanitation and to promote physical distancing. This includes instituting enhanced cleaning and sanitation procedures, physical barriers at registers, capacity limitations, directional arrows/stickers on floor for entry, service and exit queues, and floor markings to remind patrons to physically distance.

### Parking and Transportation

In order to address the health and safety of Parking and Transportation Services (PATs) employees as well as the University community, numerous protective measures and social distancing protocols that align with the CDC, USF COVID-19 Task Force, and State/local government guidelines have been implemented. These measures/protocols include:

- Drivers have been provided PPE including gloves, face coverings, and face shields as well as materials to disinfect their work area(s).
- Implementation of administrative controls by limiting the number of passengers on busses, based on the dimensions of the bus, in order to minimize the potential for occupants to be within 6 feet during operations.
- Implementation of a bus disinfection program to help protect both drivers and passengers from potential exposure. All busses are fully disinfected once per day and driver areas are disinfected 2-3 times per day (dependent on the number of driver changes).
- Enhanced cleaning/disinfection of all bus shelters and parking garage high touch points/surfaces is completed on a daily basis.



With respect to University golf carts, administrative controls have been established and will be communicated to the campus community. These controls include limiting the number of individuals (i.e., limit two (2) person carts to a single individual, four (4) person carts to a maximum of two (2) employees, and six (6) person carts to three (3) passengers) and staggering the sitting orientation, including facing opposite directions where feasible, during transportation to work areas in order to increase spacing between employees and limit prolonged, face-to-face interaction. In addition, drivers will be instructed to roll-up cart enclosures to increase ventilation during transportation. Lastly, all cart drivers will be instructed to disinfect carts prior to use.

### Housing and Residential Education

Residence Halls on the Tampa and St. Petersburg campuses will open at design capacity to accommodate current demand for on-campus housing. Isolation spaces have been identified on both campuses to accommodate positive cases and suspected contacts. Our projected occupancy rate for 2020-2021 is 84%; our three year occupancy average is 95% (ranges from 92%-97%). We will have 175 beds available for isolation. The identified isolation space is inadequate to accommodate all residents who are awaiting test results, and the space will be used for on-campus residents only. If demand for isolation spaces exceeds supply on the Tampa campus, students will utilize designated space at the St. Petersburg campus.

Policy changes have been made to accommodate the current environment. A Student Housing Agreement Addendum with these changes has been included in all contracts. There will be limitations on use of common areas and lounges and access restricted to building residents only (no guests). There will be expectations on the use of face coverings, physical distancing, and other CDC guidelines to align with campus requirements. Residents must exhibit compliance with testing, reporting, and relocation directives. There will be no refunds if halls close early.

The grand opening for move-in will occur in scheduled time frames over several days. Students will be able to select appointment times, with a cap on the number of residents moving in per day and per building. Move in will follow CDC guidelines on physical distancing and face coverings and the number of helpers with each resident will be limited. Virtual room condition reports will be completed and students will be encouraged to only bring items they need for the semester.

Various modifications will be made to the housing facilities. This includes Plexiglas barriers at high traffic service areas and work spaces, turning off water fountains and alternating sinks in community bathrooms, and potential installation of automated fixtures and paper towel dispensers.

### Athletics

In addition to the guidelines of the American Athletic Conference for return to competition, USF Athletics will follow the University approach to resuming operations that provides for the health and safety of faculty, staff, students, and spectators. USF Athletics will follow these general principles to guide the reopening of Athletics facilities:

1. Local and state government officials consent to reopening.
2. USF administration consent to reopening of Athletics and reopening plan is in alignment with University plans and protocols.
3. Athletics has implemented all of the operational guidelines listed in this document to minimize risk of virus transmission among employees and student-athletes.
4. Athletics has acquired adequate amounts of needed supplies to support the reopening plan.
5. Athletics has created an Infection Response Team (IRT) and has a written plan for newly diagnosed cases as detailed below.
6. Athletics has designated an Infection Control Officer who will oversee all aspects of the implementation of the listed guidelines.



7. Each employee and student-athlete who returns to train and work at the facility must receive COVID-19 safety and hygiene training prior to using the facility and agree to report health information to the IRT.

For Phase III, no activities that would require direct (e.g. wrestling) or indirect (e.g. high jump pit, basketball) contact between student-athletes will be authorized. In order to operate in this phase, authorities allow small group activities (<11 people), gyms and fitness facilities to open by the State of Florida. Athletes and staff must have no signs of COVID for 14 days and live at the training location 10-14 days prior to group training. All participants must self-monitor for symptoms of COVID-19 twice daily. If any symptoms of infection are present, the participant should not attend practice, should notify coaches and staff, and notify the IRT. Upon arrival to train, coaches or staff should ask each student-athlete if they are experiencing any signs or symptoms of COVID-19 and take their temperature.

In order to allow spectators to attend USF athletics contests this academic year, there must first be consent from state, local and University officials. Assuming spectator permission is granted, USF Athletics will abide by any venue capacity restrictions that may be in place at that time. Assuming spectator permission is granted, USF Athletics, in conjunction with the Tampa Sports Authority (for USF Football games) and Vinik Sports Group (for all other USF athletic contests), will develop and implement special event operations plans to include special policies and protocols for tailgating, entrance screening procedures and physical distancing measures in the seating areas. Assuming spectator permission is granted, USF Athletics will develop a communications plan to provide clear instructions to the general public and potential spectators regarding the most current guidelines that must be adhered to at any particular USF athletic contest.

### A Healthy Community Environment

The health and safety of each campus is a shared responsibility among students, employees, vendors, volunteers, visitors, and surrounding community members. As a multi-campus institution, USF has a footprint in four counties and draws its workforce from at least a six-county area. We recognize that we are embedded in these communities and benefit from our interdependent relationships. As our employees and the majority of our students commute into and out of our campuses each day, our efforts to mitigate transmission of COVID-19 must necessarily be coordinated with those of these surrounding counties.

Since the beginning of this event, we have been working closely with governmental, clinical and community-based partners. We have helped staff testing sites with our clinical partners and those stood up by Hillsborough County; we identified students and faculty to extend the workforce of the FDOH to support contact tracing; we have volunteered our expertise to both state and county government; we have produced and made available critical supplies including testing swabs and face shields and donated PPE to the county; we have created a program to provide monitoring and support for COVID-19 positive cases who are not hospitalized to make sure they get any medical or related social services they may need; we have created an ability to focus on long-term care facilities in the area that are at particularly high risk for COVID-19 transmission and the most severe consequences of such infections; we have coordinated with Emergency Management offices around alternate care sites and hurricane response; and we have provided countless media interviews, op eds, and educational messages on various social media.

We track on a daily basis the data provided by the FDOH, the emergency managers in our four-county area, and our clinical partners (Tampa General Hospital has developed a consortium of hospitals in a twelve-county area and they share those data with us as well). We have particularly close and long-standing relationships with the directors of the four county offices of the FDOH in Hillsborough, Pinellas, Manatee, and Sarasota counties. We created a syndromic surveillance system to enhance

the data being gathered from the public on COVID symptoms and we have assisted in developing models for considering the possible impact of likely strategies or governmental decisions.

There will be expectations all members of our University communities, including all visitors and vendors, for all health and safety standards. Physical distancing, face coverings, and surface disinfecting protocols will be in effect and will be enforced for everyone on any of our campuses. We will also provide guidance to our faculty, staff, and students on our expectations for how they comport themselves when in public outside of campus. The primary goal remains to mitigate transmission of COVID-19 on our campuses and in our communities; this is both an individual and a collective responsibility.

The following table depicts the various risk mitigation strategies intended to promote health and safety at the University. Each is accompanied by enforcement strategies intended to be employed to promote compliance. The specific action(s) taken in response to conduct that does not support health and safety standards will be fact specific and consistent with USF due process requirements. The behaviors and University responses listed in the matrix are not exhaustive or exclusive. The University reserves the right to respond to noncompliance with health and safety standards in lawful ways not described in the matrix.

Risk Mitigation Strategy	Level and Nature of Enforcement
Longer term (14-day) isolation of COVID-19 positive cases	Removal from campus and referral to Student Conduct with possible provisional suspension if a student, or referral to Human Resources with possible disciplinary action if faculty or staff
Shorter term (2-10) day isolation awaiting an indicated test result	Removal from campus, possible provisional suspension if a student, possible disciplinary action if a faculty or staff
Wearing of face coverings in classrooms, group work environments, or enclosed public settings where physical distancing may not be able to be maintained	Request to comply with the guidance followed by removal from the activity, e.g. class, lab, studio, congregate spaces or a workplace until the guidance is followed; followed by possible suspension; followed by possible separation; additional consequences for disrupting the activity
Completion of baseline symptom survey	Reminders followed by redirection when attempting to access other applications, followed by suspension of network access
Completion of periodic symptom surveys	Reminders followed by redirection when attempting to access other applications
6 feet of separation between other people, where signage and markings indicate such is to be maintained	Request to comply with the guidance followed by removal from the activity
Completion of education modules on risk mitigation and enforcement	Multiple reminders to reach goal of 90% of employees in any unit on campus completing
Local disinfecting of workspaces including offices, frequently used areas and other areas where work is conducted including classrooms, labs, etc.	Request to comply with the guidance followed by reminders followed by warnings

USF is woven into the fabric of the surrounding local communities, and a healthy campus environment directly impacts a healthy community environment. The relationships that the University has built and fostered with local governmental leaders, business owners, and health care providers in the surrounding community are invaluable in promoting the community commitment to adhering to and endorsing national and state guidelines and university policies that are in place to promote health and safety.

### COVID-19 Virus Testing, Contact Tracing and Surveillance

Scientists around the world are working tirelessly to develop medications and vaccinations to treat and prevent COVID-19 but until then students, faculty and staff will need to adopt the US Centers for Disease Control and Prevention's (CDC) prevention and mitigation strategies in order to minimize the transmission of the COVID-19 virus. These include wearing face coverings, frequent hand hygiene practices, social distancing at least 6 feet, physical barriers when social distancing is not possible and staying home when feeling ill. [1] In order to measure the consistency of the University community adopting these changes, it is essential to implement a surveillance system to evaluate the prevalence of transmission of the virus within the USF community.

The University surveillance system will be composed of three elements: *symptom tracking surveys*, *viral testing and environmental sampling*. Viral tests are performed by using nasopharyngeal or nasal swabs to collect samples from the respiratory tract and using polymerase chain reaction (PCR) to determine if SARS-CoV-2, the virus responsible for COVID-19, is present. Some viral tests have been developed that can be processed at the time a patient is being evaluated but the availability of rapid testing supplies remains unreliable. Other test kits are sent out to laboratories which adds several days for results to be received.[2] Serological testing is also being developed to evaluate previous infection by the detection of IgG antibodies. These tests are becoming available as point of care testing as well as traditional serological testing. However, the results of these tests have come under scrutiny as the results have been too inaccurate to be reliable. The FDA has increased evaluations of these tests in an effort to enhance the reliability of COVID-19 serological testing.[3] Other testing under investigation is serological detection of viral antigens, which would indicate active infection. Once approved by the FDA, such a test would expedite the detection of active viral transmission and could replace PCR as the main test for the detection of COVID-19.

USF will utilize patient self-collected anterior nares swabbing for PCR testing for the detection of SARS-CoV-2 virus. The testing protocol was approved for Quest Diagnostic Laboratories through the Food and Drug Administration's (FDA) emergency use authorization program in late May 2020. In the event that viral antigen detection technology becomes commercially available, utilization of this technology will be assessed for implementation for SARS-CoV-2 viral detection.

Prior to the first day of classes for the fall 2020 semester, all students, faculty and staff will receive and be required to complete a **Baseline Symptom Tracker Survey** (see Appendix C) to evaluate their exposure to COVID-19, current state of COVID-19 symptoms, and whether they will be physically returning to any of the USF campuses for the fall semester. Any faculty or staff reporting symptoms of COVID-19 will be asked to have a medical evaluation and refrain from returning to campus until medically cleared. All students returning to campus for programs such as athletics **prior** to start of the fall 2020 semester will be asked to complete COVID-19 testing prior to their return. Any student reporting symptoms of COVID-19 will be asked to have a medical evaluation and to refrain from returning to campus until medically cleared. Students responding that they will be returning to USF campuses from international locations, from out of state locations and from Florida counties with COVID-19 positivity rates >7% (based on the *Florida Department of Health COVID-19 Data and Surveillance Dashboard*) will need to complete COVID-19 testing prior to returning. In addition, to respond to parental concerns of roommate assignments, students living in University residential

housing and a random sampling of 10% of students who report living in off campus housing with 1 or more non related roommates will need to complete COVID-19 testing prior to returning in the fall. Isolation will not be required while awaiting tests results.

Any student, faculty and staff whose COVID-19 test comes back positive will be notified of their test results; we will notify their county health department who will conduct contact tracing and the individual will be instructed to self-isolate away from any USF campus until medically cleared to return.

After completing the initial survey and test, if required, all students, faculty and staff present on the campuses will be surveyed with **a Modified Symptoms Tracker Survey**, which will be mandatory and occur on a daily basis. This survey will inquire about an individual's physical symptoms and will take less than a minute to complete.

Active monitoring of viral transmission across the University community on each of the campuses will occur through weekly random sampling of students, faculty and staff who complete the modified symptoms tracker survey. Random sampling rates are usually set at 5% or 10% for surveillance purposes; the higher level of 10% sampling will be chosen for the first 3 weeks of the semester, to allow the campuses to capture the variability of prevalence due to the geographic diversity of the returning USF population. The sampling rate will then be adjusted to whatever the prevalence rate is in Hillsborough County, such as a current rate of 3% to allow for the smallest possible bias between prevalence and sampling. The number of people sampled will also be adjusted after the initial survey is sent out in late June/early July, when the accurate number of returning students, faculty and staff will be determined.

The frequency of the symptom tracker survey will be routinely evaluated and adjusted according to the prevalence rate in the University community and its respective county. As the prevalence rate decreases, the University community will be surveyed on a less frequent basis as determined by epidemiologists in the College of Public Health and medical leadership in the Morsani College of Medicine.

Those students, faculty and staff responding positively to the modified symptom tracker will be contacted by nursing staff from Student Health Services (SHS) to seek medical attention from SHS, USF Health or a community provider to have their symptoms evaluated. If during the course of the evaluation, COVID-19 testing is initiated, students, faculty and staff will be required to isolate for 10 days from the onset of symptoms and have resolution of symptoms for 72 hours before being released from isolation. [4]

Those students, faculty and staff who seek medical attention on their own and are found to have influenza like illness (ILI) symptoms with negative rapid testing for streptococcus group A, influenza or mononucleosis will need to be tested for COVID-19. Students, faculty and staff will be required to isolate for 10 days from the onset of symptoms and have resolution of symptoms for 72 hours before being released from isolation. [4]

Those students, faculty, and staff randomly selected to be tested for COVID-19, will be notified on a weekly basis that they have been selected. They will receive through University email a requisition and a location to receive and drop off the self-administered COVID-19 test kit. All results will be communicated to the tested party. Isolation will not be necessary while awaiting test results. Anyone testing positive and who is asymptomatic will have a telehealth medical evaluation and will be required to be isolated for 14 days from test date. [4]

Any student, faculty, and staff required to be isolated will need to complete an **isolation survey** every 12 hours for 10 days. The isolation survey and frequent telehealth visits will monitor the progression of symptoms to assist in determining if a higher level of medical care is necessary. This survey will also be screening for mental health and will assist medical providers in making referrals to a mental health specialist as necessary.

All students in isolation will be assigned a Care Manager through the Dean of Students office. The Care Manager will assist students with referrals for all non-medical concerns such as meals, financial assistance and academic assistance.

Students, faculty, and staff who are symptomatic for COVID-19 and those who have tested positive are required to be separated from the community at large. The University is encouraging people to isolate at their home; however, for many students this option may not be viable. In order to prepare for students who may need to be isolated while they recover from illness or while they await a test result, it is recommended that Housing and Residential Education reserve 250 beds between the Tampa and St Petersburg campuses. This estimation is based on a SHS five-year average for the fall semester of influenza like illnesses (ILI). The Tampa peak weekly average is 175 ILI and the St. Petersburg peak weekly average is 69 ILI.

All members of the USF community who test positive will have their test results reported to the health department in the county in which they were tested. As part of the reporting system, a physician from SHS will communicate with a health department official to communicate any information that is available regarding other persons they may have come into contact with while infectious. The health department will contact the individual with the positive test result to discuss the contacts and travel history. The health department will communicate with the contacts to evaluate their risk and advise on isolation and testing for COVID-19.

The COVID-19 crisis has placed a huge strain on public health departments across the country to meet the demand for contact tracing as the number of COVID-19 cases increase. In response to a call from the FDOH in March, nearly 70 College of Public Health faculty, staff and students were hired on a temporary basis to assist the state in contact tracing. In addition, students from all the Colleges of USF Health, the School of Social Work, and the Genshaft Honors College have volunteered and are being trained to assist in contact tracing should the number of positive cases increase in the counties surrounding USF.

The essential element of containing an outbreak of COVID-19 is identification of contacts to a positive individual. Contact tracing through the health department can identify people who are in close proximity to each other, which would indicate there is a potential for more people who may be infected in a particular site. This would be called a “hotspot”. In order to determine if there is active virus within the confines of a particular building **environmental sampling** for COVID-19 could take place. Environmental sampling uses samples collected from surfaces such as floors, door handles, telephones, computer keyboards and desk surfaces to determine if viral RNA specific to COVID-19 is present by using polymerase chain reaction (PCR). If COVID-19 RNA is found, this would trigger a broader investigation among those who were present in a particular location during a particular time period. The testing in these circumstances would use batches of *pooled specimens* from numerous patients’ swabs to determine if virus is present. If viral activity is found in a particular batch, only those individuals whose swabs were pooled for that batch, would be individually tested. This testing mechanism allows for large volumes of people to be tested in a very short period of time. Pooled specimens is an effective tool as long as the prevalence of the disease in the population is low.[5]

USF will be collaborating with its SUS neighbor in Sarasota, New College of Florida to provide the same access to surveillance and testing. USF will be assisting with medical consultation and guidance for



any positive cases that may develop on their campus. A flow chart depicting this entire process is provided in Appendix C.

### Academic Program Delivery

Promoting the health and wellbeing of our students, faculty, staff and visitors remains the primary consideration in planning for academic continuity at USF in Fall 2020. A flexible hybrid academic model has been designed and adopted for delivery of both undergraduate and graduate classes in 2020. This is intended to maximize flexibility and to support a mix of academic delivery formats to meet diverse student needs with regard to access, timely progression, and graduation. The model includes a mix of:

- Traditional face-to-face (F2F) instruction with physical distancing through reduced density, rotational attendance, and contingency plans to move online at any time,
- A blended mode of delivery including live F2F, synchronous and/or asynchronous sessions, and
- Quality online courses with the innovative use of active learning technologies (Note: USF, through Innovative Education, has emerged as a leader in the online space and has consistently delivered one third of all coursework in online and hybrid formats, at both the undergraduate and graduate levels in recent years).

All instructors must be adaptable, flexible and prepared to transition to quality online delivery at any point during the Fall 2020 semester. Faculty members will be required to comply with University protocols for face-to face interactions, at all times, both inside and outside the classroom.

Students will not be required to register for F2F classes and those in “high risk” groups are provided access to coursework through a range of alternative delivery platforms and accommodations as appropriate and consistent with ADA and University guidelines. Faculty members in a “high risk” category shall be given priority to teach their courses online as a reasonable accommodation consistent with a *Memorandum of Understanding* with the USF Chapter of the United Faculty of Florida re: Article 4 of the CBA:

“A bargaining unit member, or individual(s) with whom the bargaining unit member resides, whose age and/or underlying medical/health condition puts either of them at risk for death or severe medical/health complications should they contract COVID-19 during the Public Health Emergency, shall be given priority to teach their courses in an online format as a reasonable accommodation.”

This accommodation may be granted with the explicit understanding by all parties that the faculty member will engage with instructional digital designers in USF Innovative Education for the preparation necessary to deliver a quality online educational experience. Performance expectations exceed those associated with transition to remote instruction in Spring 2020.

Back-up instructional assignments are to be confirmed should they become necessary. All members of the USF community, on all campuses, must accept personal responsibility for the well-being of themselves and others.

University space has been extensively mapped and evaluated in light of current CDC, state, and local physical distancing guidelines and a revised student capacity, by classroom and laboratory, has been established. Moreover, available instructional technology has been identified by instructional and student learning space. Deans and building supervisors will address and manage how each class section will provide sufficient time for sanitizing surfaces between classes and how to ensure appropriate physical distancing in hallways, elevators and stairwells upon entry and exit from classes.

Certain classes are identified as high priority for F2F delivery due to specialized accreditation standards, access to equipment (e.g. upper division and graduate STEM labs), and/or the essential

need for experiential learning (e.g. studios in the performing arts). In the case of F2F classes, reduced student density will adhere to CDC guidelines (at approximately 25-30% capacity for classrooms and 50% for labs). If a faculty member (with the approval of a school director or department chair) adopts a F2F rotation for class attendance/participation (e.g. every Monday or Wednesday attendance in a MW class), all class sections will be delivered synchronously and/or recorded and made available to all students enrolled in the class through password protected access.

Classes with 100 or more students will be required to move to a fully online format, and class sizes of 50-100 students will be strongly encouraged to move to an online delivery format. However, larger class sections may be divided into multiple smaller sections to facilitate expanded access to F2F or blended delivery depending upon concurrently available instruction space and added instructional resources. Student Instructional and Learning Assistants will provide appropriate support for faculty members inside and outside the classroom.

Active student learning, engagement and academic success will be supported through out of class activities and student support services in F2F and/or virtual formats including but not limited to academic advising, financial aid, mental health counseling, “office hours” with faculty, small group study and tutoring, library, and career services, including activation of USF’s comprehensive *digital communities* initiative.

*Guidance and Advice for Faculty Teaching in Fall 2020* will include, yet will not be limited to, the modified academic calendar, faculty and student responsibilities, public health considerations (inside and outside the classroom), class attendance and participation expectations, tips for optimizing instruction and student learning in alternative delivery formats, assessing student learning outcomes, the class syllabus, and available support for faculty, classrooms, and students. A similar set of *Guidelines* is being developed for distribution to USF students on all campuses.

In order to continue USF’s high academic performance expectations in the delivery of quality education and student learning, and to ensure compliance with standards and principles of SACSCOC and specialized accrediting agencies, instructional faculty will be provided expanded professional development opportunities to enhance their pedagogical skill set, ensure their familiarity with technology, tools and techniques, and to consider alternative methods for assessing student learning outcomes.

All student learning and final examinations will migrate to a quality online platform beginning November 28, 2020, and following Thanksgiving break, to mitigate the spread of COVID-19 resulting from holiday-related travel. Residence halls, dining options, and student support services will remain open after Thanksgiving break for students who need access through the end of the fall semester.

The responsibility for college class schedules (across all campuses), mode of delivery, assuring academic quality, meeting student demand and access (to promote retention, progression, and timely graduation), faculty instructional assignment, and compliance with federal and state law, as well as state and university regulations, and policies, rests with each of the 13 college deans.

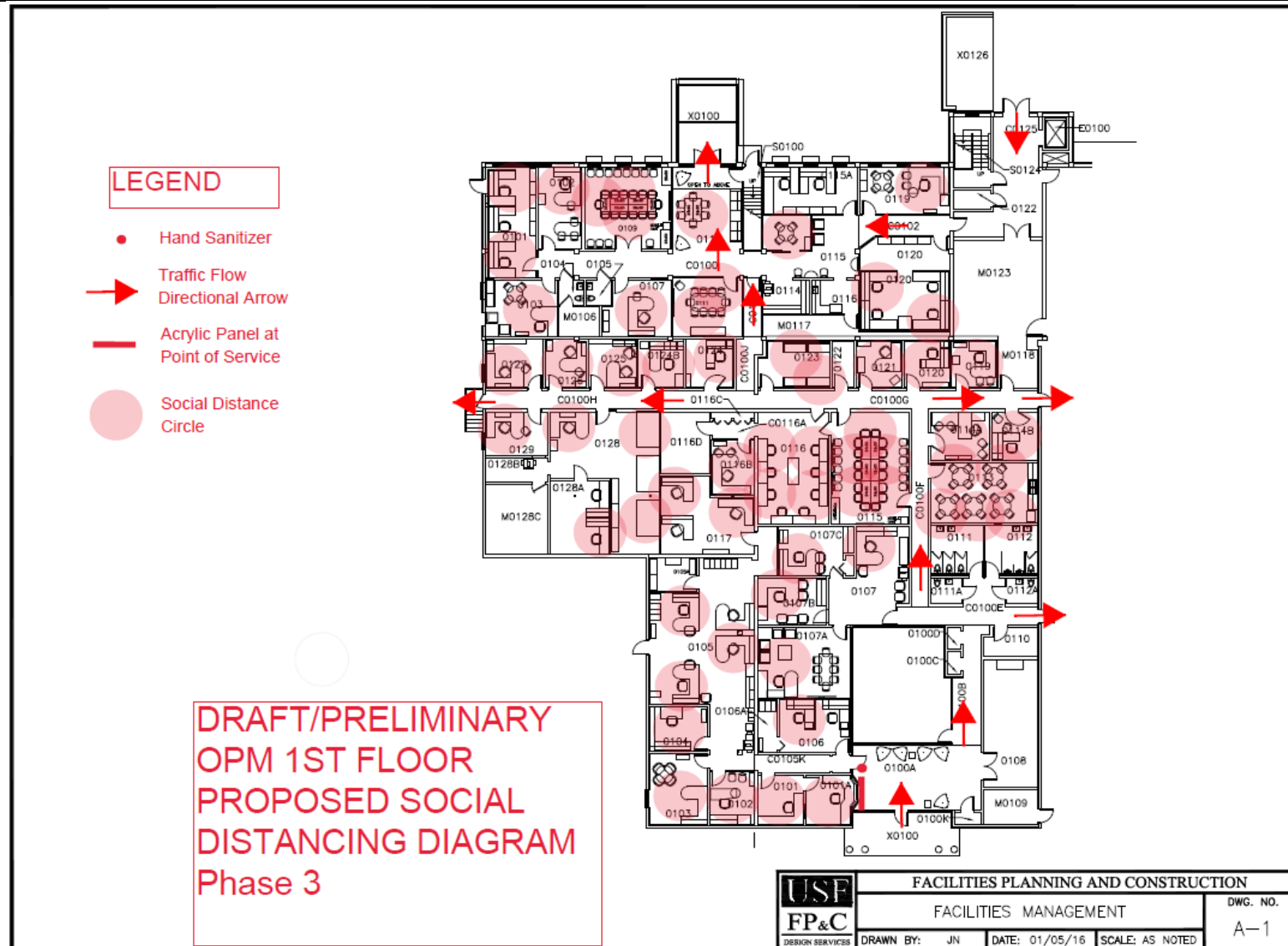
All students, faculty, and staff at USF must remain flexible as schedules and delivery modes may need to be adjusted at any point during the Fall 2020 semester. We cannot stress enough that this public health event is highly dynamic and requires adaptability from the broader university community.



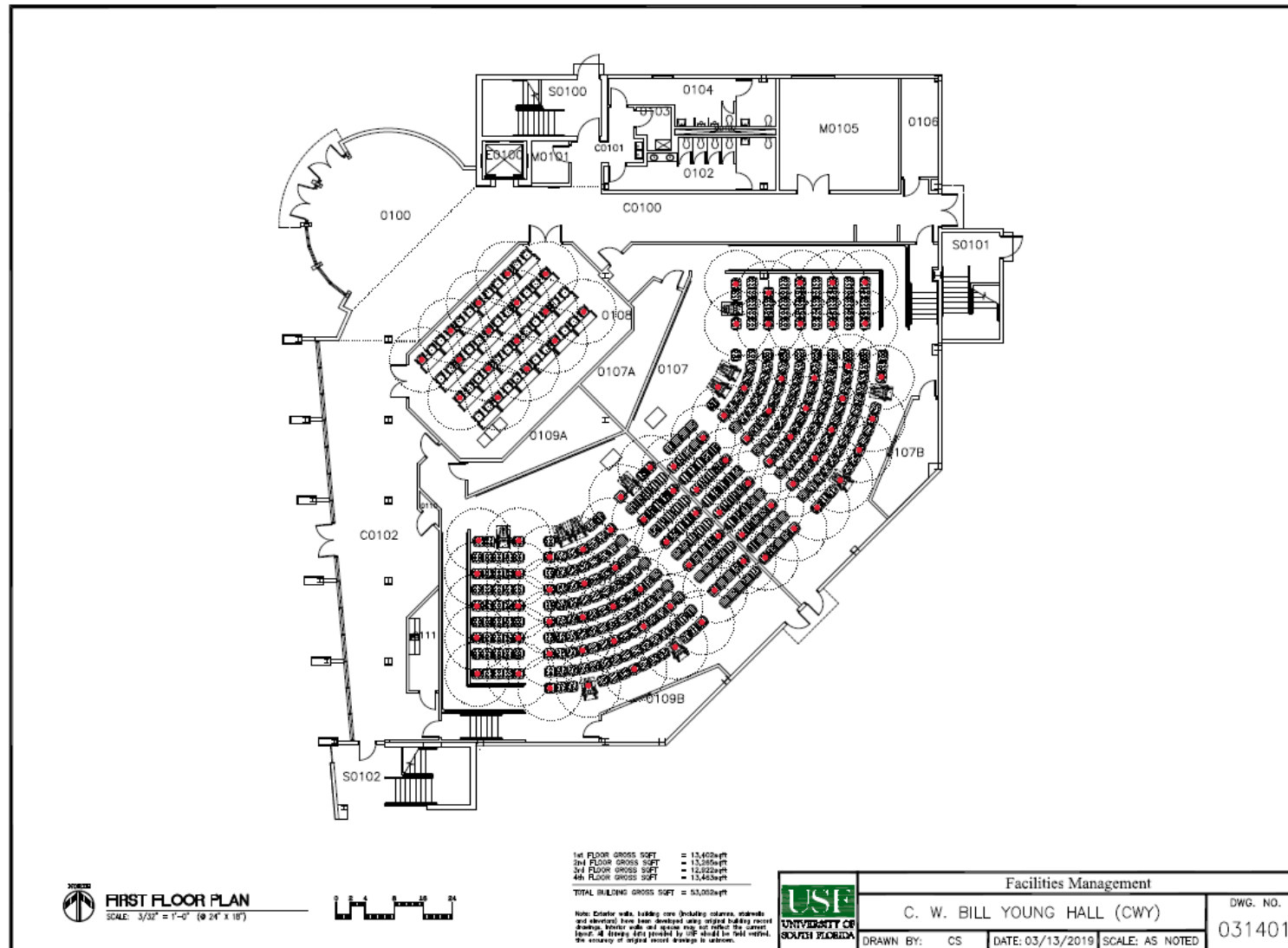
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5. Yelin I, A.N., Shaer Tamar E, et al, *Evaluation of COVID-19 RT-qPCR test in multi-sample pools*. Clin Infect Dis, 2020

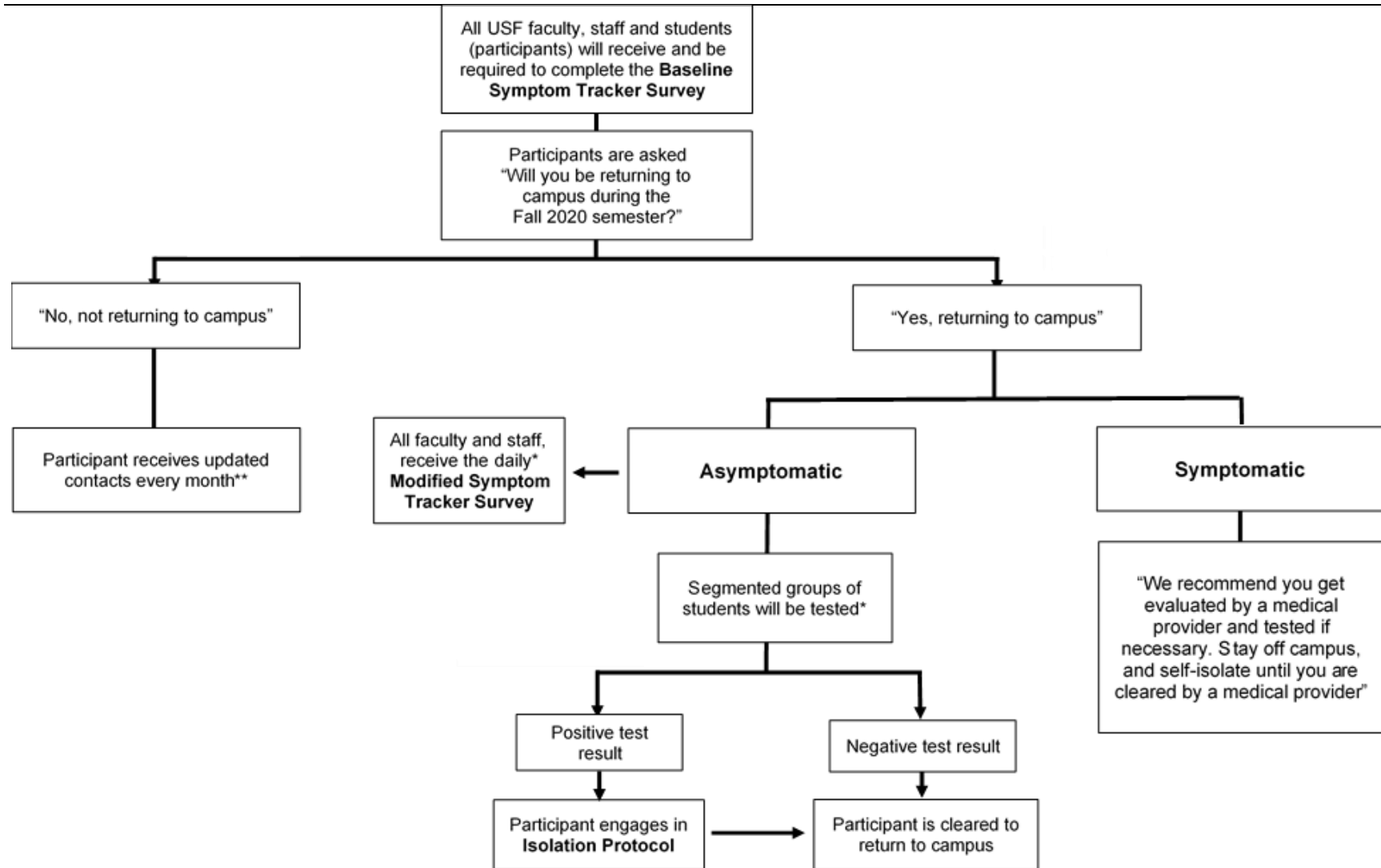
Appendix A: Example Facility Social Distancing Program Diagram for Phase III



Appendix B: Example Facility Social Distancing Program Diagram for Phase III



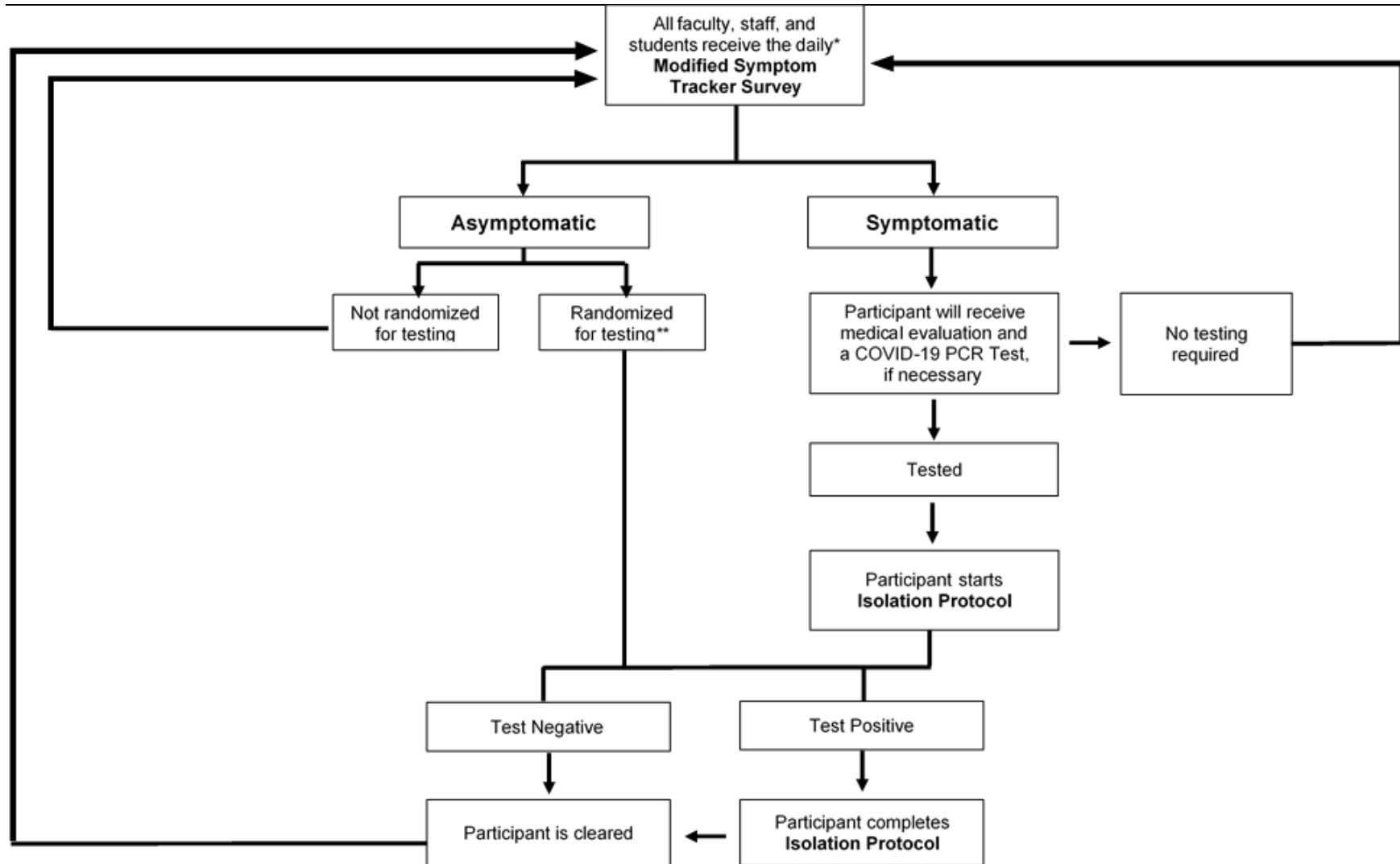
Appendix C: USF COVID-19 Tracking Protocol to be completed prior to August 24



\*Segmented groups include residential students, a random sample of non-residential students, early return students, international and out of state students, and students from high test percentage positive counties in Florida.

\*\* Students, faculty, and staff who may return during the semester, and new hires.

Appendix D: USF COVID-19 Tracking Protocol Starting August 24

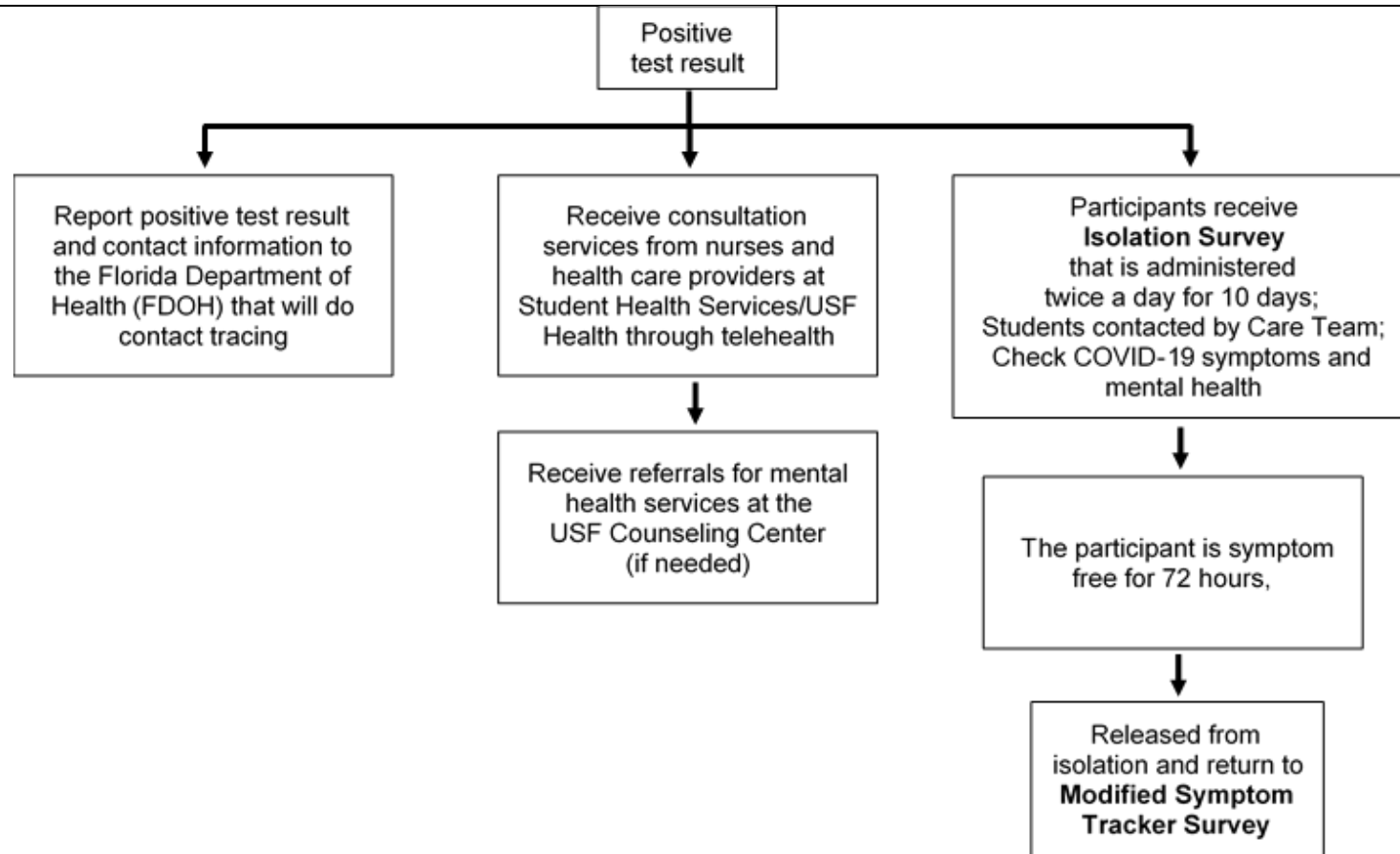


\* After a period of time, the **Modified Symptom Tracker Survey** will be administered less frequently based on positive rates on campus (more often or less often).

\*\* Each week a random sample will be selected for testing. These participants will continue completing the **Modified Symptom Tracker Survey**.

Appendix E: USF COVID-19 Isolation Protocol

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**Baseline Symptom Tracker Survey** – This instrument includes demographic questions (e.g., gender, race, ethnicity, zip code), health behaviors and symptoms (e.g., fever, shortness of breath, cough, headache, physical distancing), and health literacy questions.

**Modified Symptom Tracker Survey** – This instrument will periodically check-in to document possible COVID-19 cases, including “how are you feeling” questions and follow-up questions about symptoms and health behaviors to ensure appropriate contact with medical providers and navigation of services.

**Isolation Survey** – This instrument will monitor physical symptoms (e.g., chills, cough, sore throat) and mental well-being (e.g., anxiety, depression) every 12 hours.