

**MINUTES**

**SPECIAL TELEPHONIC MEETING OF THE  
BOARD OF REGENTS**

**THE TEXAS A&M UNIVERSITY SYSTEM**

**HELD IN**

**COLLEGE STATION, TEXAS**

**May 29, 2020**

*(Approved August 20, 2020)*

**TABLE OF CONTENTS**

**MINUTES OF THE  
SPECIAL TELEPHONIC MEETING OF THE  
BOARD OF REGENTS**

**May 29, 2020**

|   |   |
|---|---|
| CONVENE.....  | 1 |
| RECESS TO EXECUTIVE SESSION .....   | 1 |
| RECONVENE IN OPEN SESSION .....   | 2 |
| MINUTE ORDER 118-2020 (ITEM 1) APPROVAL OF THE TEXAS A&M UNIVERSITY SYSTEM'S<br>COVID-19 RESPONSE PLAN FOR REOPENING MEMBER CAMPUSES AND PROGRAMS FOR<br>2020-2021, THE TEXAS A&M UNIVERSITY SYSTEM ..... | 7 |
| MINUTE ORDER 119-2020 (ITEM 2) ESTABLISHMENT OF THE SECUREAMERICA INSTITUTE,<br>TEXAS A&M ENGINEERING EXPERIMENT STATION .....  | 8 |
| ADJOURN .....   | 8 |

**MINUTES OF THE  
SPECIAL TELEPHONIC MEETING  
BOARD OF REGENTS, THE TEXAS A&M UNIVERSITY SYSTEM**

**May 29, 2020**

**CONVENE**

Chairman Elaine Mendoza convened a special telephonic meeting of the Board of Regents of The Texas A&M University System at 8:32 a.m., Friday, May 29, 2020, Room L526, Memorial Student Center, on the campus of Texas A&M University, College Station, Texas.

Chairman Mendoza said the Board had two agenda items for consideration and action as shown in the agenda materials and posted with the Secretary of State. She said that each party to the conference call should clearly identify himself or herself prior to speaking.

The following members of the Board were present by phone:

Ms. Elaine Mendoza, Chairman  
Mr. Tim Leach, Vice Chairman  
Mr. Phil Adams  
Mr. Robert L. Albritton  
Mr. Jay Graham  
Mr. Michael A. Hernandez  
Mr. Bill Mahomes  
Mr. Michael J. Plank  
Mr. Clifton L. Thomas, Jr.  
Mr. Levi McClenny (Student Regent)

**RECESS TO EXECUTIVE SESSION**

Chairman Mendoza announced that the Board would recess to executive session to consider matters as permitted by Chapter 551, Section 71 of the Texas Government Code. She said in accordance with the law, no final action, decision, or vote with regard to any matter considered in the executive session would be made or taken.

*(Note: The Board met in executive session from 8:34 a.m. until 9:44 a.m.)*

### **RECONVENE IN OPEN SESSION**

Chairman Mendoza reconvened the meeting in open session at 9:44 a.m. and announced that the Board had met in executive session from 8:34 a.m. until 9:44 a.m., and conferred with Chancellor Sharp, administration and attorneys on legal matters.

Chancellor Sharp began his remarks by saying that the worldwide pandemic and our nation's response to it had brought them to make a series of decisions they could not have imagined a few months ago. He said that countless hours of research, debate and thought had gone into the recommendations being made. He said that they sought counsel from medical experts, teachers, current and former students and the Board. Chancellor Sharp expressed that there is a strong desire to reopen System campuses and agencies, but they must do it safely taking prudent precautions while acknowledging the need to remain diligent in their pursuit of safely educating our greatest treasure, our students. He said that the campus experience is invaluable and although it is possible to educate someone online, the campus experience brought camaraderie, personal experiences and reinforced traditions that shaped the young adults they sent into the world. Chancellor Sharp said you can get a degree online pretty easy, but it is very hard to become an Aggie online. He said this statement is true for all campuses with each having its own rich traditions and opportunities for personal experiences. He said this is the first time the public will see the A&M System's plan for reopening the campuses. He said the guidance they are considering has the elements needed to educate in a way that protects students, faculty, and staff. Chancellor Sharp said the plan includes social distancing, testing, contact tracing and most importantly options for students to either attend class, take classes remotely or a mix of both. He said that it is important for young people to continue their education and take prudent precautions to protect one another. He added that he was sure each System institution would improve upon the recommendations made by tailoring the document to its individual needs. Chancellor Sharp said as the campuses change, we must adapt, but we cannot abandon who we are.

Dr. James Hallmark, A&M System Vice Chancellor for Academic Affairs, explained the recommendations presented to the Board. He began by saying that many hours and many individuals worked on a plan for reopening member campuses and programs in the academic year 2020-21 while imposing strict sanitation and health standards. Dr. Hallmark said Board approval is requested because the plan has significant financial, strategic and policy implications for the System and its member universities and agencies. He added that the agenda item advances all six strategic plan imperatives by enabling each member to meet applicable imperatives to reopen its facilities and programs to faculty, staff, students and the public. Dr. Hallmark reviewed selected highlights from the document. He said first, the document establishes that academic quality in our teaching, research and service and the health and safety of our faculty staff and students must be at the forefront of all we do. He said the plan is open for face-to-face instruction including classes, activities, residential living, and athletics, unless it becomes necessary to do otherwise. He said all of this would be done responsibly. Dr. Hallmark said secondly, the document is System-level guidance and therefore must allow flexibility for adaptation in a wide variety of situations. He said for example, the academic calendar in Canyon is very different from the academic calendar in Texarkana; residential living needs are different in Kingsville than they are in Laredo. The testing scenarios at A&M-San

Antonio will be different from the scenario in College Station. Nevertheless, they all share a common approach, a common understanding and a common guidance. Dr. Hallmark said that each university and agency has been working on specific plans that will be consistent with System-level guidance. He said that although the plan targets academic year 2020-21, much of the work would occur in preparation for the fall and our universities and agencies are already at work, and decisions made today would help them as they prepare for the fall. Dr. Hallmark said that in regards to physical facilities, the central component is physical distancing needs. He said all meeting spaces must have their maximum capacity adjusted to reflect the current standards. For example, a room that previously seated 50 people may now only accommodate 15 to 20 people. That decision is unique to each space because of egress issues, ventilation, and furniture arrangement. He said ultimately those decisions on space accommodations combined with the number of hours in a day or week, determine how much can be done face-to-face this fall. He said that if you had visited any store in the past six weeks, you noticed spacing markers and foot traffic patterns, and plexiglass barriers. He said that all of our facilities are going through that same process to facilitate physical distancing standards. Dr. Hallmark said that heating, ventilation and air conditioning (HVAC) systems are being adjusted to minimize recirculation of air and maximum outside air intake because fresh air is better air. He added that there are a number of physical facility kind of adjustments in this plan that will vary based on the campus and its specific needs and capabilities. He said a number of procedures must be developed. Dr. Hallmark said all students, faculty and staff will be required to self-certify that they have not been infected by the virus that causes COVID-19, they do not have the symptoms identified by the Center for Disease Control (CDC), they have not been in contact with anyone who has been infected within the past 14 days and have not travelled from or through an area with travel restrictions in the previous 14 days. He said those who could not respond positively to these criteria must self-quarantine following CDC guidance. He said self-certification would be a continuing duty on the part of the employee or student to notify the applicable university or agency official if the answer to any of these questions becomes “no.” Dr. Hallmark said that all students, faculty and employees needed training and a training module for employees had already been pushed out along with self-certification. He said that they plan to develop a more entertaining version of this training module for students, one that they hope they will voluntarily view repeatedly similar to what you see in the viral videos on social media. Dr. Hallmark said procedures would be developed for keeping track of students and employees that were more careful than had been necessary in the past, but in a manner that did not facilitate the transmission of the disease. He used the example that a student affairs event a year ago might have had a sign-up sheet, but we cannot do that now. Lunches that we sponsored routinely used a sign-in to document attendees for payment purposes; we cannot do that in the fall. He said that all such monitoring and sign-in must be in a form that does not facilitate transmission of the virus. He said class attendance rolls could not be sign-in sheets. Dr. Hallmark said it would be in our best interest and the students’ best interest to monitor our students more than normal so that we can help them facilitate their health and procedures, and protocols for cleaning would be essential. He said that we need to procure the supplies necessary and develop procedures to ensure all facilities are frequently cleaned thoroughly similar to what you see at stores and businesses in the community. Dr. Hallmark said that they had been working with our partners such as SSC Service Solutions to achieve these goals. He said there remains much to be done as we gear up for the fall. Dr. Hallmark said face-to-face classes would resume but not all classes may be offered in a face-to-face setting. He added that the universities and agencies

offering courses must take into consideration the adjusted maximum capacity of the space in determining the courses to be offered in various formats. He said they are currently prioritizing which courses are most important to offer in our face-to-face instruction, for example, first year success classes may be a priority, or performance-based classes such as private voice lessons or speech classes, laboratories, and clinicals. Dr. Hallmark said ultimately the universities and agencies would use different formats based on the capacity of their facilities and the needs of the specific courses. He said that they would use hybrid models and hyflex models, expand the instructional day as far as possible by perhaps expanding the instructional week, use remote instruction and online courses, or adjust the calendar to start earlier than we might otherwise have done. Dr. Hallmark said that regardless of how they approached it, all courses taught face-to-face must be designed to shift to a remote environment if the conditions warrant. He said should a second wave of the virus hit in the fall, or a spike in infections occurs in a location, or local health officials or the Governor directed us to cease face-to-face instruction, courses would be designed from the start to do so with less disruption than was experienced this past spring.

Dr. Hallmark said that residence halls would vary greatly across the system because P3 Partners operate some, some are wholly owned and operated by the university, some are very modern apartment-style formats, and some look like the residence halls with a shared restroom and bath facility at the end of the hall. He said there would be variance in operations based on these factors. He added that by monitoring the health of the residents, charging the residents to engage in responsible, shared-living arrangements and empowering them to do so, engaging in regular cleaning and disinfecting residence halls could operate at relatively normal levels. He said they would encourage students, including those in residence halls, not to leave the university area for the duration of the semester and to have no day or overnight visitors in their rooms. He said this is important for keeping the residence hall communities safe. Dr. Hallmark said they also recognize that students may leave the area and might be exposed to the virus that causes COVID-19. He said in this case a student would be required to report their exposure and may be required to place himself or herself in self-quarantine per CDC guidance. He added that the plan calls for campuses with residence halls to set aside space for quarantine and/or isolation. He said the plan encourages students to complete their required quarantine at their permanent residence but they know that would not always be possible -- residence halls are preparing for that possibility.

Dr. Hallmark said the university education is not a checklist of courses, instead the leadership development that students experience occurs within the organizations, experiences, and activities associated with co-curricular activities. He said these activities would continue in the spring with limitations on the size of the gathering and observing all precautions recommended by local health authorities at the time of the activity. Dr. Hallmark briefly discussed athletic events and said the document says little on athletics recognizing that the university resumption of athletics would depend on direction from the National Collegiate Athletic Association (NCAA) or National Association of Intercollegiate Athletics (NAIA) and the conferences in which the universities are members.

Dr. Hallmark closed his overview by commenting on testing, contact tracing and monitoring. He said testing for the virus that causes COVID-19 would be administered

strategically in connection with the check-in process and throughout the year. He said testing for the virus, not antigens or antibodies, and testing would be available for students, faculty and staff. Dr. Hallmark said testing would be prioritized and focused on those who showed COVID-19 symptoms and would be targeted using testing strategies to be implemented in accordance with local public health and medical guidance. He said anyone who tests positive by real-time PCR lab equipment would receive appropriate treatment and would be required to place himself or herself in self-isolation as dictated by CDC guidance. This would be conducted in conjunction with local medical and public health professionals. Dr. Hallmark said that in order to be able to return to physical engagement with the university or agency community, their health care provider must clear them. He said that contact tracing is a key tool as well. He said universities and agencies would coordinate contact tracing with local health authorities and the Texas Department of State Health Services. Contact tracing for those who test positive for the virus would be led as dictated by local public health officials.

Dr. Hallmark discussed a useful tool they intend to implement -- the monitoring of sewage leaving selected facilities such as residence halls. He said they expect to develop the protocol and process at Texas A&M and roll it out to other locations in the fall. He said this is a proven public health strategy that would inform us of spikes in the virus in locations allowing us to quickly take steps to intervene. Dr. Hallmark said the plan includes many other components not mentioned but perhaps are helpful in considering the plan. He said the plan is a step in this process, there is still much to figure out between now and the fall but this plan will help guide us toward that goal.

Regent Plank asked a clarifying question. He said that on page 5 of the document under the category upon arrival on campus, the fourth paragraph from the bottom talked about self-certification and basically put the onus on an employee or student to notify the university or agency if the answer to any question over the course of time becomes “no.” He said he assumed that meant that all of the questionnaire related to self-certification would have an acceptable response to be in the affirmative. Dr. Hallmark responded that this was correct.

Student Regent McClenny asked a question regarding the 14-day isolation period, and a student not being able to return to campus if they travelled or came from an area with travel restrictions. He asked how they would address the issue if that student lives on campus and does not have another place to stay. Dr. Hallmark said theoretically speaking, a person who lives in the residence hall who returns from travelling home, and has been exposed to the virus, they recommend that the student returns home to their permanent residence for isolation and take classes online. Dr. Hallmark said that they recognize that this may not always be possible so space is being set aside on campuses to accommodate them. He said that this is assuming that the numbers are relatively small but if it becomes larger, campuses are working on contingency plans to address a large population. He said space would be set aside in specific residence halls for quarantine purposes for individuals for whom it is not feasible to return home.

Regent Graham inquired about face-to-face classes. He said that he assumed they would not be creating or assigning any face-to-face classes in rooms where enrollment in that class exceeded the occupancy rate. Dr. Hallmark responded not necessarily. If the enrollment for the class is 50 and the adjusted occupancy is 20, then 20 students can be in the room at any given

time but the remaining 30 students could be watching the class on Zoom or taking the course remotely. He said that campuses are dealing with this differently, but the same concept would be true for all campuses. There would still be 50 in the class but 20 in the room at any given time.

Regent Graham asked if students would be assigned slots or would it be first-come first-served. He asked what happened if 30 students show up. Dr. Hallmark gave the example of a Tuesday/Thursday class with a maximum capacity of 25 students in the classroom. Twenty-five students would be assigned to attend on Tuesday and the other 25 students would be assigned to attend on Thursday. In a scenario where there might be 20 people and 150 were in the course, there needs to be a sign-up process to control who shows up because they do not want 40 people showing up and 20 people congregating in the hall while they figure out who is allowed to come in. He said that it needs to be a coordinated/organized process.

Regent Graham asked if a student in one of those classes tests positive for the virus, would the other students that attended class with them be required to self-quarantine or would they just be notified and then either need to be tested or watched for symptoms? Dr. Hallmark responded that if a student tests positive, they would be relying on the local public health contact tracing models. It is conceivable that an entire class might not be required to self-quarantine. He clarified that self-quarantine meant if you do not know that you have the disease but have been exposed. Whereas, self-isolation is when you actually have the disease. He said that it is possible that some portion of the course would need to go into self-isolation or self-quarantine. Dr. Hallmark said that they would also look at the possibility of an entire course reverting to an online basis even if the rest of the university is operating normally.

Regent Mahomes asked a follow up question on face-to-face courses. He said the plan said that the university might choose to adjust the calendar to start classes earlier or to make other changes in the calendar to carry out face-to-face instruction. He asked if they anticipated this happening. Dr. Hallmark responded that he would not announce anything the universities are intending to do; he would leave that to them. He did say that at least two universities are close to making that decision. Dr. Hallmark said that there are very few teaching days after Thanksgiving. He said that it varies from campus to campus and might be as few as three or four days. He said that if they move the instructional days to August and have all instruction done before Thanksgiving, the students could go home at Thanksgiving and not return and have reading days and final exams remotely from their permanent residence. Some of our campuses are examining this possibility now and will make announcements fairly soon in order for students, faculty and staff to adjust their calendars and housing arrangements as necessary. Dr. Hallmark said he expects movement of calendars but not across the board.

Chairman Mendoza thanked Chancellor Sharp and Dr. Hallmark for the work they and their team had done to keep students, faculty, staff and administrators safe throughout this process.

Chairman Mendoza called on Dr. Katherine Banks, Vice Chancellor of Engineering and National Laboratories, to present Item 2. Dr. Banks said that the SecureAmerica Institute would focus on development of smart manufacturing technologies and the use of secure automation



in manufacturing and supply chain networks. She said that the institute would have two primary goals that would lead to wide-spread adoption and maximum impact: 1) Ensure the security and resilience of critical manufacturing and supply chain infrastructures against cyber-attacks and threats; and 2) transform manufacturing into value creation driver for U.S. global competitiveness into the future, through development and adoption of next generation cyber secure manufacturing automation. Dr. Banks said The SecureAmerica Institute implements a public/private partnership model of more than 120 industrial partners, national laboratories, academia, not-for-profits and government agencies to maximize research output and drive innovation into the marketplace. She said that Texas A&M Engineering Experiment Station (TEES) would provide the base funding for the institute, and the partners have committed to engage with the SecureAmerica Institute through various cost share commitments providing significant leverage of TEES's resources.

Chairman Mendoza said that this is an exciting opportunity and thanked Dr. Banks for her innovative thinking and for leveraging the partnerships that have been established.

Chairman Mendoza called for a motion on Items 1 and 2. Regent Thomas moved for adoption of the minute orders contained in Items 1 and 2. Regent Plank seconded the motion. Chairman Mendoza called each regent's name for the vote. The record of the vote is as follows: Adams – yes, Graham – yes, Hernandez – yes, Leach – yes, Mahomes – yes, Plank – yes, and Thomas – yes.

*(Note: Regent Albritton disconnected from the meeting at approximately 9:28 a.m.)*

The following minute orders were approved (118 and 119).

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**MINUTE ORDER 118-2020 (ITEM 1)**

**APPROVAL OF  
THE TEXAS A&M UNIVERSITY SYSTEM'S  
COVID-19 RESPONSE PLAN FOR REOPENING  
MEMBER CAMPUSES AND PROGRAMS FOR 2020-2021,  
THE TEXAS A&M UNIVERSITY SYSTEM**

The Texas A&M University System's COVID-19 Response Plan for Reopening Member Campuses and Programs for 2020-2021, as detailed in the attached exhibit, is approved.

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**MINUTE ORDER 119-2020 (ITEM 2)**

**ESTABLISHMENT OF  
THE SECUREAMERICA INSTITUTE,  
TEXAS A&M ENGINEERING EXPERIMENT STATION**

The SecureAmerica Institute is hereby established as an organizational unit of the Texas A&M Engineering Experiment Station.

**ADJOURN**

There being no further business, on motion of Regent Mahomes, seconded by Regent Adams, Chairman Mendoza adjourned the meeting at 10:11 a.m.

Vickie Burt Spillers  
Executive Director, Board of Regents

*(Minutes transcribed by Jackie Bell, Office of the Board of Regents.)*



## **The Texas A&M University System’s COVID-19 Response Plan for Reopening Member Campuses and Programs for 2020-2021**

*Planning for the 2020-2021 academic year in The Texas A&M University System continues with an unwavering commitment to the health and safety of our students, faculty, and staff, and in pursuit of the highest academic quality in our teaching, research, and service. With those foundational commitments at the forefront, the universities and agencies of the System plan to open this academic year and resume face-to-face instruction unless evidence or directives mandate otherwise. Making informed decisions on classes, activities, and residential living while remaining flexible to adjust as needed, we will act responsibly, assuring as best as we are able, the safety of students, faculty, and staff.*

It is clear that fall 2020 will not look like fall 2019. The situation is evolving as is our understanding of all aspects of the coronavirus disease 2019 (COVID-19), and thus it is likely we will need to adjust our guidance as more information becomes available. The following is a general framework based on input of Chief Academic Officers, Senior Student Affairs Officers, the Office of General Counsel, public health officials, and evidence-based public health protocols for the control of infectious disease.

*Note: this document targets the 2020-2021 academic year. However, if the universities intend to host students earlier in the summer, these precautions should be implemented as soon as possible. Similarly, these precautions should be phased in over the summer where possible to assure as best as we are able the health and safety of all students and employees present during the summer months.*

### **Definitions**

For clarity, the following terms in this document shall have the meanings set forth below:

- “Campus” refers to the physical facilities and grounds of the university or agency.
- “CDC” refers to the Centers for Disease Control and Prevention.
- “Face to face” or “f2f” refers to an environment where some portion of the courses are offered in person on Campus while others continue to be offered online, where offices are staffed with in person faculty and staff, and where existing residence halls are operating at some level of capacity in coordination with current guidance from federal, state and local public health authorities. This is not intended to reflect pre-COVID-19 operations where the Campus is open without restrictions, in person and with normal full staffing levels.
- “Isolation” refers to the separation of sick people with a contagious disease (such as COVID-19) from people who are not sick.

- “Quarantine” refers to separating and restricting the movement of people, while not yet ill, who might have been or were exposed to a contagious disease to see if they become sick.
- “University community” describes the university’s students, faculty, and staff.

## **Preparation for August**

Note: Decisions pertaining to face coverings, testing, self-quarantine and isolation should be communicated to the University community (faculty, staff, and students, including incoming new students) in advance of the return to Campus.

In preparation for the 2020-2021 academic year, universities and agencies will prepare facilities, obtain supplies and protective equipment, and develop processes and protocols for implementation of this guidance.

The Texas A&M University System Board of Regents has approved this plan which requires employees and students, prior to returning in August and again in January 2021, to self-certify that the person:

- has not been determined to be actively infected with SARS-CoV-2, the virus that causes COVID-19,
- does not have a fever, cough, or other symptoms of COVID-19 as listed on the CDC’s website,
- has not been in close contact with anyone known or suspected to have tested positive for COVID-19 in the previous 14 days, and
- has not returned from travel or traveled through an area with state or local travel restrictions that mandate quarantine upon arrival home in the previous 14 days.

If the employee or student fails to meet any of these criteria, that person will be required to notify the applicable university or agency official, should not report to Campus/workplace, should follow current CDC guidance regarding self-quarantine or self-isolation, and will only be allowed to return to Campus/workplace if cleared to return by their healthcare provider and consistent with CDC guidance.<sup>1</sup> This self-certification will include a continuing duty on the part of the employee or student to notify the applicable university or agency official if the answer to any of the questions over the course of time becomes “no.” Employees and students will be subject to disciplinary action for providing false information or not complying with the terms of the self-certification. The certification process should be implemented electronically for employees and students, using HR management tools for employees and university LMS, SIS or other systems determined by the university for students.

In preparing facilities:

- Each learning space/classroom must be assessed for maximum capacity and an adjusted maximum capacity must be designated for each space in accordance with the current COVID-19 physical distancing guidance from public health authorities:

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<sup>1</sup> For more details regarding CDC guidance relating to persons that should be placed in isolation or quarantine, please refer to the attachment entitled “Summary of CDC Guidance as of May 21, 2020 Regarding Isolation and Quarantine Requirements”. Please note that CDC guidance may change as conditions relating to the pandemic evolve, and the System will provide timely updates of this guidance as needed.

- adjusted maximum capacity should be some number not to exceed the maximum capacity established by the Fire Marshall; adjusted capacity will be significantly lower to maintain physical distancing, and
  - each space must be clearly labeled indicating the adjusted maximum capacity.
- Classroom furniture should be removed or “blocked off” to limit seating to only the adjusted maximum capacity and to encourage physical distancing.
- Barriers and physical guides, such as tape on floors or sidewalks, should be added where possible to facilitate and encourage the separation of individuals, including in transportation vehicles (e.g., buses).
- Signage should be copiously placed throughout the facilities emphasizing physical distance to be maintained (e.g., 6-feet interpersonal physical separation) and maximum capacity. Samples from the CDC include:
  - [https://www.cdc.gov/handwashing/pdf/keep-calm-wash-your-hands\\_11x17.pdf](https://www.cdc.gov/handwashing/pdf/keep-calm-wash-your-hands_11x17.pdf)
  - <https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>
- To minimize the risk of Legionnaires’ disease and other diseases associated with water, take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and disinfected, but encourage faculty, staff and students to bring their own water to minimize use and touching of water fountains.
- The university or agency should evaluate HVAC systems to:
  - reduce air recirculation and increase outside air intake, where possible,
  - consider adding air filtration systems for enhanced air quality, and
  - consider other solutions to reduce likelihood of viral exposure in buildings, if feasible and determined to be efficacious.
- Existing patterns for foot traffic both inside and outside of facilities should be assessed and redirected as needed to maximize physical distancing.
- Determine residential facilities that may be used for quarantine and/or isolation.
- Consider other surveillance solutions such as monitoring wastewater effluent from key facilities as a leading indicator of viral spread.

#### Supplies:

- Cleaning will be enhanced and therefore SSC, housing partners, System, and universities and agencies must procure sufficient disinfectant cleaning supplies. Disinfectant wipes for students, faculty and staff use must be procured, being sensitive to expiration dates that may impact the efficacy of the supplies.
- Universities and agencies should support healthy hygiene behaviors by providing adequate supplies, including soap, hand sanitizer with at least 60% alcohol, paper towels, tissues, and no-touch/foot pedal trash cans.
- Personal protective equipment may be required or recommended. (See notation above on university/agency obligation when specifying facial covering.)
- Technology interventions that may be implemented (e.g., thermal scans, temperature measures, contact tracing apps, data management, etc.).

#### Processes and procedures to be developed:

- Each university and agency should designate an administrator or office to be responsible for responding to COVID-19 issues and concerns. This designation should be well-publicized so students, faculty and staff know who to contact for such issues.

- Local decisions on personal protective equipment (PPE) and procedures for implementation of the decisions must be determined no later than July 31.
  - Universities and agencies may choose to require face coverings in certain settings and not others, and/or may choose to require specific face coverings. The latest CDC guidance recommends the use of cloth face coverings among students, faculty and staff. Decisions regarding the use of face coverings should be made by July 31 and clearly communicated to the university community or agency personnel.
  - If face coverings are required but flexibility is provided regarding the type of face covering, the university or agency is not legally required to provide the face covering.
  - If the university or agency chooses to require a specific type of face covering that is not widely available, the university or agency should plan to provide the specified equipment.
  - Universities and agencies should obtain at least a limited supply of face coverings should an emergency response be necessary that requires face coverings.
- Logistics and management of check-in and screening for all students, faculty, and staff in August and in January 2021.
  - All students, faculty and staff must complete electronically the self-certification referenced above (“Protocol and Certification for Employees Working on a System Member Campus” or the “Protocol and Certification for Students on a System Member Campus”) prior to arriving on Campus or August 15, whichever is latest. Similarly, all members of the University community must complete the self-certification again upon returning in January 2021.
  - Upon arrival, each student, faculty, and staff will receive checklists for self-monitoring of COVID-19 symptoms and processes to follow up on the information.
- Protocols for handling exposure, including space for quarantine or isolation and notification procedures for those who may have been exposed, short term class suspension and/or building and facility closure to clean and disinfect.
- Institutional procedures that facilitate timely contact tracing and additional testing if required per public health guidance.
- Institutions are encouraged to monitor class attendance; recording of attendance may become mandatory in all classes once the chancellor determines that a technology solution is available and feasible.
- Virtual sign-in for events.
- Assessment of counseling and mental health initiatives in preparation for potential increased need.
- Preparation of training modules for students, faculty, and staff, as well as the public health campaign that will occur throughout the academic year.
- Communication plans that comply with FERPA and applicable privacy laws. Plans must include expectations that all faculty, staff and students will regularly receive updated information, information about any on-Campus cases, and how they are being addressed.
- Develop metrics to indicate when to change mitigation efforts in response to changes in local COVID-19 conditions.

### **Timing of Physical Return to Campus**

No employee may return to Campus until/unless they have satisfied the requirements included in “Protocol and Certification for Employees Working on a System Member Campus.”

Fall return to Campus is naturally and historically a phased process. Most staff are 12-month appointments and are present before faculty begin returning in significant numbers early August. By mid-August most if not all faculty are on Campus, as are most student leaders. Freshmen arrive next at “dorm move-in day” followed by upper division students arriving in the days leading up to the first day of classes at which time functionally all members of the university community are present on Campus.

Taking advantage of this natural phase-in, universities should intentionally structure the August return to Campus to assure students are only on Campus at the time when their orientation, registration, and enrollment needs require their presence to maximize physical distancing at check-in as much as is practicable. Similarly, return to Campus in January 2021 should be carefully structured to maximize physical distancing.

Students at higher risk for severe illness from COVID-19- will be advised to consider their risk before deciding whether to return to Campus. The decision will solely be that of the student, although we may advise such students to remain at their permanent residence taking courses remotely. Faculty and staff at higher risk for severe illness from COVID-19 will be guided by existing system/university/agency policies and rules.

### **Upon Arrival on Campus**

Arrival on Campus at universities should be carefully planned for all students, faculty and staff. The time and place for arrival should be communicated sufficiently in advance. (It is assumed in this description that staff are already present. Those staff arriving on Campus in August and January should be similarly scheduled.)

Upon arriving on Campus at the designated time, students, faculty, and staff will be provided:

- a daily self-monitoring checklist to monitor for symptoms,
- instructions on actions to follow should symptoms develop,
- “COVID-19 Commitment to the University Community”, specifying behaviors expected of them as they engage safely in the university. [Note: template to be created by System; universities may adapt, as needed], and
- if not submitted before arrival, students, faculty, and staff must submit self-certification described above.

This self-certification will create a continuing duty on the part of the employee or student to notify the applicable university or agency official if the answer to any of the questions over the course of time becomes “no.”

Flu shots will be available to all students, faculty, and staff and all will be encouraged to take the flu shot. [Note: This provision is contingent on their availability at this time; if not available at check-in, flu shots will be made available as soon as possible, and vaccination will be encouraged.]

A training module for safe conduct regarding exposure to viruses will be required for all individuals on Campus (faculty and staff via Traintraq or some other standard method; students via a system as determined by the university such as the LMS). In addition to the initial training, the universities and agencies must engage in an education and public health campaign that continues throughout the semester, and longer if the public health crisis continues, inclusive of videos that demonstrate proper use of face coverings, hand washing, physical distancing, etc.

In accordance with evidence-based public health protocols for the control of infectious disease, students will be encouraged not to leave Campus, the university area, or their current residences

except for work and class activities such as clinicals and internships (e.g., do not return to permanent residences, nor travel to other communities, visit other university campuses, and avoid large gatherings) to limit exposure of friends and relatives at home and other locations, and/or reduce the likelihood of returning to the university area with virus exposure from these locations.

Faculty, staff, and students will be advised if/when they leave the university environment they should be aware of their exposure to others and voluntarily place themselves in self-quarantine upon returning to the university area if they believe they have been exposed to SARS-CoV-2 while away, as evidence-based public health protocols dictate.

All agency and university facilities will be open (e.g., libraries, recreation facilities, student centers, conference rooms, etc.) taking appropriate precautions for the activity designed to occur in that space (e.g., adjusted maximum capacity constraints, PPE—and training for proper use of PPE if required, physical distancing, enhanced cleaning protocols including training for SSC and other staff engaged in cleaning, etc.).

### **Special Note for Students in Clinical Programs and Operations**

Special arrangements and precautions will be required for students and faculty engaged in clinical programs (e.g., nursing, allied health, athletic training, communication disorders/speech language pathology, student teaching, etc.). Arrangements and precautions are unique to the program and guided by the program's accreditation as well as medical and public health guidance. The university should provide oversight of these arrangements.

### **Testing Positive for SARS-CoV-2**

Testing for SARS-CoV-2 will be administered strategically in connection with the “check-in” process and throughout the semester. Testing will be focused on those showing COVID-19 symptoms and based on testing strategies that will be implemented in accordance with public health and medical guidance. Those testing positive by real time polymerase chain reaction (rt-PCR) for SARS-CoV-2 should receive appropriate treatment and will be required to place themselves in self-isolation as dictated by evidence-based public health protocols for the control of infectious disease and consistent with CDC guidance.<sup>2</sup> This will be conducted in conjunction with local medical and public health professionals.

Where possible, those testing positive for SARS-CoV-2 will complete their self-isolation at their permanent residence. Where self-isolation at a student's permanent residence is not feasible or poses risk of transmission to others, the university should coordinate with the student and local health authorities to locate an appropriate location for self-isolation. Students requiring more extensive medical care will be treated as appropriate by medical professionals.

Students who test positive by rt-PCR for SARS-CoV-2 may return to engagement in the university community if cleared to return by their healthcare provider and consistent with CDC guidance.

Faculty and staff who test positive for SARS-CoV-2 by rt-PCR will be required to work remotely or take sick or another appropriate leave in accordance with System policies and regulations. They will place themselves in self-isolation as determined by local health officials at the time of testing, returning to Campus only after cleared to return by their health care provider and consistent with CDC guidance.

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<sup>2</sup> See attached summary of CDC guidance regarding isolation and quarantine requirements.



## **Contact Tracing**

Universities and agencies will coordinate contact tracing with local health authorities and the Texas Department of State Health Services. Contact tracing for those who test positive for SARS-CoV-2 will be led as dictated by local public health officials. System leadership is investigating the use and efficacy of widespread contact tracing through technology applications.

## **Other Monitoring Approaches**

Universities and agencies, in coordination with local public health authorities, may choose to use other mechanisms for monitoring the health and safety of their students, faculty, and staff. Options that may be considered include but are not limited to:

- temperature monitoring as a tool for keeping students, faculty and staff informed of their health and protecting the health of the Campus or university community (Students, faculty and staff with a temperature exceeding 100.4 (38C) should be directed to medical services for additional screening),
- testing for Antigens or antibodies, once the validity of tests improves,
- targeted sampling of individuals testing for SARS-CoV-2 at various times during the semester,
- thermal scanning,
- syndromic surveillance (analysis of over the counter treatments people may utilize to treat symptoms),
- location analytics to assess traffic and congregating patterns and adjust spaces accordingly,
- monitoring wastewater effluent from key facilities, and
- other approaches that may emerge as efficacious over the course of the intervening time.

## **Classes**

Face-to-face (f2f) classes will resume but not all classes may be offered in a f2f setting. Universities will consider physical facilities (e.g., physical arrangement of the rooms, size of the rooms, mode of instruction, egress to the spaces, ventilation, etc.) course type, priorities, and demand in determining the courses to be offered in various formats. For example, a university may choose to prioritize first-year courses (a focus on student success), courses for which remote learning is more challenging (e.g., some labs, performance courses), or some other criterion central to the institution's mission (e.g., capstone courses, service learning courses, etc.).

Universities may use a number of different formats based on the capacity of the facilities, and the educational demands of the course. "Hyflex" courses, for example, allow the student to take the course f2f or remotely, based on his or her needs. "Hybrid" courses require the student to attend f2f only a portion of the time, being taught remotely at other times. Universities may choose to adjust the calendar to begin earlier in August to complete f2f instruction before Thanksgiving, pursue other changes in the university calendar, and expansion of the standard teaching day and teaching week to offer more courses throughout the day and on Saturdays.

All courses where all or a portion of the course is offered f2f must be designed to shift to a remote instructional environment if necessary given local, state, or national directives regarding COVID-19. Universities may prepare for this possibility in a variety of ways, including block scheduling, short courses, hybrid courses, hyflex courses, offering each course in both remote and f2f formats, etc. The System will insure that best practices in this area are shared among member universities of the System.

Students should be encouraged to leave the building between classes when possible to avoid congregating in hallways and lobbies.

Teaching spaces must be disinfected regularly to reduce the likelihood of COVID-19 spread.

Universities should:

- consider adjusting their “passing periods” to allow for additional time to periodically clean surfaces,
- provide easily accessible disinfectant wipes for students to clean their own spaces before and after use, as they desire (e.g., similar to the model commonly used in gyms and fitness centers), and
- require SSC or other staff to clean each learning space (for example, before classes begin in the morning, at the noon hour, and again in the late afternoon between afternoon and evening classes), while also providing disinfectant wipes for students to wipe down their immediate area before each class if the student desires.

Universities may also consider additional protection for instructors, including but not limited to Plexiglas barriers and face coverings.

### **Residence Halls**

The universities will determine appropriate safety precautions for the residence halls using evidence-based public health protocols for the control of infectious disease, considering issues such as density of the student population, restroom/shower facilities, cleaning protocols, ventilation, etc. Universities must also consider student mental health, and the health ramifications of limiting residence hall density as students not accommodated by residential living will instead be living in off-Campus housing that may observe different safety protocols than is available in the university’s residence halls. In light of the current concerns, universities should consider requirements to live on Campus, continuing those requirements or adjusting those requirements as the university determines is in the best interests of the student. University decisions regarding residence hall requirements should be communicated to students as soon as possible.

Common spaces in the residence halls such as restroom facilities, lobbies, shared kitchens, etc. will have reduced or designated furnishings to encourage physical distancing, and must be disinfected regularly (multiple times per day). Disinfectant wipes should be readily available in the residence halls for residents to wipe surfaces as desired.

Students living in the residence halls will be prohibited from day or overnight visitors in their rooms as much as is practicable. Residential living students will also be strongly discouraged from leaving the university area for the duration of the semester to limit exposure to those they visit elsewhere and limit the exposure they may bring back to the residence hall. If students do leave the residence hall and suspect they have been exposed to SARS-CoV-2, the student will be required to report this exposure to the appropriate resident advisor and may be required to place themselves in self-quarantine for a period of time in accordance with current CDC guidance.

### **Student Health Services**

Universities’ Student Health Services (SHS) should begin preparing for students to return to Campus by conducting an inventory of their PPE, hand sanitizer, cleaning supplies, and medical supplies for screening and treatment of COVID-19; preparing their clinics for in-person visits in accordance with the current guidance from the CDC; training clinical staff on COVID-19 and

relevant clinical protocols; reconfiguring clinics to promote physical distancing; developing protocols for clinic cleaning and decontamination; and updating clinic policies and procedures to protect students and clinical staff and limit the spread of COVID-19, which may include:

- advising students to make appointments online or call before coming to the SHS for an in-person visit,
- utilizing telemedicine or telehealth visits when appropriate,
- developing an online or telephone process for student check-in,
- updating screening forms to include COVID-19 symptoms,
- posting information online and signage at clinics that provide guidance on the safety precautions in effect,
- screening all clinical staff and students for respiratory symptoms and checking temperatures before entering the clinic,
- developing protocols for managing patients with acute respiratory symptoms and transporting patients in need of a higher level of care,
- developing protocols for clinical staff who are at high-risk, exposed or ill, and
- adjusting hours of operation to include telephone triage and follow-up for students.

### **Food Service**

Food service will resume/continue with a greater emphasis on take-away options, barriers between cashiers and customers, minimized reliance on buffets (self-service), maximized safeguards where self-service is unavoidable, and limited seating, consistent with the accepted standards in place at the time.

### **Co-Curricular Activities**

Co-curricular activities are essential to the holistic education of the student. However, some co-curricular activities may be equally efficacious when delivered and engaged in remotely as when delivered in the f2f mode. Universities should weigh the relative risks and advantages of delivery mode in considering co-curricular activities.

Activities such as clubs, lectures, fraternities/sororities, study sessions, intramurals, etc. that occur f2f will observe the limitations on the size of gatherings established by local public health authorities, and based on university guidance and the space used. (The adjusted maximum capacity of each space will be posted at the entrance of the space, and no co-curricular activity may exceed the adjusted maximum capacity.) All f2f co-curricular activities will be expected to observe the precautions recommended by local health authorities at the time to limit the spread of, and exposure to, COVID-19 (e.g., physical distancing, face coverings).

The universities will provide f2f co-curricular activities as much as is practicable and safe. While “study abroad” and “study elsewhere” activities may not be possible this fall, such activities will resume as soon as possible. Similarly, field trips and other experiential learning activities will occur where possible. All of these activities will be expected to observe the precautions recommended by local health authorities at the time to limit the spread of, and exposure to, COVID-19 (e.g., physical distancing, face coverings).

## **Athletics**

The System supports the universities' resumption of athletics in the 2020-2021 academic year, although timing and format will depend on an ongoing evaluation of conditions and direction from the athletic conferences of which the universities are members.

## **Travel**

**Students:** System guidance regarding fall semester university sponsored student travel will be issued no later than July 31. University sponsored student travel should be limited to mission critical functions to assure the continued safety of the Campus. If students travel and suspect they have been exposed to SARS-CoV-2, the student will be required to report this exposure to the appropriate university advisor and may be required to place themselves in self-quarantine for a period of time in accordance with current CDC guidance.

**Employees:** Business travel should be limited to mission critical functions to assure the continued safety of the Campus or university community. Employees engaged in business-related and personal travel who suspect they have been exposed to SARS-CoV-2 while away from the university or agency are required to notify their supervisor and place themselves in self-quarantine for a period of time in accordance with current CDC guidance.

## **Use of Facilities by Outside Groups**

Use of university or agency facilities by outside groups must be approved by the CEO or designee using already established university or agency approval processes. Universities and agencies should revise their approval processes in light of the current environment to fully consider the safety of the students, faculty, staff, and third parties. Use of facilities by outside groups should only be approved if the use advances the mission of the university or agency. Safety requirements and recommendations established by local health authorities and university/agency policies in effect at the time of the event should be observed (e.g., gathering size, physical distancing, face coverings, etc.), and visitors will certify they have not been determined to be COVID-19 positive, do not have COVID-19 symptoms, and have not been in the presence of anyone they knew to be COVID-19 positive in the last 14 days.

## **Visitors to Campus**

Universities and agencies must limit external guests to those considered critical to the mission of the university or agency as approved by the CEO or designee. All visitors should be expected to observe safety requirements and recommendations established by local health authorities and university/agency policies in effect at the time of the visit (e.g., meeting size, physical distancing, face coverings, etc.) and declare they have not been determined to be COVID-19 positive, do not have COVID-19 symptoms, and have not been in the presence of anyone they knew to be COVID-19 positive in the last 14 days.

## **Conclusion**

It warrants repeating in conclusion that academic year 2020-2021 planning will occur with unwavering commitment to the health and safety of our students, faculty, and staff, and in pursuit of the highest academic quality in our teaching, research, and service. Additional guidance will be provided as it becomes appropriate. Universities and agencies are encouraged to contact the System with questions and comments whenever appropriate to ensure we are doing all we can to meet our commitment to students, faculty, and staff across the System. We must work together

and learn from one another. With those foundational commitments foremost in our minds, we will provide a safe and outstanding experience for our students and assure, as best as we are able, the safety of students, faculty, and staff.

Summary of CDC Guidance as of May 21, 2020  
Regarding Isolation and Quarantine Requirements

1. Guidance regarding Isolation. Persons who are confirmed to have COVID-19 or are showing COVID-19 symptoms should be placed in isolation and should discontinue isolation and return to campus/workplace only as follows:
  - a. **Symptom-based strategy** – Remain in isolation until the following conditions are met:
    - fever free for 72 hours (without the use of fever-reducing medication),
    - improvement in respiratory symptoms (e.g., cough, shortness of breath), and
    - at least 10 days have passed since COVID-19 symptoms first appeared.
  - b. **Test-based strategy** – Remain in isolation until the following conditions are met:
    - fever free (without the use of fever-reducing medication),
    - improvement in respiratory symptoms (e.g., cough, shortness of breath), and
    - two negative tests in a row, at least 24 hours apart, provided certain testing guidelines are followed (FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens).
  - c. **Time-based strategy** – For asymptomatic people that have tested positive for COVID-19, isolation is required until the following conditions are met:
    - at least 10 days have passed since the date of their first positive COVID-19 diagnostic test, and
    - no COVID-19 symptoms have subsequently developed.If COVID-19 symptoms develop, then the symptom-based or test-based strategy should be followed.
2. Guidance regarding Quarantine.
  - CDC recommends that asymptomatic persons exposed to persons known or suspected of having COVID-19 be quarantined for 14 days after their last known exposure.
  - This includes people who have been in close contact with a person with COVID-19, returning from international travel and returning from cruise ship or river voyages.
  - These persons should maintain social distancing (at least 6 feet), check their temperature twice a day, watch for COVID-19 symptoms, and avoid contact with people at higher risk for severe illness.
3. Other Considerations.
  - The CDC has specific guidance for certain persons (e.g., healthcare personnel and immunocompromised persons).
  - CDC guidance recommends that employers may choose to apply a more stringent criteria to return to work (such as a longer period of isolation after recovery) for certain persons where a higher threshold to prevent transmission is warranted.

- If enacting stricter criteria, the CDC recommends doing so explicitly, with clear justification, and in coordination with local public health authorities.