Moderator: Sarah Hokanson, Assistant Provost, PDPA (Professional Development & Postdoctoral Affairs)

Panel Members:

- Daniel Kleinman, Associate Provost for Graduate Affairs
- Deborah Breen, Director of the Center for Teaching and Learning
- Ernie Perez, Director of Educational Technology
- Linda Jerrett, Director of Learning & Event Technology Services
- Michael Donovan, Senior Vice President for Operations
- Thomas Daley, Associate Vice President for Facilities Management & Operations
- Bob Whitfield, Executive Director for Environmental Health and Safety

Q: How did data drive some of the decisions about campus reopening and testing?
A: (Gloria Waters) David Hammer and Cathie Klapperich have been the experts advising the policies.

Q: University is In the middle of sending out info about testing categories to students, can you share this information?
A: (David Cotter) Students, staff are being categorized into 4 categories, there has been some confusion on the student side. Although everyone is assigned a category, they get one first by where you live (residential/off campus), if you filled out LfA survey. Default is that Grad students are in category 2

- If a grad student lives in dormitory style residences -- Category 1
- Never coming to campus, everything remotely -- Category 4 (not allowed to come to campus, won't be tested)
- In the student link, you have ability to update questions, what your testing category is -- once changed, it will prompt you to set up appt, get tested
- Can move yourself back to remote (status is fluid)

(Tracey Schroeder) Don't come to campus just to get tested, if you have a non-traditional schedule, come to get tested once needed
Category 1.0 : tested every 3 days
Category 1.1: tested weekly
Category 2. Tested weekly *default*
Category 3: tested once before start of classes
Category 4: fully remote, can't come to campus and are not tested

Q. (Sarah Hokanson) Where does a student's category show up?
A. (Tracey Schroeder) There isn't a systemic display of category, not feasible and changes based on different rules and data. You can look up the descriptions of the categories and see where you fit, and we are prompting you to be tested in the appropriate frequency.

Q. (Prof. Klapperich) Do students decide for themselves what their category is?
A. Email Healthyway help to ask about when you need to be tested. Frequency will be prompted through reminders.
(Tracey Schroeder) Don't have a lookup tool for this, they are not assigning themselves the category. You will be told how often you are being tested rather than what category you're in

(Sarah Hokanson) most graduate students will be weekly, unless you are fully remote. When you need to come to campus, update questions in the student link and that will change your status. Make sure to schedule your test before you come to campus. Category 1.1 and 2 have the same testing frequency.

If you swipe in, etc without having a green badge, you will be flagged and possibly disciplined.

Q. (Sarah Hokanson) Can students book testing appointments more than 4 days in advance and can they schedule multiple at once?
A. (Gloria Waters) The scheduling window has been adjusted to a 7 day window, if we open a larger window the system will be less responsive. There is a maximum number of tests that can be scheduled in that window, we want to limit the risk of overtesting by setting the limit to 2 tests.

Q. (Sarah Hokanson) What group are you a part of, Gloria?
A. (Gloria Waters) The community health oversight group - it includes people from public health, IT, other areas. We were asked to come up with a set of metrics to track daily and the group meets every day to go over the metrics. The metrics fall into a variety of areas: how many positive cases, how many contacts per positive case, coming up with ways to determine if there is community spread, effectiveness of testing (getting results in time and enough tests per day). How much quarantine and isolation housing we have available, last week we started to publish the public dashboard and we will decide what else will go into the public dashboard. Work with public health experts to decide any actions that need to be taken (i.e. cut back on size of groups). In constant contact with leadership to provide data.

Q. (Sarah Hokanson) There have been coverage and co-pay uncertainties, can you provide an overview of what is covered for COVID?
A. (Scott Strothers- from Aetna) Under MA mandates, we are covering anything that has to do with testing or treatment for anyone in contact with someone with COVID-19 from doctor visit to ER visits. We will extend this as long as the public health emergency is in place. All of this is dependent on decisions at the state level. There is no at-home treatment that is covered, in-patient treatment is covered as long as the public health emergency in MA is at 100 %. This covers ventilators, ICU stays, etc. Also, until September 30th telehealth visits are covered completely for any issues (including mental health).

Q. If BMC is not the closest hospital, can students go to any hospital nearby?

A. (Scott Strothers) Yes, any hospital in MA is part of our network.

Q. What about the long term health damage?
A. (Scott Strothers) COVID-19 would no longer be the primary diagnosis for those issues, it would fall to the regular benefits of the plan, co-pays as usual.

Q. If using out of state coverage testing because you are out of state, is this covered?
A. (Scott Strothers) This is not covered

Discussion on metrics:
(Gloria Waters) Metrics we will watch very closely include: number of quarantine and isolation units to make sure we have enough space. If we saw a large jump in positive cases or just had a large number of positive cases that would make us change some aspects of campus. Also if there is community transfer. We are putting together a scorecard for those metrics that we think are most important and will be setting cutoffs and thresholds that require campus to take some sort of action. This action could be increasing testing, scaling back classes, etc.

Q. (Sarah Hokanson) Will that scorecard be public?
A. (Gloria Waters) We will talk to the leadership of the community health group to decide. Tufts has made theirs public.

Q. For those coming to campus intermittently, there is some concern. Rational that went into that testing protocol?
A. (Prof. Klapperich) Modeling shows that the most important part is the number of people that they are tested and the number of times they are tested. Fair point to say if you get a test on Monday and work on Monday, then I might get a positive result on Tuesday. Most of the time that won't happen. We may be catching someone that's sort of asymptomatic or at the end of an illness. Because we don't know what an individual's status is it would be ideal to be able to get tested at home and get results before coming in, but we can't do that. The safest thing to do is test people as much as we can and prioritize those that are coming to campus. Better to get the test the day of instead of coming to campus twice (if positive).

(Sarah Hokanson) Graduate students are embedded into our community and they may have a more frequent schedule. Please consider the special case of graduate students who are not category 2.

Q. (Sarah) If we do switch to remote, what do international students need to do with ISSO? How is ISSO considering those sorts of changes?
A. (Jeanne Kelley) Students should have gotten email last week about using LfA indicator. International students need to do a check-in at the beginning of each semester, which would typically be in person. But we have to pull data in a slightly different way, using academic registration data with details of the LfA status indicator. We have the ability to run reports to see when that status indicator changes but this won't make a lot of difference because a student's

SEVIS record will be active whether you're remote or in person. If you remain registered full time, then your record will remain fully active.

Q. If students are not social distancing, not following rules, going out on weekends. How does undergraduate partying factor into the models?
A. (Tracey Schroeder) They have been modeling a "large event" impact on transmission and what that would look like and what the best controls are. Rapid identification and contact tracing are very important to identify clusters and the students that need to go to quarantine.
A. (Gloria Waters) Looking at compliance and disciplinary actions, there has been very high compliance with testing when moving into dorms. We are monitoring the number of complaints & extent to which spaces are used. Public health students are going to do random surveillance of who is wearing masks. Dean of Students will use strong consequences on people who are gathering.

Q. Talking about contact tracing, what is the role of the TF as a close contact? Explain thought process of contact tracing.
A. (Hannah Nichols) Currently TFs will not be automatically told if someone in their class tests positive, we used various resources in order to gear questions towards infected students to identify close contacts. The infected student is asked to walk through the days leading up to the positive test, asked back 2 days from feeling sick or 2 days from positive test date. Any class with hands-on instruction will be asked even more questions to gather information more carefully.
Close contact = within 6ft for 15 minutes or longer in 48 hr period

Q. (Sarah Hokanson) Classes can require use of shared equipment - will these things be considered if a class requires people touching similar items?
A. (Hannah Nichols) Washing hands frequently comes into play, high touch surfaces haven't come into play with contact tracing. Contract tracing is looking at who you've been close to physically.

Q. Science overview of testing and accuracy?
A. (Prof. Klapperich) RT-PCR test, detects the virus and a human tag (DNA) to prove that a swab was taken from a human, this is part of the control that a good swab was taken. The test is looking for viral tags and human material, positive result if any viral tags are found. Negative if no viral tags found, as long as there is positive for human material. There shouldn't be a positive result unless someone has viral RNA in their nose. Extremely low false positive rate.
Test verified by FDA which stipulates sensitivity and specificity rate have to be higher than 95%.

People who are sick with a viral disease will be infected on day 0 and will progress through the disease and throughout they will have a different viral load. It might be too low to be picked up by the test if the viral load is low at the beginning of disease or towards the end. Bad (or good for testing) thing about COVID is every couple of days the viral load goes up. If a student were

negative (falsely) on Monday, the test will be positive 3 days later because the viral load goes up. All of our benchmark testing shows that nasal swab is as effective as nasopharangeal test.

Make sure to keep test results if you have been tested before coming to campus and were positive. Can test positive for 2-3 months after already being sick and recovered. We have had that occur and we expect it to happen more as people come to campus.

(Hannah Nichols) Can submit previous test results and that can be reviewed and update testing case frequency.

Q. Is it a false positive because the virus is still in your system, but dead?
A. (Prof. Klapperich) The RNA from the virus can still be detected in their body even if they're not contagious. At this point, viable virus is not being emitted when someone coughs or sneezes. In order to get out of quarantine, the rule used to be that you had to get a negative test but this is difficult to get for months potentially so that guidance has changed.

Q. In regards to the telehealth 100% coverage until September 30th - does this cover in-network or out of network as well?
A. (Scott Strothers) In-network only is covered.

Q. Someone still received a bill from Aetna for a covered telehealth appointment?
A. (Scott Strothers) Have the claim reviewed, telehealth is new and claims were not all billed correctly. Provider needs to bill appropriately.

Q. More on contact tracing, TFs feel they would meet 6ft for more than 15 min criteria but are feeling concerned about contract tracing and not being considered a close contact.
A. We cannot tell you who is positive is because of privacy. If there is someone that is in one day and gone the next, then you could think they are positive. Need to think about what the classroom looks like and if they are identified as a close contact then the instructor will be informed and you must quarantine.

(Sarah Hokanson) How is this any different than roommates? If your roommate is sick and you get a contact tracing call, you will most likely discern that it is them. Privacy is violated if you're rooming with someone.

(Hannah Nichols) Privacy is governed by HIPPA. If you identify someone as a close contact and you've only seen one person, then you will know who it is. But there cannot be a mass notification of that positive case. Following public health guidelines from CDC and DPH (Department of Public Health).

(Prof. Klapperich) Continue to keep up your testing cadence, if you think you need to increase that, then pursue that with your supervisor. If you're keeping up then that's the best you can do.

We as a community are going to be tested more than most in the US. We will be learning a lot about what it means to be tested in this environment, we are going to learn more everyday. Adhere to distancing and masking. Going to be hard to keep personal health information under wraps, but keeping people's privacy is important.

(Hannah Nichols) Let's say you teach near a positive person and then go to your lab where other people are, if you are not a close contact then you are not a risk to others. All of us need to limit our physical closeness. Work with supervisors and deans to adjust our work to change what it physically looks like to maintain distancing.

Discussion on coming to campus:
(Sarah Hokanson) A number of administrators will be active on campus. Graduate students feel they are unfairly being exposed.

(Gloria Waters) It is a balance. People are weighing the density on campus and making sure there is enough space on campus for those with student facing roles, they will be there on campus. There is no point in bringing people to campus that increase density and cause more spread. People who have a need to be on campus will be on campus and those who don't need to will not be on campus to allow for decreased density.

(Hannah Nichols) Been on campus 7 days a week and things have been very different.

(Prof. Klapperich) I'm coming to campus twice a week and have kids, this is not a competition. Point is if you don't have to be here, then stay home. Distance as much as possible. Teaching my 80 person class in person with ⅓ at a time is important and if they are all up on their testing and wearing masks then that will be a safe environment. Responding to comment from chat saying GTFs do not have this choice: this is very complicated. If you don't want to do the job then you need to make that choice for yourself

(Sarah Hokanson) We do hear you and see you. I am not asking them to compare themselves to you. We all have different human facing things as part of our jobs.

(Daniel Kleinman) Responding to chat, If students don't behave in ways that are consistent with public health, you can kick them out of the class, if they don't leave, you can cancel the class. We hope most students will adhere.

Q. Dashboard data questions in chat.
A. (Gloria Waters) To the suggestion that the data should look at individuals that are testing not number of tests - the dashboard may be updated.

Q. (Prof. Klapperich) Someone questioned the look of the dashboard and data visualization. Should Gloria be the contact for those questions and suggestions?
A. (Gloria) Yes I can put it forward.

Q. (Sarah Hokanson) How are we working with the community - relationship with state and city officials. How are they connected with the group you meet with on a daily basis?
A. (Gloria Waters) Very close relationship with the Department of Public Health, must share positive cases, names of positives, and number of tests. Great government committee relations group. A lot of discussions, Pres. Brown is constantly in contact with the mayor. NEU, Umass, Harvard and MIT are all communicating about testing. Dean of students is in touch with and thinking about the community around BU.

Closing remarks:
(Sarah Hokanson) There is a frequency in communication that needs to be built. I don't view you as a group that's just looking to be upset about the next thing, I call you colleagues for a reason. We need to hear you. We're not always on the same side of view. I hope that we will continue to have these dialogues so that we are in more regular contact.

(Daniel Kleinman) I want to acknowledge the fear and alienation and stress/anger some of you feel. We have tried to answer as many questions as honestly as we can. We have developed an extremely complicated system. You heard in some of the answers that we continue to improve software and so forth. We want to be able to continue to have dialogues with you. I hope that you see that those sitting here on the panel approached their work with good will and commitment to make a safe and healthy environment. This is driven by data, as the data changes, the practices will too.