

## Resources Used in Creating COVID-19 Policy at Mount Mary University

### Introduction

Since the inception of the COVID-19 pandemic, administrators have consistently referenced reliable resources to guide our policies and procedures for keeping the campus community safe and informed of COVID-related developments. These resources include the U.S. Department of Education (USDE), the U.S. Equal Employment Opportunity Commission (EEOC), the Centers for Disease Control and Prevention (CDC), and the City of Milwaukee Health Department (MHD), among others.

To respond to the challenges of the evolving pandemic, special teams were formed earlier this year to keep abreast of new guidelines and evidence that could inform administrative decisions. These teams include the Emergency Response Team and the COVID-19 Task Force. While these teams inform and recommend specific actions and responses, they do not make final decisions. All final decisions are made by administrators at the university. At the forefront of every policy and procedure developed to date is the goal to keep the community safe, informed, as well as to uphold the guidelines set forth by official entities that govern legal practices at the local, state, and federal level. The following information addresses recent concerns shared with administrators and the guiding evidence that has informed our decisions.

### Guidelines from the U.S. Department of Education – Release of Students’ COVID Status

The USDE has released specific guidelines that dictate how and when information about a student’s COVID-19 infection status may be released. For example, results can be released to a public health department in order to protect the health of the individuals at the university. However, notifying other members of the institution can be made, “but only if that information is in a non-personally identifiable form” (U.S. Department of Education, 2020, p. 4). This means that the university can provide the number of individuals who have tested positive or who are quarantined, as it is not personally identifiable information (PII). However, it **cannot** name the student(s) who are infected and/or quarantined to the university community, as it violates the Family Educational Rights and Privacy Act (FERPA). This USDE further states:

*“If an educational agency or institution discloses information about students in non-personally identifiable form, then consent by the parents or eligible students is not needed under FERPA. For example, if an educational agency or institution releases the fact that individuals are absent due to COVID-19 (but does not disclose their identities), this would generally not be considered personally identifiable to the absent students under FERPA...However, we caution educational agencies or institutions to ensure that in releasing such facts, they do so in a manner that does not disclose other information that, alone or in combination, would allow a reasonable person in the school community to identify the students who are absent due to COVID-19 with reasonable certainty.”* (U.S. Department of Education, 2020, p. 4-5).

## Guidelines from the U.S. Equal Employment Opportunity Commission – Release of Employee’s COVID Status

The EEOC has specific guidelines regarding the release of information as it relates to an employee’s health status, including specific information about any employees’ diagnosis of COVID-19 (EEOC, 2020, p. 11). Health information of employees, which falls under the Americans with Disabilities Act (ADA), is considered protected information. EEOC Guidelines state:

*“The ADA requires that an employer keep all medical information about employees confidential, even if that information is not about a disability... The ADA does not interfere with a designated representative of the employer interviewing the employee to get a list of people with whom the employee possibly had contact through the workplace, so that the employer can then take action to notify those who may have come into contact with the employee, without revealing the employee’s identity.”* (U.S. Equal Employment Opportunity Commission, 2020, p. 11)

## Guidelines from the Centers for Disease Control and Prevention (CDC) – Privacy, Contact Tracing, and Close Contact

Recent questions have arisen regarding what constitutes close contact and why an employee would not be notified when a student or colleague has tested positive for COVID-19 or has symptoms consistent with the virus. The CDC has specific guidelines regarding how to conduct contact tracing for infected individuals at institutes of higher education (IHE) and upholding privacy of the individuals infected or showing COVID symptoms:

*“In addition to screening and testing, COVID-19 contact tracing is an effective disease control strategy that involves identifying individuals and their contacts. Screening, testing, and contact tracing are actions that can be taken to slow and stop the spread of COVID-19. These strategies must be carried out in a way that protects individuals’ privacy and confidentiality and is consistent with applicable laws and regulations... IHEs also should follow guidance from the U.S. Department of Education on the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) and their applicability to students and COVID-19 contact tracing and testing.”* (Centers for Disease Control and Prevention, 2020a, p. 1).

Any community member who has COVID symptoms or has tested positive for COVID-19 will participate in a thorough interview by both the City of Milwaukee Health Department (MHD) and Human Resources (for employees) or Student Affairs (for students) to determine if close contact occurred from two days before symptoms appeared until the last time the individual was on campus. If close contact is determined to have occurred, the individuals identified as having close contact with the infected individual will be promptly notified with further instructions provided.

The CDC further provides recommendations to institutes of higher education (IHE) regarding effective responses when individuals are suspected or have confirmed COVID-19 infection:

*“IHE administrators and healthcare providers should immediately separate students, faculty, or staff with COVID-19 symptoms by providing distance learning options, isolation rooms in dormitories or other housing facilities, and providing alternative food service arrangements for those who live on campus. As part of symptom screenings, IHEs should be prepared to refer symptomatic individuals to an appropriate health care provider who will determine when viral testing for SARS-CoV-2 is appropriate.”* (CDC, 2020a, p. 2)

All of the measures listed above have been implemented on campus.

Other recent questions have been posed regarding why everyone in a classroom wouldn't be required to quarantine when one individual who was in the classroom later tests positive for COVID-19. The CDC supports the need to quarantine only for individuals who had **close contact** with an infected person. It states:

**Who needs to quarantine?**

People who have been in close contact with someone who has COVID-19—excluding people who have had COVID-19 within the past 3 months.

People who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months as long as they do not develop symptoms again. People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.

**What counts as close contact?**

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

(CDC, 2020b, p. 2)

The CDC states that only individuals in close contact with an infected or potentially infected individual should quarantine. Close contact, is defined by the CDC as, *“any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.”* (CDC, 2020c, p. 1).

## Guidelines from the Milwaukee Health Department – Keeping the Campus Open for In-Class Instruction

Recent questions have arisen regarding the choice to hold in-class instruction. University administrators met with the City of Milwaukee Health Department (MHD) and developed a comprehensive plan for reopening the campus in the fall. This 43 page plan detailed how the campus community would be kept safe through thorough cleaning protocols, signage, contact tracing, personal protective equipment (PPE) use, physical distancing, and other measures. This plan was approved by the City of Milwaukee Health Department on August 19, 2020 and we continue to keep in close contact with the MHD to provide regular updates and to report any positive cases of COVID-19 on campus.

The MHD has released guidelines, supported by the CDC, on how to prevent the spread of COVID-19. They include, “washing hands and surfaces often, keeping six feet or more away from others in public spaces, [and] covering your nose and mouth with a mask.” (City of Milwaukee Health Department, 2020, p. 2).

These guidelines have been shared with the campus community via the Mount Mary website and My Mount Mary, and are posted throughout campus. Following these guidelines each day is an important part of containing the spread of the virus. Everyone plays an important role in breaking the chain of infection. By implementing these practices, we are keeping the community safe and minimizing the likelihood of an outbreak on campus.

The MHD also recommends these practices to prevent being infected by COVID-19:

- Wash your hands often with soap and water for at least 20 seconds after you have been in a public place, after blowing your nose, coughing or sneezing.
- If soap and water are not easily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Try to not touch your eyes, nose, or mouth with unwashed hands.
- Practice physical distancing of 6 feet or more from other people. Remember that some people without symptoms may be able to spread the virus.
- Clean and disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- Cover your nose/mouth with a mask/cloth.
- If surfaces are dirty, clean them. Use detergent or soap and water prior to disinfection.
- Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed.

(City of Milwaukee Health Department, 2020, p. 2)

## Keeping the Community Informed – Reporting Procedures and Resources

Questions regarding how COVID cases are reported to the campus community have arisen in recent days and suggestions have been made to increase clarity. Feedback is always welcome to ensure information is provided in a manner that is easy to understand. Administrators initially provided a weekly report of positive cases on campus since the number of cases were initially zero and grew to a small number, which did not change substantially throughout the week. Based on feedback, we will now provide **daily** updates, which will include positive cases for students and employees, the number of individuals in quarantine who had close contact with an infected person, those who are awaiting test results, and our current level of PPE supply.

Administrators and team members closely monitor how we are doing as a community and have developed a document on the [Key Indicators of Campus Wellness](#). This document provides helpful information across six key categories, including new positive cases, numbers of people quarantined, total number of community members impacted, contact tracing, PPE supply, and stakeholder compliance. Click on the link above to view this document in greater detail.

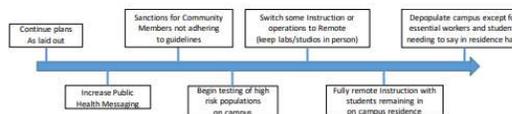
### Mount Mary Key Indicators of Campus Wellness



CATEGORY	DETAIL	Level 1	Level 2	Level 3	REPORTER
New Positive Cases for people working or studying on campus	Total new positive cases this week - 1	No infections	10 or fewer in one 7-day period*	More than 10 in one 7-day period	Covid Task Force
	New cases for employees working on campus - 1	No infections	10 or fewer in one 7-day period	More than 10 in one 7-day period	Human Resources
	New cases for students living on campus - 0	No infections	10 or fewer in one 7-day period	More than 10 in one 7-day period	Student Affairs
	New cases for students living off campus - 0	None	10 or fewer in one 7-day period	More than 10 in one 7-day period	Student Affairs
Quarantine because of (+) COVID test (those in 2nd or more weeks)	Employees in quarantine in second week or more - 0	None	10 or fewer in one 7-day period	More than 10 in one 7-day period	Human Resources
	Students quarantined on campus in 2nd week or more - 0	None	10 or fewer in one 7-day period	More than 10 in one 7-day period	Student Affairs
	Students quarantined off campus in 2nd week or more - 0	None	10 or fewer in one 7-day period	More than 10 in one 7-day period	Student Affairs
Total # of Campus Community Impacted	Total of New & Quarantine - 1	None	20 or fewer	More than 20	Covid Task Force
Contact Tracing	Number of significant contacts from new employee cases - 0	None	10 or fewer in one 7-day period	More than 10 in one 7-day period	Human Resources
	Number of significant contacts from new student cases - NA	None	10 or fewer in one 7-day period	More than 10 in one 7-day period	Student Affairs
	Ability to connect with all those in contact within 24 hours - NA	90-100% of significant contacts are reached	50-89% of significant contacts are reached	<50% are reached	Student Affairs and Human Resources
PPE sufficient	Masks	3 month inventory with established supply chain for future needs	2 month inventory with limited supply chain for future needs	Inventory of 1-month or less with limited or no supply chain sufficient to fill future needs	Facilities
	Disinfectant	3 month inventory with established supply chain for future needs	2 month inventory with limited supply chain for future needs	Inventory of 1-month or less with limited or no supply chain sufficient to fill future needs	Facilities
	Hand Sanitizer	3 month inventory with established supply chain for future needs	2 month inventory with limited supply chain for future needs	Inventory of 1-month or less with limited or no supply chain sufficient to fill future needs	Facilities
	Gloves	3 month inventory with established supply chain for future needs	2 month inventory with limited supply chain for future needs	Inventory of 1-month or less with limited or no supply chain sufficient to fill future needs	Facilities
Stake holder compliance** with rules	Face masks worn correctly - Y (HR&SA)	High 90-100%	Moderate (65-89%)	Low (< 65%)	Emergency Response Team/ Student Affairs
	Social distancing - Y (SA)	High 90-100%	Moderate (65-89%)	Low (< 65%)	Emergency Response Team/ Student Affairs

\* 10 - approximately 1% of on campus Campus Community (Need to confirm this)

\*\*Use Emergency Response Team as way to measure Stake holder compliance



## Summary

The pandemic has brought about great challenges for all of us in navigating our everyday lives. With the overwhelming amount of information that is available through the news, social media, and other forums, it can be difficult to discern which information is accurate, supported by evidence, and reliable, versus information that detracts from best practices. Be assured that administrators and special teams at Mount Mary University work diligently to review the latest information from the reliable sources discussed in this document in order to ensure decisions are made that are aligned with evidence-based practices and uphold the local, state, and federal guidelines we are bound by.

Should any further questions arise, please reach out to your dean, vice president, or the COVID-19 Task Force co-chairs, Kari Inda ([indak@mtmary.edu](mailto:indak@mtmary.edu)) and Jennifer Dahlman ([dahlmanj@mtmary.edu](mailto:dahlmanj@mtmary.edu)) for further information. Questions about employee relations and employee health should be directed to Sue Sroor in Human Resources ([sroors@mtmary.edu](mailto:sroors@mtmary.edu)).

## References

Centers for Disease Control and Prevention (2020a). *Interim Considerations for Institutions of Higher Education Administrators for SARS-CoV-2 Testing*. Retrieved from, <https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/ihe-testing.html>

Centers for Disease Control and Prevention (2020b). *When to quarantine*. Retrieved from, <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

Centers for Disease Control and Prevention (2020c). *Contact tracing for COVID-19*. Retrieved from, <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html>

City of Milwaukee Health Department (2020). *COVID-19 FAQ*. Retrieved from, <https://city.milwaukee.gov/ImageLibrary/Groups/healthAuthors/COVID-19/COVID-19FAQ4.24.2020v4.pdf>

United States Department of Education (2020). *Student privacy policy office: FERPA & Coronavirus disease 2019 (COVID-19) frequently asked questions (FAQs)*. Retrieved from, [https://studentprivacy.ed.gov/sites/default/files/resource\\_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions\\_0.pdf](https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions_0.pdf)

U.S. Equal Employment Opportunity Commission (2020). *What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws*. Retrieved from, <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>