Covid Protocols Questions

Q: Could faculty get access to ventilation information for specific rooms upon request? Apparently, Smith has such a system in place. HICT saying SHU Facilities team will "refit ventilation systems to higher grade filters wherever possible" does not inspire much confidence. Also, what are the industry recommended requirements to minimize Covid-19 transmission risk for rooms at Seton Hall?

*HICT is discussing with John Signoriello on Thursday. They meet every Thursday and can provide an update on any question. Monica Burnett confirms that this is on their agenda for September 9.*

Q: I'm concerned about how close contacts are defined for contact tracing - within 6 feet of a Covid-positive person with cumulative exposure of 15 minutes over 24 hours according to the CDC). So faculty or students at the opposite end of class from someone testing positive won't be considered a close contact. This definition does not adjust for ventilation factors, such as aerosol build up and dispersion in a poorly ventilated classroom for 60-150 minutes. I'm stressing both ventilation and close contacts because the current safety protocols seem to ignore the presence of breakthrough infections, and its implications for passing on the infection to unvaccinated or immunocompromised family members or the community at large.

*We follow department of health and CDC guidelines and OSHE and meet with local department of health in South Orange every week and have members meeting with Newark and Nutley health departments.*

Q: Can the university provide mics as an aid to teaching with masks? Advantages: Reduce aerosol generation by not having to talk loudly; instructor comfort while teaching in a mask; students will hear and understand better.

*Paul Fischer is the point person on this issue, which is also on the agenda for the HICT meeting on Thursday, September 9.*

Q: Will the University issue a Covid-19 handbook detailing safety and response protocols IN ONE PLACE?

*HICT website and HICT emails is this spot. Because we update as guidelines and data change, a static document is not the best choice.*

Q: What adjustments are in place for faculty/students/admin/staff who have to take care of family members with Covid or if their child's daycare or school closes due to Covid exposure? I understand that faculty have discretion, but that opens up the possibility of students using course evaluations to penalize instructors who move to remote teaching relative to instructors who don't.

*This is worked out at the local level, as any family/emergency issue would be, with an eye to ensuring that instruction remains face-to-face. Our guidelines are that if the absence is extensive, then the faculty member should take family medical leave, and the chair and dean would identify a replacement instructor for the course. Further questions with this can be directed to Human Resources.*

Q: If a student in one of our classes tests positive, what do we do about teaching the next class?  Teach online?  There is no information about this yet.

*Just like last year, we do not go remote if a student has a positive Covid test. The University does contract tracing and will follow-up with close contacts. If there is a cluster, we will address, with direction from HICT. More detail is available in the in the September 2 HICT announcement.*

 Q: Has the university outlined a clear procedure for having people who had an exemption for “personal reasons” while the vaccine was under EUA demonstrate that they’ve actually gone ahead and gotten a vaccine (or filled out the “declaration” again)? They have stated an expectation that students will do so but is there any verification at all?  This was the largest category of exemptions.

*Students, faculty, and staff who originally chose a personal exemption are now required, through a prompt in Pirate Net, to now declare a religious or medical exemption, or that they are in the process of becoming fully vaccinated within forty days. Any faculty or staff exemptions will go through HR. Student exemptions follow the Health Services process.*

Q: Why did they decide not to require actual proof of vaccination for every single person on campus, as other schools did, rather than only those moving into the dorms? (if that's indeed the case.) I know that they're claiming that this 'check a box' version of requirement is backed up by data but that data doesn't match up with non NJ residents and in any case, again, why not just require the proof?

*Seton Hall, like all institutions which required vaccinations, also provided opportunity for students (and faculty and staff) to request exemptions.*

*While SHU students (and faculty and staff for that matter) are not required to provide proof of vaccination, they are required to complete the Attestation form.  As noted in the*[*HICT newsletter*](https://www.shu.edu/health-intervention-communication/news/declaration-data-and-updated-interim-guidance.cfm)*from August 19, an independent study found that 95% of our students reported their vaccination status truthfully on that form.*

*Some field placements such as nursing, SHMS, social work, and education also require vaccines. In some cases if they are not vaccinated, they must be tested weekly. If students need to be vaccinated, we have a resource on the*[*Health Services website*](https://www.shu.edu/health-services/)*for finding vaccine locations and we’ll be having flu/COVID-19 clinics on campus later this month and in October.*

Q: What is the \*actual\* specific status of ventilation in each classroom? Saying "it's better" than it was tells us precisely nothing.

*We meet or exceed OSHE guidelines for reopening.*

Q: What precisely are the testing protocols? They say they are continuing to cooperate with their partners and there will be "Surveillance" testing of the unvaccinated but since they aren't actually requiring proof of vaccination for non-residential students, that doesn't entirely square.  Also, the Dashboard currently state how much testing is being done -- it lists all the tests ever done at SHU but positive cases for summer and fall 2021, leaving unclear how much testing is being done right now when students are back in large numbers.

*On the reported cases, if you scroll down on the link provided below, you will see the dates when we had cases with the relevant narratives. We do not have immediate plans to change the dashboard process. We are following a similar protocol to last year. Some tests originate through health services, and we are following all guidelines from the department of health as to testing and contract tracing through the narratives. For example, as of today, September 7, we have discovered eight cases throughout all three campuses, including employees, staff, and students, and all eight have been contact traced. This link will provide updated information:* [*https://www.shu.edu/health-intervention-communication/reported-cases.cfm*](https://www.shu.edu/health-intervention-communication/reported-cases.cfm)