

Guidance from the University of Texas System Administration to UT institutions Related to the Coronavirus Disease 2019, or COVID-19

March 2, 2020

Introduction

With almost 240,000 students and more than 21,000 faculty and 83,000 other personnel including health care providers, the UT population is not only large in numbers, it is a population that, by the very nature of its education, health and research missions, often conducts its work globally. At any given time, students are involved in international educational programs, and faculty and health care professionals are involved in international collaborative activities.

To ensure the safety and security of UT students, faculty, staff and patients, the following guidelines are offered.

Real time communication with relevant officials/agencies

Each institution should communicate with local, regional and state public health authorities and the UT System Administration to ensure the appropriate exchange and notification of real-time information.

Actions institutions should be taking now regarding potential local transmission of COVID-19

Institutions should be actively working their respective Pandemic Plans and should include their institution attorneys on issues related to COVID-19.

Institutions with K-12 students should monitor TEA's guidance and coordinate with their regional Education Service Center for guidance specific to those students.

Current Guidance Re: International Travel

All university-sponsored international travel must be registered with UT's contracted emergency assistance provider, International SOS, in accordance with [UTS 190: International Travel Policy](#). The CDC and the Department of State issue travel notices to guide public health management decisions. CDC and State Department travel notices are risk-stratified, based upon a region's level of COVID-19 transmission.

All university-sponsored travel to a region with a CDC Travel Health Notice Warning Level 3 issuance and/or a State Department Travel Advisory Level 3: **Reconsider Travel** or Level 4 – **Do Not Travel** requires high risk review by institutional International Oversight Committees.

Best practices related to COVID-19 include restricting, strongly discouraging, or elevating approval levels for any region with active community transmission ongoing (CDC level 2 and above) and increasing scrutiny of travel request justifications. Travel approvals should be limited to cases of significant extenuating circumstances or research and/or medical work directly related to the outbreak, and they could be contingent on submission of robust safety plans. Furthermore, due to the rapidly changing environment, institutions should also closely review all travel approval for CDC level 1 counties.

Status of international travel, programs, and research activities remain an institutional decision based on specific circumstances. UT System has required elevated approval through an institution's President and respective Executive Vice Chancellor in previous circumstances and may consider similar approaches as this situation continues to unfold.

In the event an institution has reasons to depart from this guidance, please alert us as soon as possible.

Spring Break and Personal Travel

The UT System does not set requirements for personal travel, but institutions should consider strongly discouraging travel to areas with active community transmission. All travelers should be encouraged to check the CDC's COVID-19 [travel page](#), State Department [travel advisories](#), and the International Air Transport Association's [list](#) of travel and entry restrictions for the latest information before departing.

Travelers should also consider how their planned trips may affect their ability to return to the United States and campus. If trip cancellation insurance is available to purchase, travelers may consider purchasing it in case last minute cancellation is needed. This continues to be a rapidly evolving situation and it is difficult to anticipate what the future may hold.

Those traveling should allot additional time for airport screening measures, which generally include temperature checks and questionnaires, and should follow directives from authorities. No one should travel while sick, lest they risk additional screening measures, potential entry denial, and quarantine. Additionally, anyone who is sick risks spreading germs and infection to others. The CDC answers other common travel-related questions, including the risk of infection on airplanes, [here](#).

All international travel (both professional and personal) to CDC level 2 and 3 countries must be reported to the institution. Institutions may also require reporting travel to CDC level 1 countries at their discretion.

Travelers Returning to Campus

All students, trainees, faculty and staff returning from travel to a country with ongoing widespread or ongoing community level transmission ([CDC levels 2 and 3](#)) of COVID-19 at the time of their travel are to self-isolate for 14 days before returning to work or school.

- a. UT institutions when feasible should allow the students, trainees, faculty, and staff to telework during this time period and should consult their institution lawyers and HR regarding leave policies.
- b. UT System strongly recommends best practice—that this self-isolation occur off campus at the individual's home.
- c. If extenuating circumstances exist that prevent students from self-isolating at home, the University should work with the student and UT System to secure other options.
- d. Institutions may assist these individuals when needed and feasible to obtain food and necessary supplies to self-isolate during this time period.
- e. UT institutions should consult their Pandemic Plans regarding individuals who reside on campus.

Institutions should contact self-isolating returnees daily and assess for signs of an upper or lower airway infection, including fever, cough and shortness of breath.

- a. If returning travelers are symptomatic, the UT institution should contact their local health department for guidance on testing and evaluation.
- b. If UT institutions have difficulty contacting their local health department, they should either contact the state health department or the UT System Office of Risk Management for guidance.

Returning travelers to countries with ongoing COVID-19 transmission should not visit their student health clinics or other health facilities at UT institutions before first calling the health clinic.

- a. For minimally symptomatic individuals, institutions should strive to provide appropriate care and advice through telephone consultation.
- b. If a patient has significant symptoms, special arrangements to see the individual should be made in conjunction with the local public health department to minimize possible exposure to other patients and healthcare staff.

After the 14 days of self-isolation, individuals should contact Student Health Services or Employee Health Services for updated guidance and requirements prior to returning to school or work.

Although this guidance currently applies to students and employees who are returning from affected areas, institutions should be prepared to implement plans for self-isolation should there be cases of community transmission in Texas and in the [United States more broadly](#).

General Recommendations

Institutions should encourage all students, trainees, faculty, and staff to do the following;

- a. Clean their hands by washing them with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer containing 60-95% alcohol immediately after coughing, sneezing, or blowing their nose. Soap and water should be used if their hands are visibly dirty.
- b. Cover their mouth and nose with a tissue or their sleeve (not your hands) when coughing or sneezing.
- c. Avoid touching your eyes, nose, or mouth with unwashed hands
- d. Stay home if they have a fever or are sick.

Patient Treatment

All UT health providers should ask all patients and clients if they have traveled overseas in the last 14 days.

- a. If the patient has traveled to a country with ongoing COVID-19 transmission in the last 14 days, the patient must be immediately placed in droplet and contact isolation. If possible, also place the person in respiratory isolation.

Rapidly Evolving Situation

These recommendations are provided as of March 2, 2020. Institutional response plans should be adjusted appropriately as new information is made available.

- a. For example, if community level COVID-19 transmission occurs in the communities in which UT institutions reside, self-isolation guidance may be adjusted.
- b. If local health or other government authorities recommend additional measures, changes will need to be made to accommodate new requirements.

Additional Resources

Several UT institutions have already issued information to their respective campus communities. Please keep the UT System Chancellor's Office and Office of Risk Management updated on a real-time basis about activities, relevant institutional communications, and potential new threats.

Workers' Compensation Insurance

Occupational disease claims may be compensable under Workers' Compensation if they meet two conditions. The disease is:

- a. "OCCUPATIONAL" arising out of and in the course of employment causing damage or harm to the physical structure of the body; and
- b. Found exclusive among or presents a greater risk of exposure because of their work.

Occupational Disease does not include an ordinary disease of life to which the general public is exposed outside of employment.

Each claim is judged on its own merits and surrounding circumstances following a thorough investigation considering the facts and applicable state laws.

An exposure is not the same as illness. Therefore, an absence from work during quarantine would not be covered under workers' compensation because no physical damage or illness has occurred.

Guidance from the University of Texas System Administration to UT Health Institutions Related to the Coronavirus Disease 2019 (COVID-19)

March 5, 2020

University of Texas health institutions provide world-class health care to hundreds of thousands of patients annually, a significant number of whom are vulnerable and significantly immunocompromised, including individuals with cancer, advanced heart disease, diabetes, and lung diseases. The safety of our patients and health care workers is among our very highest priorities, and that requires us to take all prudent steps to prevent the spread of contagious diseases.

The situation involving COVID-19 is rapidly changing, including increasing levels of domestic transmission of the virus, and UT health institutions shall ensure that the following actions are taken:

- 1) Requiring all out-of-state business travel to be approved by the President or his/her designees. (International travel already requires presidential or chancellor approval, under Regents' Rule 20801.)
- 2) Continuously reviewing and ensuring infection control policies and protocols as appropriate
- 3) Requiring appropriate protocols before returning to work for these employees returning from international travel, including self-isolation for those returning from affected areas
- 4) Monitoring healthcare workers with personal travel to a state with ongoing community level transmission of COVID-19, and ensuring appropriate protocols are in place
- 5) Reviewing protocols frequently, and continuing to assess the situation daily

In addition, all UT institutions are monitoring travel to state and international areas that have high level transmission of COVID-19, as those areas are changing with frequency, restricting travel accordingly.

The situation with COVID-19 is rapidly changing, and the UT System will continue to work closely with institutional presidents and all relevant local, state, and federal authorities.