

SUNY COLLEGE OF OPTOMETRY

ACADEMIC & CAMPUS OPERATIONS CONTINUITY PLAN

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**SUNY COLLEGE OF OPTOMETRY
ACADEMIC AND CAMPUS
OPERATIONS CONTINUITY PLAN
23 June 2020
UPDATED – 28 January 2021**

I. Overview:

Founded in 1971 and located in New York City, the State University of New York College of Optometry is a leader in education, research, and patient care, offering the Doctor of Optometry degree as well as MS and PhD degrees in vision science. The College conducts a robust program of basic, translational and clinical research and has 65 affiliated clinical training sites as well as an on-site, Article 28 Diagnostic and Treatment Center, the University Eye Center (UEC). SUNY College of Optometry is regionally accredited by the Commission on Higher Education of the Middle States Association of Colleges and Secondary Schools; its four-year professional degree program and residency programs are accredited by the Accreditation Council on Optometric Education (ACOE). All classrooms, research facilities and the UEC, which is one of the largest optometric outpatient facilities in the nation, are located on 42nd Street in midtown Manhattan.

Reopening New York: Checklist for Higher Education (6/23/20) – Key elements of this Campus Ramp-Up/Academic and Operations Continuity Plan have been organized around the NYS “Checklist for Higher Education” (**Appendix 1**)

a) Key Planning Points:

- The College offers OD, MS and PhD degrees; there are no undergraduate degree programs.
- The College is the smallest of SUNY’s 64 campuses with an enrollment of 400 - 410 students.
- The College’s primary degree program is the Doctor of Optometry. As a licensed health care profession, there are strict requirements in terms of clinical training. Timely completion of the degree has significant implications for licensure and residency training.
- All educational, research and patient care programs operate 12 months a year.
- The College is located in a single building on West 42nd Street in Manhattan. There are only two entrances to the building – the main entrance on 42nd Street and a service entrance on 43rd Street.
- There is no campus-affiliated housing. Students are over the age of 21 and live in the greater NY metropolitan area.
- There is no food service on campus, except for a few vending machines with prepackaged snacks and beverages.
- The University Eye Center is the College’s Article 28 patient care facility located on campus with eye care services delivered on floors 5, 6, 7, 8 and 10. As an Article 28 facility, the UEC falls within the jurisdiction of the NYS Department of Health (NYSDOH).
- The UEC has operated throughout the COVID-19 pandemic, initially providing only urgent and emergent care until late May, when expanded delivery of eye care/optometric services was permitted. The UEC has been complying with CDC and DOH guidelines for the patient care setting throughout the pandemic.
- We are optimistic that with vaccinations we will be returning to pre-COVID in-person curriculum delivery by the summer or fall of 2021.

b) Guiding Principles: Resumption of Academic, Research and Patient Care Programs

SUNY System	SUNY College of Optometry
Put safety first	The safety and wellbeing of our students, staff and patients come first.
Protect core academic areas of excellence	The professional and personal success of our students through the continued delivery of quality educational programs with on-time completion is paramount. Support of research has been sustained so that activity can continue and return to pre-pandemic levels as soon as possible.
Maintain fundamental mission of the broadest access to world-class teaching, research, and scholarship	Maintain fundamental mission of the broadest access to world-class teaching, research, scholarship and eye care services for the public.
Sustain academic programs and achieve operational efficiencies	Maintain the essential infrastructure and preparedness needed to ensure we are ready to deliver our educational, research and patient care programs as conditions around the pandemic change.
Demonstrate agility in responding rapidly to workforce needs	Ensure flexibility and agility in adapting to changing environmental conditions, balancing the needs of the College's workforce and students with our patient care obligations to the public.

c) Campus Planning Task Force:

The College activated its Disaster Response Plan in early March with the first meeting of the COVID-19 Emergency Response Team (COVIDERT) held on March 2, 2020. The COVIDERT met formally twice weekly through mid-April, once per week until September 2020 and twice monthly since. COVIDERT Membership provides broad campus representation and is listed on the cover page of this report.

d) NYSED/Accreditation & Critical Role of Clinical Placements

The SUNY College of Optometry’s primary academic program is the 4-year, post-baccalaureate, Doctor of Optometry (OD) degree, leading to licensing as part of the health care workforce. Completion of the OD degree requires a significant amount of clinical fieldwork. One hundred percent of the final year of the educational program is delivered through four 12-week clinical rotations (field placements), equaling approximately 2,000 hours. The New York State Education Department (NYSED) has approved a plan allowing up to 280 hours of clinical training during the 4th year, and up to 63 hours during the 3rd year of the program to be delivered via a “Virtual Clinic” program developed following the onset of the pandemic this past winter. The U.S. Department of Education (USDE) and Middle States Commission on Higher Education (MSCHE) waived the requirement of submitting a substantial change approval for distance learning through December 2020. The plan has also been accepted by the Accreditation Council on Optometric Education (ACOE). As of September 2020, all clinical training programs/field placements are conducted in person.

II. Academic Program Planning

The Office of Academic Affairs has engaged in a continuous process of flexible planning for the optometry and graduate programs during the pandemic. The programs are employing a combination of remote access and in-person activities with the intention of maintaining the timing of the professional OD program so that students can graduate on schedule, complete licensure requirements and compete for residency positions. Student, faculty, staff and patient safety has been, and continues to be, our primary consideration.

In anticipation of a possible second wave of SARS-CoV-2 infections in the fall, we completed in-person training laboratories for first and second-year students before the Thanksgiving break so students did not have to return after the holiday. Third and fourth-year students remained in clinic/patient care

<p align="center">Graduate Programs & Research</p>	<p>Didactic: remote access lectures and seminars Research: maintain critical laboratory operations, faculty, laboratory staff, existing students (voluntary)</p>	<p>Didactic: remote access lectures and seminars Research: restart suspended research operations, existing students</p>	<p>Didactic: hybrid remote access/in-person lectures and seminars Research: maintain research operations, orient new students</p>
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Reopening and academic continuity plan of the optometry program (OD)

Our reopening and academic continuity plan for the optometry program recognizes the importance of reducing risk by protecting students using remote access learning, but also acknowledges the necessity to provide critical in-person clinical laboratory and clinical training as required by our accrediting organizations and NYSED. The risks will be mitigated by the use of appropriate PPE, reducing density and social distancing within the College, and changes in laboratory schedules and calendars.

Our re-opening was phased-in. The 4th year students began in-person clinical rotations last summer with appropriate PPE and monitored by professional eye care faculty. Third year students participated in the summer through remote access didactic courses and a “virtual clinic” alternative to in-person patient care that concentrated on case analysis and clinical decision-making. The 3rd year students shifted to in-person clinical assignments starting in September. We plan to continue in-person clinics for 3rd and 4th year students throughout the spring.

First and 2nd year students attended remote-access didactic courses with in-person laboratories through the fall semester. This will continue in the spring and we will begin offering the option of attending streamed in-person lectures when conditions allow. We anticipate the transition to in-person lectures to begin after mid-terms.

Communication: For the start of the spring 2021 semester, the College has developed a “What Students Should Know; COVID-19, Spring 2021 and Returning to Campus” guide, <https://www.sunyopt.edu/pdfs/covid-19/What-Students-Should-Know.4-January-2021.pdf> (**Appendix 8**). This is addition to regular communications from the President’s office and other areas.

Academic Calendar: The spring semester’s “spring break” has been eliminated to minimize travel and increased risk of infection. The spring mid-term week has been extended into our spring break week. This will serve to spread the exams out over an extended period (two weeks), allowing the scheduling of additional study and review days.

Doctor of Optometry Academic Program:

4th year: The 4th year of the optometry program is composed of four, 12-week, full-time clinical rotations/placements. In addition to the UEC, there are approximately 65 affiliated clinical placement sites. These rotations began in early June, 2020, although start dates varied depending upon location and site requirements. Students whose clinical training sites resumed patient care activities after the official rotation start date of May 26th, or began on a part-time basis, participated in remote access alternatives (virtual clinics focusing on case presentations and case decision making) until circumstances allowed full-time patient care, as usual. The UEC began student participation on a part-time basis and expanded patient care services over the summer.

The only didactic course in the 4th year is Clinic Seminar (grand rounds format), which will also be conducted by remote access until further notice.

Clinical internships and externships since the fall quarter of 2020 are fully operational with full-time, in-person assignment to patient care.

3rd year: The third year is a mix of didactic course work with pre-clinical teaching laboratories and patient-care clinical assignments. Third year students are assigned to patient care clinics 1.5 days per week. The summer term was conducted by remote access with alternative clinic sessions (virtual clinics

being provided). Third-year students had access to the teaching labs in July and August to practice clinical procedures on a voluntary basis. In-person patient care in the UEC began September 1. Patient numbers were ramping up throughout the fall semester and currently nearly at pre-pandemic numbers.

Spring Semester 2021: Clinical assignments and teaching laboratories will continue to be taught in-person, as they were during the fall semester. Didactic lectures will be remote access, but when conditions allow, students will be offered the option of attending streamed lectures in-person.

2nd year: The second year is composed of didactic, pre-clinical teaching laboratories, and integrative seminars. We began the fall semester on-time on August 17 by remote access and moved to in-person labs in September. In order to be able respond to a possible second wave of SARS-CoV-2 infections and reduce student travel, we created a concentrated schedule of the in-person instructional labs between September 1 and November 20 allowing students to complete the fall semester remotely after Thanksgiving. Clinical screenings and observations are normally introduced in the second year, but were suspended in the fall to reduce density in the clinic.

Spring Semester 2021: Will continue as was done in the fall. When conditions allow, students will be offered the option of attending streamed lectures in person. We plan to resume having 2nd year students seeing clinical patients in the second half of the spring 2021 semester.

1st year: The 1st year is composed of didactic and pre-clinical teaching laboratories with small group integrative seminars and a few clinical observations and screenings. The fall semester lectures were conducted by synchronized remote access. We conducted in-person teaching laboratories that provide the foundation for much of the training that follows in subsequent semesters. Fall laboratories were concentrated in the early part of the semester to allow students to complete the semester remotely after Thanksgiving.

Spring Semester 2021: We are continuing remote access lectures with in-person laboratories and seminars in the spring, and will begin offering the option of attending streamed in-person lectures when conditions allow probably beginning after mid-terms.

Other considerations...

We mitigate risk in instructional labs and clinics through the use of PPE and social distancing. In addition, all student laboratory and clinic schedules are being adjusted to reduce the number of days students will be required to be at the College. In-person teaching laboratories will be conducted with the maximum social distancing possible. The number of lab sections was increased so that the section size can be reduced by half (from 26 to 12-14 students per lab). We will continue this practice through the entire Spring Semester in 2021.

All midterm and final assessments are being conducted remotely using remote examination and proctoring software solutions: *ExamSoft* with *ExamID* and *ExamMonitor* modules. Beginning with the fall semester students have the option of taking the exams at the College. We plan to continue providing mid-terms and finals by remote access spring semester 2021.

Surveillance of student, faculty, and staff health includes daily self-assessment surveys and thermal screening, weekly pool-testing (effective 2/1/21) and rapid antigen testing when appropriate. We employ universal precautions and monitoring strategies that will isolate individuals exposed to SARS-CoV-2 or exhibiting symptoms, provide/facilitate testing, and ensure contact tracing, as well as isolation or quarantine, are performed as required.

c) Graduate programs and research activities

Graduate courses and seminars at the College are currently conducted by remote access. We plan to continue remote access didactic courses in the spring of 2021 and will begin offering the option of

attending streamed in-person lectures when conditions allow. Graduate research and data collection resumed last summer and is continuing.

The College has established protocols and guidelines for principal investigators (PIs) and their laboratory personnel for the resumption of research activities based on SUNY guidelines for restarting research. These requirements and guidelines mitigate the spread of COVID-19 between individuals using appropriate social distancing, PPE and environmental controls.

Implementing these measures for researchers and graduate students as they return to their laboratories is an essential safety measure and will be monitored carefully by administrative safety personnel. However, the safety of research personnel and their compliance with the measures outlined below are ultimately the responsibility of the PI. Due to pre-symptomatic shedding of the virus, we will apply universal precautions to all interactions at the College including within research laboratories. The guidelines below supplement the general reopening guidelines of the College.

Reopening and Research Continuity at the College

To reactivate research activities in a laboratory, PIs developed plans for restarting laboratory research and supervising staff and students, with the goal of obtaining maximum scholarly value from limited use of on-campus resources. These plans were reviewed by the Associate Dean for Graduate Studies and Research and had to ensure that all users of research facilities under the jurisdiction of the College were able to fully maintain safety protocols (such as adhering to social distancing guidelines, practicing disinfection, and wearing appropriate PPE) that reduce the risk of spreading the virus. PIs designated specific individuals to work in specified rooms at scheduled times for defined work, rather than authorizing general access to on-campus resources.

To allow time to monitor any reemergence of the virus and to ensure adherence to the reactivation principles describe above, on-campus work was ramped up in stages, with the maximum occupancy and student activity limited in each stage. Beginning in the fall semester all laboratories were fully staffed and operational. Laboratories are required to continue to adhere to the six-foot rule for inter-personal interactions. Only individuals whose research work requires them to be on-site will work on campus and any work that can be done remotely continues to be done so.

Personal Protective Measures

PPE Supplies: If a PI's research requires the use of a specific level of PPE, such as disposable gloves, surgical facemasks, goggles/face shields, or gowns, the PI must ensure adequate supplies.

Face coverings: Everyone entering the research facility must wear a face covering. The College is providing face-coverings for all faculty, staff, and students for general use. The covering may be removed behind closed doors in private spaces, but if two or more people are in the same air space, coverings must be worn. Because cloth face coverings can become saturated with respiratory secretions, care should be taken to prevent self-contamination and should be laundered daily or when soiled. Hand hygiene must be performed immediately before and after any contact with the cloth face covering. For guidance on personal protective measures, please refer to:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/DIY-cloth-face-covering-instructions.pdf>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>

Gloves: Disposable gloves should be worn when researchers are sharing equipment during the same shift. Hand hygiene should be performed before putting on and taking off gloves.

Minimize time in common areas: Research personnel should not linger longer than is necessary in the public spaces of the research facility. Principal Investigators are encouraged to stagger work shifts for their researchers to maximize social distancing. All "high touch" surfaces such as tabletops and keyboards should be cleaned with disinfectant wipes before and after use. For guidance on cleaning and disinfecting common areas, please refer to:

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

Minimize face-to-face activities: Researchers are encouraged to work from home whenever possible and visit laboratories only when necessary. Meetings should occur via teleconferencing whenever possible.

Use of multi-user equipment: Researchers must wear face masks and gloves when using multi-user equipment in a single lab or core facility. Users should wipe down all touched areas of equipment and tabletops with disinfectant wipes before and after use.

Research Protocols

Animal subjects/biological research laboratories. Researchers should strictly adhere to standing policies concerning the handling of animals provided by the College's Biological Research Facility and IACUC. Protocols of individual projects should continue to follow those as approved by the IACUC. Eight (8) additional protocols specific to biological research facilities are listed in **Appendix 3**.

Human subjects. Researchers should strictly adhere to all standing and new College policies concerning interactions with patients in the Clinical Vision Research Center (CVRC) and the UEC to minimize transmission of infectious agents. To resume face-to-face research with human participants, all safety processes set forth by the campus must be strictly followed. Protocols for individual studies should continue to follow those as approved by the IRB. Thirteen (13) additional protocols specific to human subject research are listed in **Appendix 3**.

Environmental Controls

Physical barriers: When feasible, researchers should work in separate air spaces. If this is not possible, physical barriers, such as partitions, should be employed as needed.

Maintenance of adequate air exchanges: While the College maintains adequate air exchanges on the research floors, research faculty and staff should be aware of any changes in airflow in rooms and hallways and alert facility staff of any problem for corrective measures.

Infection Controls

Daily cleaning and disinfection: PIs must arrange a daily cleaning schedule for their laboratory rooms. Facility staff will clean and disinfect surfaces and floors in the research labs, while research staff are responsible for cleaning and disinfecting sensitive equipment and surfaces (in addition to the facilities staff) in their labs.

III. On-Campus Operations Risk Mitigation

a) Return to Campus:

Summer/Fall 2020:

All employees and students were required to complete an online COVID training course on Moodle. Employees, Students and Visitors ("Travelers") coming or returning to the campus must follow the guidelines for returning to the campus stated below and comply with both the NYS travel advisory (EO 205, DOH Interim Guidance) if coming from a state on the restricted list or international location and the [College's Travel Guidance and Policy](#) which can be accessed online as noted in **Appendix 5**.

Employees and students coming into the building must complete and submit a daily self- assessment for COVID-19 symptoms using the SafeInSight App, an online form available on the college website, or a paper copy available at the UPD Desk in the main lobby. Proof of completion, must be shown to University Police personnel in the lobby before gaining access to the building. In addition, everyone

entering the building is required to go through an automated thermal screening station.

Travelers entering New York State from international locations or from non-contiguous states will be required to comply with the [College's Travel Guidance and Policy \(Appendix 5\)](#) and the following general guidelines:

- Travelers must complete the online health form as required by New York State ([New-York-State-Traveler-Health-Form](#)). This health form must be completed online on the day of travel and the traveler should take a screenshot of the confirmation page and submit a copy of the screenshot to the campus (Students to the Office of Student Affairs; Employees to Office of Human Resources; Research Visitors to the Graduate Center for Vision Research or Clinical Vision Research Center).

For international travelers, please note that the NY Health Form is likely to indicate that you are not required to quarantine as a result of your travel. However, the College **DOES** require a 14-day quarantine period for international travelers, consistent with the terms of the College Policy on Domestic and Foreign Travel.

- Travelers coming from International locations or restricted (non-contiguous) states must comply with the 14-day precautionary quarantine requirements upon arrival in New York State, unless they test out of the requirement after travel from a non-contiguous state, as further described in the [College's Travel Guidance and Policy \(Appendix 5\)](#). Any member of the College Community having difficulty with attaining proper quarantine accommodation (or safely separate at home) may contact the College's COVID Coordinator or avail themselves of resources (including hotel rooms) available through the NYC Test & Trace program.
- Travelers coming to New York State may be able to test-out of the mandatory 10-day quarantine period by following the guidance on the [NYS Travel Advisory](#) or College's Travel Policy.
- Travelers designated as essential workers may be exempted from the 10-day quarantine period upon arrival in New York State, if the conditions for the exemption are met, (see [College's Travel Guidance and Policy online here](#)).

Spring 2021:

Because of the clinical, research, and applied learning elements of our programs, the spring semester for all first, second, and third year students begins on January 4, 2021. In-person instruction begins on January 4th for third-year students and on January 11th for first and second-year students.

All returning students, (composed of those in the first three years of the Doctor of Optometry program), will be tested at the start of the spring 2021 semester as described below. Students in the fourth year of the program, along with faculty, residents and staff, do not depart campus as our Article 28 University Eye Center provides patient care year-round. These latter groups will continue to be tested under the College's Surveillance (Pooled) Testing Policy. The College's Travel Policy will continue to apply to any member of the College community who travels to a non-contiguous state or Level 2 or 3 foreign country as it did during the fall semester.

- [Surveillance \(Pooled\) Testing Policy](#)
- [Travel & Guidance Policy](#)

The testing and monitoring protocol for the start of the spring 2021 semester will consist of the following elements:

- Faculty, residents, fourth-year students, staff and patients will continue to be screened daily prior to entering campus for travel history, COVID-19 history, potential exposure to positive cases and COVID-19 symptoms. Thermal screening is also conducted on a daily basis for everyone entering the building.

- The spring semester will begin on January 4, 2021. Those students enrolled in the first three years of the OD program are required to:
 1. Be pre-screened daily for travel history, COVID-19 history, potential exposure to positive cases and COVID-19 symptoms for 7 days prior to return using the SafeInSight app and then continue with the daily screening upon their return to campus.
 2. Be tested for SARS-CoV-2 infection (PCR or rapid antigen test) within one week prior to their return to campus; this is the responsibility of the student. (Note - students will not be permitted on campus without a negative test result.)
 3. Submit the results of that test to the Office of Student Affairs, who will monitor compliance. Note: Anyone with a positive finding will be guided by the College's COVID Coordinator, Cris Gomez RN, and follow the protocols outlined in the College's Ramp-Up Plan of October 1, 2020.
 4. Be pool tested on campus the first week of the spring semester (within 5 days per 12/4/20 SUNY Guidance).
 5. Note: Anyone who has tested positive for SARS-CoV-2 over the prior 3-month period will be exempt from pre- and post-arrival testing. Documentation of a positive test must be submitted to the Office of Student Affairs and the COVID Coordinator, Cris Gomez, RN.

After initial pool testing of the returning students, the College will resume surveillance testing according to the College's [Surveillance \(Pooled\) Testing Plan](#) for the balance of the spring semester but, beginning 1 February 2021, the frequency of pool-testing will increase, with mandatory weekly surveillance pool-testing for all students, faculty and staff who are on campus on a regular basis (see [Appendix 6](#)).

Students, residents, faculty, and staff who travel to/from non-contiguous states or to/from level 2 or 3 countries (as defined by the CDC), must follow the [New York State Travel Advisory and College's Travel Policy](#) and attest that they have submitted the [New York Traveler Health form](#) and will follow the guidance of the governing local health department related to mandatory testing, quarantining, and timing of return to campus.

As per section III.a, the College's Travel Guidance and Policy (Appendix 5) remains in full effect.

b) Personal Protective Equipment:

As part of our risk mitigation strategy to prevent the transmission of the SARS-CoV-2 infection on campus, the COVIDERT is emphasizing and communicating a multidimensional approach consisting of universal precautions, frequent hand hygiene, proper respiratory etiquette, social distancing, and the use of appropriate PPE, including masks, facial coverings and shields, respirators, gloves, gowns, and breath and sneeze guards on counters and clinical equipment. A comprehensive review of the scientific literature and CDC/NYSDOH guidance has helped us identify the appropriate PPE for the various constituencies and the areas of operation, (e.g., patient care clinics, research laboratories, administrative offices and the various physical settings for the academic program).

The COVIDERT has analyzed the current inventory, consumption/burn rates, and expected needs for the remainder of the 2020/2021 academic year. We continue to explore all available sources to acquire/purchase the quantities of PPE required to ensure a proper inventory to afford members of our community proper protection and allow for continuity of operation.

The College has provided two, reusable, cloth masks to every employee and student. In addition, disposable surgical masks are distributed to all employees, as appropriate, for their assigned tasks and to all students, as needed, for their academic programs and teaching laboratories. The disposable masks were selected based on the risks associated with various duties and the ASTM level mask providing the proper degree of corresponding protection. N95 respirators and face shields are available for use as necessary.

c) Screening, Testing and Tracing: The College's screening, testing and tracing program is overseen by the COVID Coordinator, a RN hired for this purpose in late August.

Screening: Given the highly contagious nature of SARS-CoV-2, the College has developed and implemented a robust safety and screening program. This consists of the following elements:

- All visitors, patients, employees and students must wear a facial covering to be allowed entrance into the building (visitors/patients are provided with a mask if they do not have one).
- All visitors, patients, employees and students are thermally screened upon entering the building. Those exhibiting a temperature of 100 degrees Fahrenheit or higher are asked to leave the building. This screening is currently performed by UEC professional staff or University Police (UPD), using an automated system installed at both the 42nd and 43rd St. entrances. Hand-held no-contact thermometers are also available for use if needed.
- Employees and students are required to complete a daily health-screening questionnaire prior to arrival on campus or immediately upon arrival. The questionnaire includes those questions required by SUNY/NYS. An employee or student who answers yes to any of the questions will be asked to stay home or leave campus if they are on-site, and will be advised to contact their medical provider, NYSDOH or NYC H+H for testing and/or required follow-up care. Additional UEC patient-specific protocols are included in **Appendix 4**.

Surveillance Testing (Pool Testing): Effective September 21, the College began surveillance testing of students using the SUNY Upstate Medical University, saliva-based pool testing program. As of February 1, 2021, surveillance (pool) testing on a weekly basis is mandated for all students, faculty and staff. Key elements of the Surveillance Testing Plan can be found in Appendix 6 which is online).

Testing: The College has had on-site, SARS-CoV-2 testing (Rapid Test) on premises since October 1, 2020. The COVID Coordinator regularly updates the community on the availability of diagnostic and serological testing by the NYSDOH and NYC DOHMH. Both types of testing are readily available through the NYSDOH and/or other clinical settings (e.g., private practices, OneMedical, CityMD, H+H facilities, etc.). In addition to PCR testing that is conducted in partnership with Upstate Medical Center as a part of the Surveillance Pool-Testing program, the College also has agreements specifically with Ezra Medical Center for Rapid Testing and Downstate Medical Center for PCR testing.

The COVID Coordinator coordinates referrals to testing sites for symptomatic members of the community and those identified as having been in contact with symptomatic individuals.

The College does offer rapid testing when needed a) for students traveling from off-site clinical assignments and Part 3 national board licensing examinations (out-of-state travel), and b) to aid in containment of potential outbreaks by testing individuals identified to have significant exposure to positive individuals on campus.

Additionally, those identified to have traveled to restricted states are referred for testing or may be tested on-site if the travel was on College business, before being cleared to return to campus.

Tracking/Tracing: Contact Tracing is required to be performed by local health authorities. For members of the College community (employees, students, and volunteers) residing in New York State, contact tracing will either be performed by the New York State Department of Health (DOH) or by the New York City Health and Hospitals Corporation (H+H), depending on the individual's residence. Individuals residing out of state are subject to the testing and contact tracing protocols of their state's local health department.

In order to be able to respond swiftly to incidents of infection or suspected infection within the College community, the College has designated several campus staff members to serve as Case Managers. The College's Case Managers have completed the Bloomberg Johns Hopkins Training Course on Contact Tracing and will help identify suspected exposures within the College community. The Case Manager will be responsible for ensuring symptomatic or exposed individuals are referred to the proper external agency for testing and contact tracing; determining who has been exposed based on current guidance;

will remain in contact with the individual throughout quarantine/isolation; and will inform the individual when they are able to return to campus.

The COVID Coordinator along with case managers will also inform and provide guidance to individuals within the College who were potentially exposed to a positive case. Symptomatic and/or exposed individuals may be provided with a rapid SARS-CoV-2 test on-site (to the extent such tests are available) and informed of current Center for Disease Control (CDC)/DOH guidance based on their test results. This guidance may include, but is not limited to, such matters as information regarding quarantine, referral to DOH/ H+H for additional testing, the individual's ability and/or criteria under which they may remain at work, etc.

Alternatively, if on-site testing is not performed, the individual will be informed of the necessary steps to be taken based on current CDC/DOH guidance.

If at any point, a member of the College community tests positive for SARS-CoV-2, the Case Manager will contact the individual to ensure they are working with either DOH or H+H, or the local health authority in the individual's home state, for official, comprehensive contact tracing and to learn of any other available resources such as New York City's hotel program, mental health support, meal delivery, etc.

Any individual testing positive for SARS-CoV-2 should immediately report their test results to the COVID Coordinator so that the Case Manager may act swiftly to notify affected members of the College community and contact Facilities Department for the enhanced cleaning and disinfection of possibly contaminated spaces.

These procedures may be modified at any time based upon new or changed guidance issued by federal, state or local authorities.

Recovered status is assigned, and the positive individual can safely terminate isolation, when:

- 1) the individual remains fever-free without the use of fever-reducing medications for 24 hours;
- 2) the individual shows progressive improvement or resolution of other symptoms (e.g., cough, shortness of breath); **and**
- 3) it has been at least 10 days since the onset of their symptoms

An exposed individual can safely terminate quarantine when:

- 1) the individual has remained free of symptoms; **and**
- 2) it has been at least 10 days from their last-known exposure, or
- 3) alternatively, get tested on day 5 and, if negative, end quarantine after day 7 (CDC Guidelines).

Prior to returning to campus, these individuals must complete a return-to-work form, have it reviewed and signed by the COVID Coordinator and approved by the Chief Medical Officer.

The COVID Coordinator will maintain the proper documentation on all cases and will submit the complete original file to the Chief Medical Officer upon resolution of the case. The Chief Medical Officer will retain the file, as well as provide Human Resources with copies of any documents as necessary.

d) Custodial Services:

The Facilities Department has created a Sanitation and Hygiene Plan (**Appendix 2A**) in support of College's "Ramp-Up Plan." The plan focuses on a two-tier cleaning and disinfection program: identifying frequently touched areas that will be targeted for more routine cleaning; and identifying locations around the College occupied on a daily basis that will receive enhanced cleaning and disinfecting at the end of each day and as required. Disinfecting wipes have been made widely available so all members of the community can participate in wiping down commonly used or shared surfaces before and after use.

In the event an individual is COVID+ or presumed positive, areas in which they spent time is sealed until undergoing enhanced cleaning procedures.

e) **Student Health Services:**

The College seeks to build a vibrant college community that is healthy and supportive in all aspects of our students' lives. Although the College does not have an on-campus health and counseling center, the College offers various services to ensure the physical and mental health of our students.

Influenza Vaccine: To minimize the risks associated with this year's influenza cycle, the College provided flu shots on-campus for all faculty, staff, residents and students in October.

Mental Health: Mental health counseling at the College is offered by two licensed psychologists on retainer. Counselors will continue to offer remote services to our students. The number of free sessions allowed per student has been increased from 3 to 5 sessions. The College also offers a host of other services, ranging from workshops (which will now be offered virtually) to personal advising. A complete list of mental health services offered by the College can be found at www.sunyopt.edu/mentalhealth. The College has also made available to students the newly implemented Crisis Text Line program launched by SUNY.

Student Health: The College does not have a student health center, but the Office of Student Affairs offers counseling to students about health programs and can make referrals to health practitioners and clinics when specific services are required.

Health Insurance: In order to ensure the health of our students, health insurance is mandated for all students. Students are offered a list of health centers in the various neighborhoods of New York City that offer ambulatory care on a sliding scale based on income. Information on health services is readily available in the [Student Handbook](#).

Food Insecurity: In an effort to provide confidential access to free food for SUNY Optometry students who experience food insecurity, the College established a partnership with Guttman Community College (GCC) to offer our students access to GCC's food pantry. GCC is conveniently located across Bryant Park from the College (50 West 40th Street). During the COVID19 pandemic, the Food Pantry is accessible from Monday through Friday from 10 am-3 pm by appointment.

Student Support Services: Tutoring, advising and student life activities (e.g. clubs and organizations meetings) are available remotely. Services and activities during the fall semester will be offered both remotely and in-person with the appropriate social distancing directives in affect at that point in time.

f) **COVID-19 Advisory and Testing:**

The Chief Medical Officer and the COVID Coordinator regularly disseminate information regarding the COVID19 pandemic to the entire College community, including precautionary measures being taken by the College, CDC and NYSDOH guidance, and substantive updates on the availability of COVID-19 diagnostic and serological testing of health care employees/students and surveillance testing conducted by the College.

IV. **SUNY Uniform Disciplinary Sanctions**

The State University of New York announced the establishment of the Uniform Disciplinary Sanctions on September 25, 2020, [Appendix 7](#) which is available on our website. This policy was developed in response to the few students who have chosen to take individual actions that, during a public health emergency, risk the collective good. Measured actions are defined that are consistent with law and policy to ensure a uniform application of sanctioning aimed narrowly at addressing student violations during the COVID-19 pandemic. The policy is applicable to all SUNY campuses, including the College of Optometry.

V. **University Eye Center**

The UEC has remained open providing urgent, emergent and telehealth, eye care services throughout the COVID-19 pandemic. In direct response to this crisis, policies and procedures were developed and implemented to ensure the safety of our providers, staff, students, and the patients with whom we interact. Routine/elective care was postponed and all follow-up exams were rescheduled to future dates considered safe and consistent with appropriate standards of care. Throughout the pandemic, the UEC maintained contact with patients to ensure that their eye and vision care needs were met and that they are aware of the precautions taken to ensure faculty, staff and patient safety.

Protocols for screening/testing of employees and patients, as well as contact tracing were developed with a number of individuals including members of the Environmental and Infection Control Committee and the COVIDERT. The details of these protocols are in Section III of this document and detailed in **Appendix 4**.

As our understanding of COVID-19 and its treatment continues to evolve, our preparations and plans are updated as additional information becomes available. This approach allows us to quickly identify and address any practical challenges presented as we continue to expand patient care operations. In preparation for the increase in patient care visits, other protocols have been developed and implemented to address: 1) Patient Communications, 2) Pre-visit/check-in/check-out procedures, 3) Chairside/exam room precautions, 4) Control measures for employees and patients and 5) Telehealth visits. (**Appendix 4**)

a) Phased staffing:

Commensurate with the increase in patient care, on-site staffing will also be phased in over time in a coordinated process to ensure the availability of PPE, maintain appropriate social distancing, mitigate potential risks and ensure the safety of our faculty, staff, students, and the patients we serve.

In order to reduce population density within the facility and workspaces, we have also reviewed critical needs for on-site staffing and, wherever possible, implemented staggered reporting time, alternating days on-site and telecommuting (while the telecommuting program is available). Hours of operation were limited during the summer of 2020. As of September 1, 2020 building hours returned to pre-pandemic hours: Monday – Friday 7am-10pm; Saturday 7am-8:30pm, and Sunday 10am-10pm.

b) Sanitation and Hygiene:

In addition to what is set forth in **Appendix 2A** with respect to custodial services, the UEC is:

- Adhering to hygiene and sanitation requirements from the CDC and NYSDOH for clinical care environments.
- More frequent cleaning and disinfection of high transit/high touch areas.
- If an examination room is deemed “contaminated”, the room is closed off until it has been thoroughly cleaned and disinfected.
- Describes detail procedures in **Appendix 4**

VI. Campus and Local Communities

a) Vision for “Town and Gown” Interactions:

The College of Optometry is located in midtown Manhattan at 33 West 42nd Street. As such, the opportunity for typical “Town and Gown” issues are somewhat limited.

Eye and Vision Care Services: A benefit to the community, while primarily performing its clinical education mission, the UEC and the College’s clinical affiliates provide a wide spectrum of eye and vision care throughout the NYC metro area. In addition to some 70,000 patient visits a year at its 42nd

Street facility, the College's faculty, residents and students provide for an additional 80,000 patient visits within the five boroughs of NYC.

Facilities: Prior to the coronavirus pandemic, the College had numerous outside users of its campus facilities under Revocable Permits and several SUNY campuses under MOUs. Given current conditions, to minimize the possible spread of the coronavirus and protect the College's students, faculty and staff, the College has ceased issuing Revocable Permits to non-SUNY organizations until at least the end of May 2021. SUNY campus MOUs have also been curtailed except for 1) SUNY System's on-site Welcome Center and the Stony Brook University School of Social Welfare's Manhattan-based Master of Social Welfare program. We are coordinating with both programs to ensure all health and safety protocols are followed.

b) Transportation, Mail and General Delivery Services:

Mail and duplicating services developed procedures to limit the risk of exposure to SARS-CoV-2. Mail staff are provided with PPE, and the requisite disinfecting and cleaning supplies. To limit the exposure of staff to outside delivery personnel, all outside deliveries are delivered and staged at the 43rd Street freight lobby.

Additionally, the mail staff will limit the presence of community members visiting the mail and duplicating rooms by only accepting email requests for copy jobs, and delivery or pick up of personal packages by appointment only (Appendix 2B). This allows the mail staff to have individual packages available for pick up by recipients when such packages cannot be delivered to the location of the employee or student.

VII. Reporting: Daily Dashboard

The COVID Coordinator, Cris Gomez RN, reports the daily COVID-related information to the SUNY COVID-19 Tracker in accordance with guidelines set forth by SUNY System Administration.

All positive cases from the College's on-site, Rapid Testing program are reported on the same day to the NYS Department of Health by the COVID Coordinator via the Electronic Clinical Laboratory Reporting System (ECLRS). Positive cases from PCR reflex testing done as a result of a positive pool surveillance test are reported by the SUNY Upstate laboratory to the NYS Department of Health.

Information on the number of campus-based testing and results are available at SUNY COVID Tracker: <https://www.suny.edu/covid19-tracker/>.

Appendix 1: Reopening New York - Checklist for Higher Education Institution Reopening Plans (6/23/20)

State University of New York College of Optometry
33 West 42nd St., New York, NY 10036

College Overview: The SUNY College of Optometry offers graduate and professional degree programs including the Doctor of Optometry degree and MS and PhD degrees in vision science. There are no undergraduate degree programs. The College conducts a robust program of basic, translational and clinical research and has 65 affiliated clinical training sites as well as an on-site, Article 28 Diagnostic and Treatment Center, the University Eye Center (UEC). The College's education, research and UEC patient care operations are all contained in a single building of approximately 298,000 sq. ft. in midtown Manhattan. The facility has only two entrances, with the primary entrance located on 42nd St. The College has no student housing, nor does it offer food services on site. All students are adults who live throughout the greater NY metro area.

1. *Repopulation of the Campus:*

√ **Return to Campus:**

All employees and students are required to complete a COVID training module via Moodle. Employees, students and visitors ("Travelers") coming or returning to the campus must follow the guidelines for returning to the campus stated below and comply with both the NYS travel advisory (EO 205, DOH Interim Guidance) if coming from a state on the restricted list or international location and the College's Travel Guidance and Policy (**Appendix 5**).

Employees and students coming into the building must complete and submit a daily self- assessment for COVID-19 symptoms using the SafeInSight App, an online form available on the college website, or a paper copy available at the UPD Desk in the main lobby. In addition, everyone entering the building will be required to go through an automated temperature screening station.

All employees, students, and volunteers complete a mandatory COVID-19 training program.

All traveler's coming into New York State from international locations or from non-contiguous states will be required to comply with the [College's Travel Guidance and Policy](#) (**Appendix 5**) and the following general guidelines:

- Travelers must complete the online health form as required by New York State ([New-York- State- Traveler-Health-Form](#)). This health form must be completed online on the day of travel and the traveler should take a screenshot of the confirmation page and submit a copy of the screenshot to the campus office (Students to the Office of Student Affairs; Employees to Office of Human Resources; Research Visitors to the Graduate Center for Vision Research or Clinical Vision Research Center)

For international travelers, please note that the NYS Health Form may indicate that you are not required to quarantine as a result of your travel. However, the College **DOES** require a 10 day quarantine period for international travelers, consistent with the terms of the College Policy on Domestic and Foreign Travel.

- Travelers coming from international locations or restricted states must comply with the 10-day precautionary quarantine requirements upon arrival in New York State. Any member of the College Community having difficulty with attaining proper quarantine accommodation (or safely separate at home) may contact the College's COVID Coordinator or avail themselves of resources (including hotel rooms) available through the NYC Test & Trace program.
- Travelers designated as essential workers may be exempted from the 10-day quarantine period upon arrival in New York State, if the conditions for the exemption are met, (see Appendix 5).

√ **Capacity:**

Phasing and quantity of student, faculty and staff repopulation factors such as ability to maintain social distancing in public spaces and residence halls, Personal Protective Equipment (PPE) availability and availability of safe transportation.

The reopening plan includes four phases with the fourth phase being the resumption of normal in-person operation of all didactic activities, patient care clinics, and research laboratories. Details are provided in the full plan.

Reduction in student population density:

- We plan to conduct all classroom lectures, seminars, and small group discussions via remote access through the fall semester.
- Teaching/clinical training laboratories, which require in-person participation, will be conducted at half capacity (maximum 14 students) by doubling the number of lab sections. All laboratory spaces have been reconfigured allowing occupancy of only 50% of the room's capacity to ensure adequate social distancing.
- Library space has been arranged to increase inter-personal space to at least six feet by removing seats.
- Capacity of study rooms in the library will be limited to one or two occupants, (with facemasks required).

Reduction in general population density:

- Maximum permitted occupancies of lecture rooms, conference rooms, office suites, and large/community spaces have been reduced to 50% capacity.
- Access to common use spaces is limited to 50% capacity until further notice and social distancing protocols will be enforced.
- Elevator occupancy is limited to 4 people per car with face coverings required at all times. Use of stairs will be encouraged. Signs and floor markers used to designate standing positions have been deployed, where appropriate.
- Workspaces and shared offices are being rearranged and/or schedules staggered to ensure social distancing.
- All group meetings and gatherings will continue to be conducted by remote access until further notice. When in-person meetings do resume they will be limited in number as determined by state guidelines.
- Outside guests, gatherings, and/or events have been restricted until further notice.

Other protective measures to maintain social distancing on campus:

- Face coverings are required in all common spaces where social distancing cannot be ensured and doors will be open where possible to generate better airflow.
- The percentage of outside air drawn into the building each hour will be increased throughout the building as necessary.
- Protective physical barriers in the form of Plexiglas sneeze guards have been placed at all reception areas where there is high risk of contact with the public (e.g. lobby, clinic reception etc.).

Mail and Duplicating Services procedures have been modified to reduce the risk of transmission and exposure by outside delivery personnel. Social distancing/contact is being controlled by reducing the frequency of mail and delivery runs, and limiting access to the mailroom. (See **Appendix-2b**): Mail & Duplicating Services procedure)

- The Fitness Center and Game Room are closed until further notice.

√ **PPE:**

Plans should obtain and provide acceptable facial coverings to all employees of the institution. State whether the institution will provide re-usable facial coverings to students and will there be disposable masks be available for students and employees as needed? What PPE is required when and where (i.e. outside, classrooms, lecture halls)

- Face coverings are required in all public areas of the facility. Cloth facemasks are acceptable unless otherwise indicated (e.g. patient care, research labs, etc.), in which case the College will provide disposable surgical masks of the appropriate ASTM Level.
- The College has analyzed the current inventory, consumption/burn rates, and expected needs for the remainder of the calendar year. We continue to explore all available sources to acquire/purchase the quantities of PPE required to ensure an adequate inventory to afford members of our community proper protection and allow for continuity of operation.
- The College purchased 2,000 reusable cloth facemasks and provided two to every employee and student. In addition, disposable surgical masks are distributed to all employees, as appropriate, for their assigned tasks and to all students, as needed, for their academic programs and teaching laboratories. The disposable masks were selected based on the risks associated with various duties and the ASTM level mask providing the proper degree of corresponding protection.
- N95 respirators, face shields, goggles, gowns and surgical gloves are all available for use as necessary.
- Breath shields have been added to binocular indirect ophthalmoscopes, slit lamps and phoropters.
- PPE sourcing, inventory and deployment is coordinated among a team including the Procurement and Compliance Business Manager, the Chief Medical Officer (UEC), COVID Coordinator, and the Office of Management Services.

√ **Screening and testing:**

Plan should discuss how campus will screen and or test students and employees and what actions will be taken if students and employees test positive

Entrance Screening:

The College has developed and implemented a robust safety and screening program. This consists of the following elements:

- All individuals entering the building must wear a facial covering in order to gain entrance into the building (visitors/patients are provided with a facemask if they do not have one).
- All individuals are thermally screened upon entering the building. Those exhibiting a temperature of 100 degrees Fahrenheit or higher are asked to leave the building (CDC recommends 100.4 degrees). This is currently performed by an automated system that is installed at both the 42nd and 43rd St. entrances.
- Employees and students will be required to complete a daily health-screening questionnaire (available as a digital app) prior to arrival on campus or immediately upon arrival. The questionnaire includes those questions required by SUNY/NYS. An employee, who answers “yes” to any of the questions, is directed to stay home or leave campus if they are on site. Employees answering “yes” may be asked to contact their medical provider for testing, depending upon the nature of their complaint. Their COVID Coordinator and HR will be notified for follow-up.
- Students who answer “yes” to any of the questions will be asked to stay home and will be contacted by the COVID Coordinator for follow-up discussion and guidance.
- Additional UEC patient-specific protocols are included in **Appendix 4**.

Surveillance Testing:

Effective September 21, the College began surveillance testing of students using the SUNY Upstate Medical University, saliva-based pool testing program. Employees will also be tested beginning in October. Key elements of the Surveillance Testing Plan include:

- Students have been assigned to one of 24 “educational sections” (8 per class year, each section has a maximum of 14 students) based on their laboratory or clinical placement. To decrease density at the College, the various sections have staggered schedules and are assigned to be on campus different times and days of the week.
- Commencing Monday, September 21st, the College will start pool testing 5-6 randomly selected educational sections each week using the SUNY Upstate Medical University COVID-19 Testing Program (70-80 students per week).
- As each student is only on campus a couple of days a week, testing days will be switched each week in an effort to make testing equally accessible to all students.
- If a pool test returns positive results, PCR testing of the individual samples will be conducted using the SUNY Upstate Medical University COVID-19 Testing Program. Then College also has the option of conducting Rapid Tests on premises while awaiting PCR tests results, or students may go to an alternate site of their own choosing.
- All actions to mitigate the risk of spreading the infection (i.e., quarantine, isolation, disinfection of affected spaces, contact tracing, following appropriate return-to-campus guidelines, etc.) will immediately be taken by the COVID Coordinator.
- If the campus experiences a total of 20 positive cases within a 2-week period of time, pool testing will be performed on the entire campus community. This represents significantly less than the 5% trigger (35) for educational closure as mandated by the Governor.
- With the agreement between SUNY System and the unions to begin mandatory testing of employees, we will begin to phase-in testing of our staff and faculty in October and will test at a rate similar to that of our students.

Testing: The College will be starting SARS-CoV-2 Rapid Testing on premises, during the month of October 2020. The Chief Medical Officer and COVID Coordinator regularly updates the community on the availability of diagnostic and serological testing by the NYSDOH. Both types of testing are readily available in NYC through the NYSDOH and/or other clinical settings (e.g., private practices, OneMedical, CityMD, H+H facilities, etc.) and this has met the event-based testing needs of the College thus far.

Faculty, staff, and students who test positive for SARS-CoV-2 are advised to contact their physician and must self-isolate at home until they have recovered.

Tracking/Tracing: Contact Tracing is required to be performed by local health authorities. For members of the College community (employees, students, and volunteers) residing in New York State, contact tracing will either be performed by the New York State Department of Health (DOH) or by the New York City Health and Hospitals Corporation (H+H), depending on the individual’s residence. Individuals residing out of state are subject to the testing and contact tracing protocols of their state’s local health department.

In order to be able to respond swiftly to incidents of infection or suspected infection within the College community, the College has designated several campus staff members to serve as Case Managers. The College’s Case Managers have completed the Bloomberg Johns Hopkins Training Course on Contact Tracing and will help identify suspected exposures within the College community. The Case Manager will be responsible for ensuring symptomatic or exposed individuals are referred to the proper external agency for testing and contact tracing, determining who has been exposed based on current guidance, will remain in contact with the individual throughout quarantine/isolation, and will inform the individual when they are able to return to campus.

The Case Manager will also inform and provide guidance to individuals within the College who were potentially exposed to a positive case. Symptomatic and/or exposed individuals may be provided with a rapid SARS-CoV-2 test on-site (to the extent such tests are available) and informed of current Center for Disease Control (CDC)/DOH guidance based on their test results. This guidance may include, but is not limited to, such matters as information regarding quarantine, referral to DOH/ H+H for additional testing, the individual's ability and/or criteria under which they may remain at work etc.

Alternatively, if on-site testing is not performed, the individual will be informed of the necessary steps to be taken based on current CDC/DOH guidance.

If at any point, a member of the College community tests positive for SARS-CoV-2, the Case Manager will contact the individual to ensure they are working with either DOH or H+H, or the local health authority in the individual's home state, for official, comprehensive contact tracing and to learn of any other available resources such as New York City's hotel program, mental health support, meal delivery, etc.

Any individual testing positive for SARS-CoV-2 should timely report their test results to their Case Manager so that the Case Manager may act swiftly to notify affected members of the College community and contact Facilities Department for the enhanced cleaning and disinfection of possibly contaminated spaces.

These procedures may be modified at any time based upon new or changed guidance issued by federal, state or local authorities.

√ **Residential living:** There is no College-affiliated housing.

√ **Operational activity:**

Identify how classes, shared spaces, and activities may be adapted or not in various phases of repopulation and operations (e.g. identify which classes will offer alternate approaches such as A/B schedules or remote instruction; use of shared spaces in residence halls)

- All classroom lectures, seminars, and small group discussions will be conducted via remote access through the fall semester.
- Stagger in-person, laboratory sections so students in the first two academic years are present on campus on different days. No more than 25% of the students enrolled in years one and two will be required to be on campus on a given day.
- All quizzes and examinations, including midterm and final examinations, will be conducted through remote access through the fall semester.
- Flexibility has been built into the fall academic scheduling to allow students to complete the semester remotely and not return to campus after the Thanksgiving break for 1st and 2nd year students if necessary.
- Staggered schedules for arrival and break times will be developed for employees and student schedules to minimize the density of people on campus.
- Some essential and all non-essential employees will continue to work from home, if possible, and if permitted by SUNY and/or NYS rules.
- Non-essential travel has been suspended until further notice, and what is deemed as essential travel must be reviewed and approved by the President or his designee.
- Visitors, guests, sales reps, etc. will have limited access to the building until phase 4. Permission from unit directors will be required and visitors must comply with all institutional policies.
- Holding large attendance gatherings (Graduation, White Coat Ceremony, Eyes on NY etc.) will be re-evaluated after the College reaches phase 4 of the College's Ramp-Up Plan.
- All Revocable Permit Events and large in-person, continuing education (CE) events have been suspended until further notice.

√ **Restart operations:**

Identify plans to reopen buildings such as cleaning and disinfection, and restarting ventilation, water systems, and other key components (as needed)

The College's 42nd St. facility has remained open throughout the COVID-19 pandemic, albeit on a reduced schedule and capacity. This was due to the presence of some essential workers in the building, coupled with the University Eye Center (College's Article 28 Diagnostic & Treatment Center) providing urgent and emergency eye care services. Thus, the building systems (water, ventilation, etc.) were always available although used at a significantly reduced level.

With the ramping up of educational and research activities at the College, the hours of operation will gradually be expanded. During the months of April - June, building access, primarily for patient care, was limited to the hours of 8:00 am – 5:00 pm Monday-Friday. As of September 1st, commensurate with the start of fall semester academic programs and students return to campus, the building hours returned to the pre-pandemic hours: M-F 7:00 am – 10:00 pm, Saturdays 7:00am – 8:30 pm, and Sundays 10:00am – 10:00pm.

The Sanitation and Hygiene Plan (**Appendix 2a** of the Campus Ramp-Up Plan) includes a procedure for our facilities staff to run water supply by flushing the water in bathrooms, janitor's closets, and floor drains on every floor to prevent stagnant water.

Housekeeping staff have now resumed the thorough and routine cleaning of the entire building, suspending the visual identification system (blue tape on door locks) adopted during the period when the building was partially occupied to indicate spaces that have not been occupied after cleaning.

√ **Extracurricular activities including intramurals and student performances:**

Identify policies regarding extracurricular programs and which activities will be allowed, taking social distancing and risk of viral transmission into consideration

As a non-residential college offering professional healthcare and graduate degree programs, extracurricular activities at the College are limited.

- All student clubs and co-curricular activities are operating by remote access until further notice.
- Upon resumption of in-person activities, meetings may take place in 50% capacity rooms with social distancing measures or as otherwise permitted by state guidance.

√ **Vulnerable Populations:**

Include considerations for vulnerable populations Identify policies regarding extracurricular programs and which activities will be allowed, taking social distancing and risk of viral transmission into consideration; on campus and individuals who may not feel comfortable returning to campus, to allow them to safely participate in educational activities

Faculty, staff, and students with pre-existing conditions are not expected to participate in in-person activities until NYS guidance or health authorities indicate that it is safe to do so. Faculty and staff will be allowed to telecommute on assignments determined by their supervisors. Students with vulnerabilities who are unable to participate in in-person labs, or clinical field work, will be granted Leave of Absences, until it safe for them to return to campus and participate. We will work with these individuals on an individualized basis to provide any reasonable accommodations that may be necessary to allow them to continue their work and/or studies.

√ **Hygiene, cleaning and disinfection:**

Include campus-wide cleaning and disinfection protocols for classrooms, residence halls, restrooms, and other facilities, consistent with CDC guidance as communicated by SUNY System Facilities management.

The College directs all faculty, staff and students to employ a multidimensional approach to personal safety including:

- universal precautions
- frequent hand hygiene
- proper respiratory etiquette
- social distancing
- the use of appropriate PPE, including masks, facial coverings and shields, respirators, gloves, gowns
- breath and sneeze guards on counters and clinical equipment.

The resumption of College activities is based on the implementation of a comprehensive sanitation program consisting of regular deep cleaning and disinfection of all surfaces, following the guidelines provided by CDC and NYSDOH. (See **Appendix 2a - Sanitation and Hygiene Plan.**) Additionally:

- Spaces that have not been occupied for an extended period of time will be cleaned and disinfected prior to the resumption of activities.
- The College acquired misting equipment to facilitate efficient cleaning and disinfecting of large spaces and waiting areas.
- Sanitizing/disinfectant wipes are provided in all public areas and shared offices for community use to encourage frequent cleaning by the College community before and after the use of shared spaces and equipment.
- Locations have been strategically selected for placement of hand sanitizers and soaps for hand hygiene. Touch-free hand sanitizer dispensers are located in elevator lobbies, along hallways and other visible locations throughout the building.
- Housekeeping staff are provided with materials and trained in proper procedures to disinfect spaces after potential incidents of exposure, following [CDC guidance](#).

The Facilities Department has created a Sanitation and Hygiene operational plan (**Appendix 2a**) which includes:

- Identifying frequently touched areas that will be targeted for more routine cleaning
- Identifying locations around the College occupied on a daily basis that will receive enhanced cleaning and disinfecting at the end of each day and as required.
- Making disinfecting wipes widely available so all members of the community can participate in wiping down commonly used or shared surfaces before and after use.
- In the event an individual is COVID+ or presumed positive, the areas in which they spent time will be sealed until undergoing deep cleaning procedures.

2. Monitoring:

√ **Testing responsibility.** Do you plan to test all students or residential students only, and employees before and/or during the semester? Will the testing for surveillance, event-driven, or a combination of both? If you plan to test employees and students, identify who is responsible for purchasing and administering testing; plans should offer contingencies for continual screening for symptoms and/or temperature checks;

The College will be conducting surveillance testing, on-site event-driven testing and is considering requiring returning students, particularly those travelling from other states, or internationally, to self-isolate for seven days and be tested prior to returning to campus. At a minimum, the College:

- Is strongly recommending PCR testing for all students and employees as they return to campus. Incoming and returning students are encouraged to be PCR tested within one week before reporting to campus in the beginning of the fall semester. Employees who have not been on campus during the pandemic will be similarly advised.
- Will require all employees and students to be screened daily (see screening process pg. 9) prior to entry into the facility;
- Effective September 21, the College began surveillance testing of students using the SUNY Upstate Medical University, saliva-based pool testing program. See Section 1, Return to campus – Surveillance Testing.
- Effective October 1, Rapid Testing may be performed on-site as well.
- May broadly test community members in the event of a significant increase in percentage of members testing positive, or of a significant increase in the rate of SARS-CoV-2 + tests in NYC.
- Will encourage all College community members to be tested at [NYC Testing Locations](#) or [NYS Testing Sites](#). We will maintain a directory that can be shared and referenced.
- The Chief Medical Officer and COVID Coordinator regularly updates the community on the availability of testing by the NYSDOH. Testing is readily available through the NYSDOH and/or other clinical settings (e.g., private practices, OneMedical, CityMD, H+H facilities, etc.).
- Employees and students who test positive will be required to follow quarantine protocols as described below (Section 3 - Containment).

√ **Testing frequency and protocols:** Determine testing frequency and process which may include plans to test for cause (e.g. symptomatic individuals, close or proximate contacts, international travel), plans for surveillance to proactively monitor for symptoms of COVID19 and influenza- like illness, as well as protocols around group testing, if applicable;

The College has been successfully employing a combination of activities including surveillance testing (begun 09/21/20), contact-tracing, event-based testing, coordination with NYDOH, and strict application of NYDOH/CDC protocols in addition to health screening and thermal testing. (See Section 1 – *Screening and Testing*)

√ **Early warning signs:** Plan should have a process for monitoring early warning signs of an outbreak including increasing rates of positive infections and hospitalizations and communicating these data to local health department officials;

The College has hired COVID Coordinator (RN) to monitor all COVID-19 related initiatives pertaining to screening, testing, and tracing. The coordinator will have first-hand knowledge if an outbreak occurs or if positive infection rates increase. Contact tracing will be performed by either the DOH or NYC H+H. The coordinator will report all positive cases to SUNY via the Health Status Portal.

The College also monitors COVID-19 reporting metrics/dashboards on local, regional and statewide levels.

√ **Contact Tracing:** Institutions may choose to develop plans for contact tracing in close coordination with state and local health departments.

Covered in Section 1 – Tracking/Tracing.

√ **Screening:** Develop plans for regular health screening of employees, students and visitors.

Employees, students, patients, and visitors are thermally screened upon entering the building. Additional health screening questionnaires are administered to UEC patients in compliance with NYSDOH regulations.

Employees and students are required to complete a mandatory daily health screening questionnaire prior to arriving on campus. The mandatory daily health screening may be completed by logging into the **SafeInSight App**, or by using a **paper copy**. An employee who screens positive for one or more COVID-19 symptoms or reports a temperature of 100 F or higher, must notify their supervisor and not come to campus, or shall immediately leave campus if already on-site. If during the workday an employee begins to feel unwell, they have been instructed to notify their supervisor or COVID Coordinator and leave campus immediately.

SafeInSight is the official safety and resource app for the SUNY College of Optometry and can be downloaded from the iTunes App Store or Google Play Store.

3. Containment: *plans should address response to positive or suspected cases as well as preventative policies and practices, including:*

√ **Isolation:** *Plan to isolate symptomatic individuals, both residential and non-residential (as applicable), while waiting for test results. Plans must identify where individuals will reside during isolation (e.g. residence halls, hotels, home);*

The College of Optometry is a commuter campus with no student housing or residential facility. Employees who test positive for SARS-CoV-2 are expected to report their status to their COVID Coordinator, who will then report such to Human Resources. Students who test SARS-CoV-2 + should report their status to Student Affairs or the COVID Coordinator. Employees and students will be required to contact their health care provider and self-isolate at their residence until meeting the current CDC/NYSDOH guidance on safely returning to campus.

Employees and students with difficulty self-isolating at home will be connected to the NYC COVID-19 Hotel program.

- By calling: 844-NYC-4NYC (844-692-4692)
- Email to Community Care: CommCareCP@nychhc.org

Any patients or visitors with symptoms will be immediately asked to leave campus and contact their healthcare provider or if unable to leave campus isolated in an exam room on the lobby level designated for this purpose.

√ **Quarantine:** *Identify how exposed persons (residential and non-residential) will be quarantined away from others, including the system of quarantine supports that will be provided including food, medicine, psychosocial and academic supports;*

Employees and students who have been, or may have been, exposed to SARS-CoV-2 will be required to quarantine at their place of residence.

Students will be able to access lectures, seminars and academic support services remotely throughout the fall semester. Arrangements will be made on an individual basis to work with students who cannot attend required in-person instruction to make up missed assignments due to the need to quarantine.

Mental health support and resources are available to students and employees:

- Students can assess services and resources through counselors, a licensed psychologist, or at Gouverneur Health & Healthcare Services.
- Employees can access mental health services through NYS Employee Assistance Program (EAP), NYC Well, and can access other information available in SafeInSight.
- Employees can contact the New York Emotional Support Helpline at 1-844-863-9314. The emotional support helpline provides free and confidential support.
- Employees and students dealing with emotional challenges from the pandemic may also access resources through the SUNY/NYS Office of Mental Health Crisis text line, 24/7 by texting Got5U to 741-741 or visiting [Mental Health-SUNY](#).

√ **Students confirmed or suspected to have COVID-19: Residential institutions need to include plans for serving students who are awaiting test results and are in isolation, or tested positive. SUNY System recommends that students who test positive be sent home, unless they are not able to travel home (i.e. international students) or do not feel safe returning home;**

Students who are recovering from COVID-19 or self-isolating at home and need assistance with food and resources will be connected to the NYC Community Resource Navigator program. Resource Navigator helps New Yorkers meet a range of needs (e.g. food, mental health resources) by connecting to city and local resources.

√ **Hygiene, cleaning and disinfection: Develop strategies for cleaning and disinfection of exposed areas.**

Cleaning protocol for areas where someone suspected of having (or confirmed to have) COVID-19 have been;

- Cleaning staff will wait 24 hours after the person has vacated the area before entering to clean and disinfect. If 24 hours is not feasible, cleaning staff will wait as long as possible. Cleaning staff will wear facemasks, disposable gloves, gowns, and goggles for all tasks in the cleaning process, including handling trash.
- Cleaning and disinfection will be performed in accordance with guidelines from the NYSDOH and CDC. This includes the use of EPA-approved disinfectants and cleaning products. Staff will follow the manufacturer's instructions for all cleaning and disinfection products with regards to surface type applicability, concentration, application method, and contact time.
- Disinfecting these areas (i.e. deep cleaning) includes safely providing a full saturation of disinfectant to all surfaces including walls, ceilings, fixtures, floors, under cabinets, behind machines, tops of cabinets, etc. In some larger areas, electrostatic sprayers with disinfecting agents will be used. (Note: If it has been more than 7 days since the person with suspected/confirmed COVID-19 was present, neither additional cleaning nor disinfection is necessary. In these cases, cleaning staff will follow normal procedures for regular cleaning including disinfection of high-traffic, high-touch areas.)

√ **Communication: Develop plans to share protocols and safety measures taken by the institution.**

The College's Ramp-Up Plan and safety protocols were developed by the COVID Emergency Response Team (COVIDERT). The COVIDERT membership provides broad representation of key operational areas.

The Campus Ramp-Up Plan and safety protocols are or will be shared with the community through:

- College Roundtable membership – consisting of department heads and supervisors
- College’s Health, Safety, and Energy Conservation Committee
- University Eye Center Environmental Safety and Infection Control Committee
- Digital access including making the plan available to the entire College Community via email, College’s [COVID-19 Campus Update website](#), and SharePoint.
- Deploying extensive signage around campus regarding the basics of required facemasks, social distancing and hygiene etiquette.

4. Return to remote operations (“Shutdown”): includes contingency plans for ramping down and/or closing the campus, including:

√ **Operational Activity:** *Include which operations will be ramped down or shutdown and which operations will be conducted remotely; include process to conduct orderly return to remote instruction and which may include phasing, milestones, and key personnel;*

The decision to ramp down/shutdown activities will be made in accordance with guidance from the Governor’s office, SUNY Administration and other regulatory health authorities, which will be closely followed along with ongoing campus monitoring for any outbreaks. With remote learning and teaching in place for didactic courses, expanded resources to support remote access, and educational materials previously developed, the College is positioned to adapt operations appropriately and expeditiously.

Should we need to ramp down activities, the College’s COVID Emergency Response Team (COVIDERT) which is made up of key personnel representing the major areas/departments of the College will determine, based on guidance from the regulatory agencies above, which areas will need to ramp down in a prioritized manner. Key actions that the College may take in ramping down include:

- Reducing population density within the facility and workspaces, the need for on-site staffing can be adjusted using staggered reporting times, alternating days on-site and telecommuting as appropriate.
- Increasing virtual meetings and remote access for employees and students rather than in-person gatherings to prevent/eliminate social contact.
- Resuming fully remote, synchronous learning for students which also reduces density.
- Restricting The University Eye Center patient care to urgent and emergency eye care services and use telehealth visits to reduce the number of patients in the facility. This also reduces the need for staff, faculty and students to be present on campus.
- Partnering with faculty and researchers as needed to adjust schedules for the Research laboratories which may require a longer phase down period as essential research is time sensitive and data collection can be time dependent.
- Adjust occupancy rules to phase in additional social distancing requirements and/or limit access to campus.

College events/Revocable Permits

- All College events that will attract large in-person attendance (e.g. Graduation, White Coat, Eyes on NY, all student run activities etc.) can be canceled, including the issuance of all revocable permits (Exceptions to consider are MOUs with, SUNY Welcome Center, Stony Brook University, Binghamton University).
- The College keeps the SUNY Welcome Center offices on the 18th floor informed about safety protocols and will share the College’s shutdown plan so that they can adjust their operations accordingly.

- Visitors to the College will be restricted to minimize density.
- Advance notice about organizational policies will be provided to invited visitors (social distancing, health screening and face coverings).
- Hours of operation can be increasingly restricted in the event of a ramp-down.

Resources

- Student Support Services (e.g. tutoring, advising, etc.) and student life activities (e.g. clubs and organizational meetings, etc.) will be conducted remotely.
- Mental Health Services/Resources are accessible remotely as note on page 9.
- Social work services will be also be offered remotely. The social work team will also provide workshops on resiliency, mental health and wellness remotely.
- Students in need of laptops will be provided with one by the IT office to enable remote access to didactic offerings and test-taking.

In the event of another wave of the pandemic, our ramping down/shutdown plan will proceed as indicated in the table below. The middle three columns were taken from the College's Ramp-Up Plan, the last column reflects actions to be taken if a ramp-down becomes necessary.

Proj. Timeline: Summer 2020 Fall 2020 Spring 2021

Program/year	Phase 1	Phase 2	Phase 3	Ramp down/ Shutdown Plans
Optometry Year 4	Clinics: resume in-person patient care Lectures: remote access grand rounds Labs: NA	Clinics: full-time in-person patient care Lectures: remote access (grand rounds) Labs: NA	Clinics: full-time in-person patient care Lectures: hybrid remote/in-person (grand rounds) Labs: NA	Clinics: suspend in-person patient care. Return to remote access alternative experiences Lectures: remote access Labs: NA
Optometry Year 3	Clinics: remote access alternative experiences Lectures: remote access Labs: suspended	Clinics: restart in-person patient care Lectures: remote access Labs: hybrid remote access/in-person	Clinics: in-person patient care Lectures: hybrid remote access/in-person Labs: in-person	Clinics: suspend in-person patient care. Return to remote access alternative experiences Lectures: remote access Labs: suspended
Optometry Year 2	Clinics: suspended Lectures: remote access Labs: suspended	Clinics: suspended Lectures: remote access Labs: hybrid remote access/in-person	Clinics: restart in-person clinics Lectures: hybrid remote access/in-person Labs: in-person	Clinics: Suspend in-person clinical observations. Lectures: remote access Labs: suspended

<p>Optometry Year 1</p>	<p>Clinics: suspended Lectures: remote access Labs: suspended</p>	<p>Clinics: Suspended Lectures: remote access Labs: hybrid remote access/in-person</p>	<p>Clinics: Suspended Lectures: hybrid remote access/in-person Labs: in-person</p>	<p>Clinics: suspended Lectures: remote access Labs: suspended</p>
<p>Graduate Programs & Research</p>	<p>Didactic: remote access lectures and seminars Research: maintain critical laboratory operations, faculty, laboratory staff, existing students (voluntary).</p>	<p>Didactic: remote access lectures and seminars Research: restart suspended research operations, existing students</p>	<p>Didactic: hybrid remote access/in-person lectures and seminars Research: maintain research operations, orient new students</p>	<p>Didactic: return to remote access lectures and seminars Research: maintain critical laboratory operations, faculty, laboratory staff, existing students (voluntary).</p>

√ **Move-out: Not Applicable** - There is no College-affiliated housing.

√ **Communication:** *Develop plans to communicate internally and externally throughout the process.*

If the campus must ramp down / shut down, the College will employ two key communications tools – email and the website. The College’s email system is already set-up into lists segmented by audience, including students, faculty and staff, ensuring that the internal community can effectively be reached and directed appropriately. Patients receive information through the secure patient portal and/or a phone call to reschedule their appointments, while the College and UEC websites provide key information for external audiences.

General Communications Schedule

- Initial announcement of ramp down/shut down will be sent to the entire internal community as soon as decision is confirmed via email and website.
- Established committees/councils would continue to meet with their respective departments/areas via zoom, etc. to ensure that concerns/questions are answered in a timely manner.
- Transition to remote learning with necessary instructions and guidance to be sent to each class within 48 hours of decision. This may include guidance on completion of labs, virtual clinics, or other specialized guidance as it relates to on-time completion and licensure.
- Patients will be contacted as soon as practical to reschedule appointments should the University Eye Center reduce services, offering only urgent, emergent and telehealth services.
- Websites for both the College and the UEC will be updated within 24 hours of decision

providing key information such as building access, contact information, guidance on academic classes, etc.

- Provide regular updates on a weekly basis to the internal community via email with more frequent outreach as needed.

Overview of Communications Responsibilities

- Internal Community (as a whole) – Dr. Heath, President
- Students (for academic related items such as classes, labs, and clinics) – Dr. Troilo, VP and Dean for Academic Affairs and team
- Students (for non-academic related items such as student life, orientation, mental health, etc.) – Dr. Albieri, VP for Student Affairs and team
- UEC Patients – Liduvina Martinez Gonzalez, VP for Clinical Administration and team
- Website Updates – Dawn Rigney, VP of Institutional Advancement and Rob Pellot, CIO
- Building Health and Safety – Dapo Adurogbola, Asst. Chief, University Police, Gaea Austin, Environmental Health and Safety Officer, and Dawn Rigney, VP of Institutional Advancement.
- Human Resources – Guerda Fils, Assistant VP for Human Resources

Appendix 2A: Sanitation & Hygiene

CLEANING AND DISINFECTING

- Provide training on proper cleaning and disinfecting protocols. Including donning and taking off appropriate PPE for the tasks to be handled.
- Providing access to hand sanitizers, soaps and hand washing stations throughout the building, particularly at entrances and elevator lobbies.
- Develop frequency of cleaning; especially for waiting areas, bathrooms, exam rooms, frequently touched surfaces
- Develop a roving team to routinely clean all frequently touched surfaces (3x/day for public floors and 1x/day for Administrative floors)
- Occupied floors will be thoroughly cleaned at the end of each workday or as required
- Designate a team to respond to all requests for special cleaning and disinfecting
- Utilize the electrostatic misting machine to enable a more efficient disinfecting of large spaces.
- Develop a checklist for the enhanced cleaning of large spaces, offices, bathrooms, waiting areas, lecture halls etc.
- Provide trash bins outside bathrooms and by entrances
- Cleaning should be a community effort. Internal communications plan includes reminders to clean before and after use of common/shared spaces.
- Consider minimizing detailed office cleaning (trash pickups only) and focus more on focused cleaning and disinfecting of high-risk areas

FACILITIES AND AIR HANDLING

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible (Facilities when possible will maintain 25% outside air supply).
- When possible, faculty and staff will be encouraged to open their doors to facilitate better air flow
- Facilities have installed MERV-13 filters (providing higher filtration) - more frequent filter changes and preventative maintenance on HVAC system
- In areas of building with low use, or non-facilities will flush the water systems to prevent dissipation of chlorine and resultant bio film accumulation and growth of Legionella. In addition, running water primes the trap which prevents sewer gas from building up in the space.
- Hand Dryers in Bathrooms: Hand dryers have been temporarily deactivated and in its place, facilities provides more paper towels and trash cans along with increased cleaning frequency.
- Discourage the sharing of equipment, tools, and supplies

PPE

- Manage PPE inventory and distribution for the college. Ensure adequate supply and restocking using all available sources.
- Provide training on proper donning and removal of PPE
- Provide guidance on proper cleaning and disinfecting protocols
- Provide guidance on appropriate PPE for different tasks

Appendix 2B: Mailroom and Duplicating Services Procedures for COVID 19 Reopening of College

Mail Services

- The Mailroom has scheduled runs for delivery and pick up of mail, generally once in the morning at 11 am and again in the afternoon at 1:30 pm. If outgoing mail is not ready by the afternoon pickup, it will be mailed out the following day.
- Incoming United States Postal Service (USPS) mail is delivered to the Mailroom in the afternoon. The mail is sorted and delivered during the daily scheduled runs.
- Interoffice envelopes should be used when sending interdepartmental mail. When addressing an interoffice envelope, be sure that all previous markings have been crossed out to ensure proper delivery. Please print clearly. Use the floor name and floor number.
- Unless you have a mailbox, personal packages will be picked up outside room C206 by appointment only. The mailroom staff will send you an email indicating appointment date and time.
- Outside Deliveries will be left at the 43rd street freight entrance and we will continue with the procedure to limit outside delivery personnel coming down to the mailroom

Duplicating Service

- Duplicating requests jobs are to be emailed to duplicating services. Once the job is complete, duplicating staff will either deliver to the requestor's mailbox or arrange for requestor to pick up the completed job by scheduled appointment.

Social Distancing/PPE

- Staff will maintain social distancing by staying in individual offices
- Staff will always wear masks, when social distancing cannot be maintained (attending to clients or delivering mails and packages)
- Packages set aside for pick up from the mailroom will be sorted and labeled so easy pick up by employee or student at the scheduled time
- Members of the community will be discouraged from coming to the mailroom and encouraged to communicate with mailroom staff either by phone or email
- Mailroom staff will wear hand gloves at all times when handling packages or mails

Sanitation & Cleaning

- Disinfecting wipes will be provided to mailroom staff to wipe down surfaces and items, as often as needed and at a minimum after accepting outside delivery.
- Housekeeping Staff will perform enhanced cleaning of the mail and duplicating office areas as necessary and based on the college's cleaning plan

Appendix 3: Animal and Human Subjects Research Resumption Protocols

Animal subjects/biological research laboratories. Researchers should strictly adhere to standing policies concerning the handling of animals provided by the college's Biological Research Facility and IACUC. Protocols of individual projects should continue to follow those approved by the IACUC.

- Laboratories must maintain compliance with approved IACUC protocols. Any deviation from such protocols requires additional approval.
- To meet social distancing guidelines, PIs must coordinate with the Laboratory Animal Resources point person/facility administrator to communicate schedules and avoid unnecessary contact between staff and research team members.
- Maintain a daily log of project activities and personnel check-in and check-out schedules to facilitate contact tracing should an outbreak arise.
- To meet social distancing guidelines, PIs should coordinate with their research teams to establish work shifts that recognize the needs of individual projects and personal circumstances.
- Restrict training teams to two people wearing PPE with social distancing where possible.
- Sanitizing work surfaces should be an assigned responsibility for all personnel. Provide soap and/or hand sanitizer near sinks and in other prominent locations with the labs, where possible. All personnel must routinely wash hands.
- PIs who share a lab suite should coordinate a schedule to ensure equal and staggered access to those spaces.
- Congregations are prohibited under all circumstances in common areas. When passing through or waiting during incubations/testing, conversations must be socially distanced and limited to not more than two people.

Human subjects. Researchers should strictly adhere to all standing and new College policies concerning interactions with patients in the CVRC and UEC to minimize transmission of infectious agents. Protocols for individual studies should continue to follow those approved by the IRB.

To resume face-to-face research with human participants, all safety processes set forth by the campus should be strictly followed. To promote a safe environment when conducting face-to-face human participant research, consider:

- Whether moving forward with remote procedures is feasible.
- Realistic timeline expectations (for necessary approvals and progress monitoring) and reassess safety with respect to those expectations (to determine when to resume in-person procedures if remote procedures are not feasible).
- Assess the benefit to the participant to conduct in-person procedures.
- Follow safety plans for all participants as outlined in this guidance and by the campus.
- If a previously approved protocol requires modifications to address the safety procedures related to COVID-19 (i.e. adjustment in location, addition or removal of an activity, change of subject pool), a modification is to be submitted to campus IRB office and be approved before the research can resume.

Below are required practices to ensure the health and safety of those involved when conducting face-to-face human subject research:

- The PI must assess the status of both the research team members and the research participants with regard to COVID-19 (i.e. have not received a positive diagnosis in the past fourteen days, do not exhibit any symptoms, and, to the best of their knowledge, have not come in recent close contact with a person that may have COVID-19).
- Schedule one-on-one appointments only.
- Schedule appointment times to avoid overlap/contact with other participants. Holding multiple participants in waiting areas should be avoided.

- Sanitize research areas and equipment between participant engagements (i.e. wipe down tabletops, chairs, computer keyboard/mouse, tablets, pens, body sensor devices etc.).
- Use face coverings at all times and provide face coverings to participants, if necessary. Utilize gloves when contact with the participant is required to conduct the research.
- Practice social distancing (at least 6 feet apart) to the maximum extent possible during the research activities (i.e. interviews, computer activities, observations etc.).
- Wash hands frequently during activities.

Appendix 4: University Eye Center Patient Care Policies and Protocols

COVID-19 UEC Ramp-Up Protocol

Pre-visit / Scheduling

- Prior to scheduling an appointment, patients will be asked about potential COVID-19 symptoms including fever, cough, sore throat, loss of sense of smell or taste, recent onset headache or muscle ache, and known exposure to a COVID-19 positive patient. For pediatric patients, questioning will include new onset GI symptoms.
- When the appointment is being confirmed, the patient or guardian will again be asked about potential COVID-19 symptoms as listed in the above bullet.
- Patients with COVID-19 symptoms or known exposure will be encouraged to have a tele-health 'virtual visit' if they have an urgent care issue. Routine care will be postponed until the patient is considered safe to resume normal activities based on current CDC and NYSDOH guidance (e.g., has undergone the recommended quarantine time, free of fever, etc.).
- If a symptomatic patient has a need for an urgent care visit and is not a candidate for a virtual visit, the case will be sent to the appropriate clinic chief for triage.
- All scheduled patients will be informed of the screening in the lobby and are asked to arrive 15 minutes prior to their scheduled appointment to allow adequate time for the lobby screening.
- All patients and/or caregivers will be informed that they must present wearing a facial covering. The only exceptions are those under the age of two years, those with mental deficits and those with systemic illness which make wearing a mask contraindicated.
- Patients will be informed they should present unaccompanied. Children and adults in need of assistance will be permitted to be accompanied by one caregiver.
- Clinic schedules will be adjusted to allow for appropriate social distancing in waiting areas.

Lobby Screening

- See attached **COVID-19 Lobby Screening Protocol** for detailed description of lobby screening process.
- Routine care appointment patients who are coughing or appear ill, even with normal temperatures, will be rescheduled regardless of temperature check findings.
- Appointment lists entered into the Easy Lobby system have accurate floors for each event type and allow staff to direct the patient to the correct floor. This is especially important during HVAC project-related floor changes.
- Signage is posted with instructions that there is a maximum of four individuals per elevator car.

Clinic Floors: Check-in and Waiting Rooms

- All visitors will be asked to sanitize their hands. Alcohol-based cleaner (e.g., Purell) is available upon exiting the elevators, or soap and water in the restrooms can be used, based on the patient's preference.
- Floor markers will be positioned 6 feet apart in clinical areas. As patients arrive at the check-in area, they will be directed to wait on the floor markers.
- Plexiglass shields will be used to separate staff from patients.
- Registration, consent and history forms will still be in paper form, at this time. Clipboards and pens used for check-in will be disinfected after each patient use, or pens will be for single use in the clinic and patients will be allowed to keep them.
- Whenever possible, after being checked-in, patients will be brought directly into an exam room. As soon as the patient is checked in, the front desk will page the provider, alerting him/her that the patient is ready for pick-up.
- All patients will be escorted from the waiting room into the exam room.
- Waiting room seating is to be rearranged to ensure all seats are at least 6 feet apart. Couches will have signs and tape also ensuring 6-foot separation.
- Magazines, books and toys will not be available in the waiting room until further notice.
- Staff are expected to wear face coverings and to frequently wipe down surfaces.
- The kiosk and tablet check-in system is set-up and currently being tested. Target deployment date in June 2020. Once deployed, the kiosks and tablets to be wiped down by staff between every use.
- The UEC is currently looking into mobile check-in, precheck-in and appointment confirmation via text.

Clinic Floors: Exam Rooms

- See attached ***COVID-19 UEC Examination Room Cleaning Protocol*** for itemization and details of cleaning process.
- Exam rooms will be cleaned before each patient encounter. A sign will be placed on the exam room door after the room is cleaned and will be removed when the next patient is brought into the room.
- Disinfecting wipes will be available on all clinic floors. Providers and interns are expected to clean ALL exam room surfaces and clinical equipment at the beginning of the day and after each patient encounter is completed. Clinical equipment includes, but is not limited to, the following: occluder, near VA cards, slit lamp + breath shield, phoropter + breath shield, exam chair, diagnostic lenses, flippers and computer mouse/keyboard.
- Surgical masks will be issued to all clinical faculty, residents and interns involved in patient care.
- All clinical faculty and residents will be fitted with and dispensed N95 respirators. The respirators should be available for use, when indicated, during each clinic session.
- Face shields and goggles can be requested by providers by asking the service chief or clinic manager.
- Nitrile gloves will be available in various sizes at the front desk on each clinic floor.
- Scrubs are optional for the summer and fall 2020 semesters. It is advised that men do not wear neckties in the clinic and that providers either eliminate or minimize the use of white lab coats for the summer semester. ID badges still need to be worn and remain visible at all times.
- Breath and sneeze guards will be used on equipment where appropriate.
- Providers will remain at least 6 feet from patient, whenever possible.
- Providers will hold testing equipment such as stereopsis book, color vision book, Amsler grid, etc. and

not give these to the patient to hold.

- Counters will only store essential equipment needed for that patient visit (i.e., no extraneous supplies).
- IOP will be assessed with Goldmann tonometry, iCare (disposable probes) or by other non-aerosolizing means. NCT will not be performed until further notice (unless absolutely necessary).
- Based on availability, patients will remain in their exam room while dilating. If this is not possible, they will be placed in an available cleaned exam room or in the waiting room.

5th Floor: Vision Rehabilitation Service

- Vision therapy evaluations will be scheduled in 1.5 hours intervals.
- Head trauma evaluations will be scheduled for 1.5 hours intervals.
- When vision therapy begins, there will be a maximum of two patients in the therapy room at a time with either 1 attending, with either 2 residents or interns.
- If more patients need to be accommodated than for which we have space, we will consider switching patients to therapy every 2 weeks instead of weekly.
- We will continue to schedule remote therapy sessions using the Binovi platform until the 5th floor HVAC project is complete and space is available to safely spread out patient care activities.
- When on-site therapy resumes, sessions will remain 45-minute in length but patients will be scheduled for one-hour slots to allow proper disinfection of devices in between patients.
- Telehealth will continue for high-risk patients.
- Until further notice, head trauma phase one therapy will be converted to telehealth/Binovi moving forward.
- Vision therapy patients will be asked to wash their hands with soap/water or Purell prior to starting the vision therapy session.
- Therapy patients will be asked to bring and use their own equipment for therapy, whenever possible, to minimize risk of contamination and need for cleaning of VT devices in between patient sessions.
- Devices such as Vivid Vision Virtual reality that have foam-based headsets will not be used at this time.
- Each extern will be assigned a room designated exclusively for them.
- For LDU testing, the provider will:
 - ensure the examinee has either washed their hands with soap and water, or used a hand sanitizer
 - encourage the examinee to point rather than touch stimulus books
 - offer a sanitized unsharpened pencil or paint brush for the examinee to hold and use as a tool to indicate responses
 - retain responsibility for turning pages of stimulus materials and allow the child to use the end of their pencil to point to their responses
 - disinfect manipulatives, stimulus books, cards, grids and response booklets carefully before and after testing (do not place items back in the paper/cardboard box immediately after use but rather have two disposable resealable plastic bags, with one labeled “clean” and the other labeled “dirty” for later disinfection and storage of items)
- For Low Vision:
 - electronic devices: use alcohol-based wipes to disinfect structural units
 - display screens: spray screen cleaner on a microfiber cloth - no alcohol, no acetone, no bleach, no ammonia, no ethyl acid, no methyl chloride
 - items (structural units or screens) should not get wet, just damp

6th Floor: Advanced Care Service, Ocular Disease and Imaging

- If imaging is required, imaging staff will pick up patient from exam room and escort them back as soon as imaging is completed.
- All imaging equipment will be cleaned with 70% alcohol between patients. Once per clinic session, major external surfaces will also be cleaned with a Cavicide wipe or 70% alcohol.
- It is recommended that visual field examinations be performed in the imaging clinic to control the utilization of visual fields. Visual field rooms will be rotated to allow for cleaning in between patients. Cleaning of all visual field units will follow the standard protocol from Zeiss.
- Fluorescein angiographies (FA) will be performed when indicated; cases will be reviewed with attending ophthalmologists, and OCT-angiography may be performed, to aid in the decision-making.
- Genetic testing should be avoided at this time unless there are sight-threatening implications of not performing genetic testing.

7th Floor: Adult Primary Care Service

- Each intern will be issued two exam rooms to use during their clinic assignment. The intern should pick up the first patient immediately after they have checked in. The intern should leave the patient in the room if they are being dilated. The intern should use the second room if they need to see another patient while the first dilates.
- If a patient will be going into the Essilor Eyewear Center: The provider or intern should inform the receptionist at the Essilor Eyewear Center desk of their patient's name and room number, and inquire about wait time expected before patient is seen by an optician. If there are already too many people in queue to enter the EEC, the patient may need to be given an appointment to return another day. The optician will retrieve the patient from the exam room when it is their turn to be seen. The optician will direct or escort the patient back to the exam room or to the front desk to check out when they are finished.

8th Floor: Advanced Care Service, Contact Lens Section

- Handheld mirrors are to be disinfected before and after each use.
- For established contact lens wearers, patients will be asked to handle and care for their contact lenses during the visit to limit the contact between the provider and patient.
- New plunger(s) will be provided to patients at fitting or dispense visits. Patients will be instructed to bring appropriate plunger(s) back to all follow-up visits.
- All contact lens solution bottles will be eliminated from the exam rooms.
- A new starter kit of multipurpose solution will be opened for patient encounters that require contact lens solution and will be dispensed to the patient at the conclusion of the visit. Patients will be instructed to bring appropriate contact lens solution back to all follow-up visits.
- When possible, links to insertion and removal (I&R) videos will be shared with patients prior to dispense appointments. For providers or interns teaching I&R, face shield or goggles will be available.
- Diagnostic contact lens binders will be cleaned with a disinfecting wipe at the beginning of each session and at the end of the day by a staff member. A piece of colored tape will designate that this task has been completed.
- The "In-Office Disinfection of Multi-Patient Use Diagnostic Contact Lenses" will be utilized for all diagnostic lenses:

Gas permeable

- 1 Place 3% hydrogen peroxide with GP lens in a non-neutralizing case.
- 2 Disinfect lens for 3+ hours.
- 3 Rinse GP lens with Multipurpose Solution (MPS). Pat dry, store dry.

Hybrid and Soft

- 1 Place 3% hydrogen peroxide with soft or hybrid lens in non-neutralizing case for 3+ hours.
- 2 Transfer soft or hybrid lens to a neutralizing case. Fill with fresh 3% hydrogen peroxide. Add neutralizing disc or tablet as recommended by manufacturer.
- 3 Neutralize lens for 6+ hours, or as directed by manufacturer.
- 4 Rinse soft or hybrid lens with MPS. Store in a disinfected case with MPS.

- Multipurpose solutions are acceptable for rinsing.
- ISO recommends this process every 28 days for soft or hybrid diagnostic lenses if they have been opened and not re-used and subsequently re-disinfected in that time period.

These methods have been approved by the American Academy of Optometry Section on Cornea, Contact Lenses and Refractive Technologies and The American Optometric Association, Contact Lens & Cornea Section adapted from the Standard of the International Organization for Standardization (ISO); ISO 19979:2018(E).

Created by Angelica Polizzi, 2020 OD candidate.

- Prior to insertion, disinfected diagnostic lenses will be cleaned with appropriate multipurpose solution in front of the patient.
- Soft lens trial unit disinfection: Drawers will be wiped by the contact lens team at the end of each session. A piece of tape will designate cleaned drawers. Providers or interns will remove masking tape if drawers are opened. Any drawers with missing tape will be cleaned at the end of the session. Any lenses removed from the sets but not used will be recycled and not put back in the set.

COVID-19 LOBBY SCREENING PROTOCOL

All equipment is kept in the bottom locker in the rear right corner of the office to the left of the lobby check-in desk. The keys to the room and locker are kept in the top right drawer of the lobby check-in desk (keychain has a Las Vegas pendent).

EQUIPMENT:

Thermometers, surgical masks, safety goggles, gloves, hand sanitizer, laminated questionnaire, alcohol swabs and/or Clorox wipes. **PPE should be kept in the locker and should only be used by the faculty member conducting the screenings. It should not be given to anyone else. The only exception is a patient who needs to be seen and who presents without a face covering or if they present with a valved or vented facemask. In that instance, give them ONE facemask from the specifically labeled supply. [Please ask them if they have a**

proper face covering before dispensing one]

Face coverings are required for all patients and visitors over the age of two. They should cover both the mouth AND nose and are to be worn at all times while on premise.

The wipes in the large white bucket are for wiping down surfaces. They are not made for use on hands. Patients will be encouraged to use the stand-mounted hand sanitizers by the turnstiles prior to entering the elevators.

PROCEDURE:

Patients and visitors entering the UEC/SUNY College of Optometry are required to have their temperature taken. If a patient or visitor refuses, they cannot enter the building. If patient refuses or has a temperature of 100F or greater, take their name, appointment details and contact information, and tell them someone will call them to reschedule their appointment. Let them know that temperature screening will continue to be required until the COVID-19 crisis is over. Also notify the Service in which the patient had the appointment scheduled and let them know it needs to be rescheduled, along with the reason why.

Faculty, staff and students are required to get their temperature taken. If they present with an elevated temperature, they cannot enter the building and should call their supervisor immediately after they leave to inform them of their absence. They should also contact the COVID Coordinator for further guidance.

Visitors are encouraged to continue to observe social distancing while checking-in.

Scheduled Patients:

If an individual has a scheduled appointment, the lobby screener will check the daily list, review the laminated question sheet and perform a temperature check. If a patient answers “No” to all questions and their temperature is normal, the patient will proceed to the security desk to obtain a visitor’s pass and enter through the turnstiles.

If the patient answered “Yes” to any of the questions, is exhibiting any respiratory symptoms, or if their temperature is >99.9F, the patient will not be allowed to enter the clinic and will be asked to reschedule their appointment (Unless it is an absolute ocular emergency – see below).

If a patient answered “Yes” to any of the questions or if their temperature is >99.9F **AND** the patient is presenting with a true ocular emergency (corneal foreign body, sudden loss of vision, etc.), a surgical mask will be given to the patient to immediately put on and they will be placed in the isolation room (exam room behind the check-in desk).

The appropriate service chief or their designee will be called and a provider who has been fitted with an N95 respirator will report to the lobby. In the isolation room, more detailed questioning of the patient will be performed by provider (in full PPE [gown, N95 mask, face shield]) and the DOH may be contacted at 1-888-364-3065 if the provider believes the patient should be considered for testing. If in doubt, the recommendation on the best way to proceed is to call the hotline for guidance. Every attempt should be made to resolve the patient’s ocular problem in the isolation room; however, recent change in Academy of Ophthalmology guidelines suggests that if there is a high suspicion of COVID-19, the patient should be sent to the ER or hospital-based facility.

If an ill patient is encountered, facilities staff should be notified and a thorough cleaning of all surfaces the patient came into contact with will be performed.

Walk-In Patients:

If a walk-in patient presents to the UEC, the lobby screener will perform a quick triage to deem the urgency of the visit. If deemed urgent, the standard screening and temperature testing protocol should be followed and the 7th floor front desk staff should be contacted.

Eyeglass Protocol:

Walk in patients will be accepted for all new orders and adjustments / repairs / dispensing of eyewear if they answered “no” to lobby screening questionnaire and temperature is normal. The EEC front desk staff will monitor the number of patients in the waiting room for the optical (ideally no more than 4 patients should be dedicated to waiting room space on 7th floor). UPD will call the EEC front desk and ask if the patient can be sent up. The front desk will either have the patient sent upstairs or will ask that the patient waits in the main lobby and will notify UPD when the patient may be sent up.

Contact Lens Pick-Up:

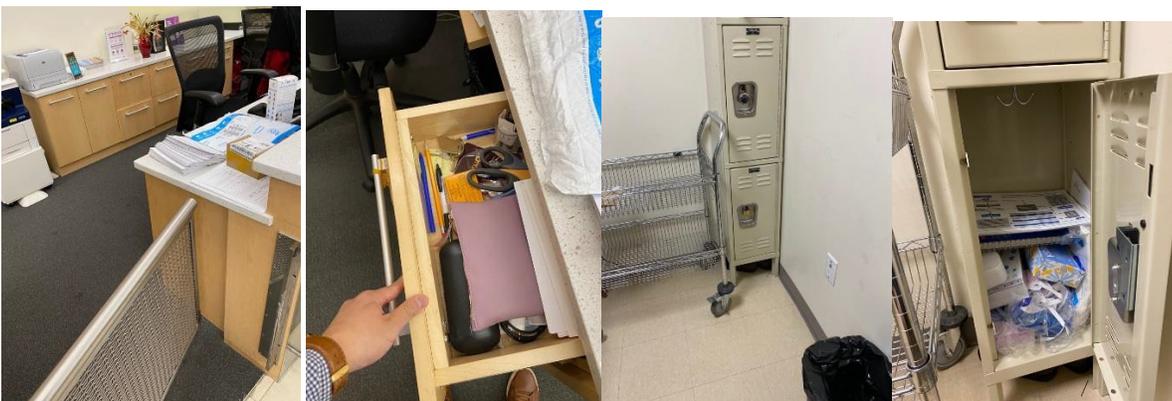
Patients presenting for no-appointment contact lens pickup will undergo a temperature screening and answer the questionnaire. If answered “No” and temperature is normal, the patient will wait in the lobby and the Contact Lens staff will bring the contact lenses to the lobby if there is no outstanding balance. If a patient has an outstanding balance, the patient will call a patient financial staff member (phone numbers below) to resolve their balance.

Miguel Paneto: 212 938 4195 / Ken Singh: 212 938 5875 / Emonena Eromon: 212 938 4196

If temperature is elevated or answered “Yes” to questionnaire, the patient would be asked to leave and will be informed that the UEC will mail the eyeglasses/contact lenses to the patient. Staff will call patient to confirm shipping address before mailing materials. **Facilities staff should be notified and a thorough cleaning of all surfaces the patient came into contact with will be performed.**

The small spiral notebook in the locker can be used to write down patient information in the event a patient fails the screening and is sent home. As soon as the information is shared with the front desk staff of the Service in which the patient was scheduled, the written PHI should be properly disposed of in a shred bin. The notebook is not being used as a log and should not have any information stored in it beyond each shift.

If you have any questions, you can contact Dr. Anu Laul at (989) 980-3739 or Dr. Michael McGovern at (631) 278-1202.



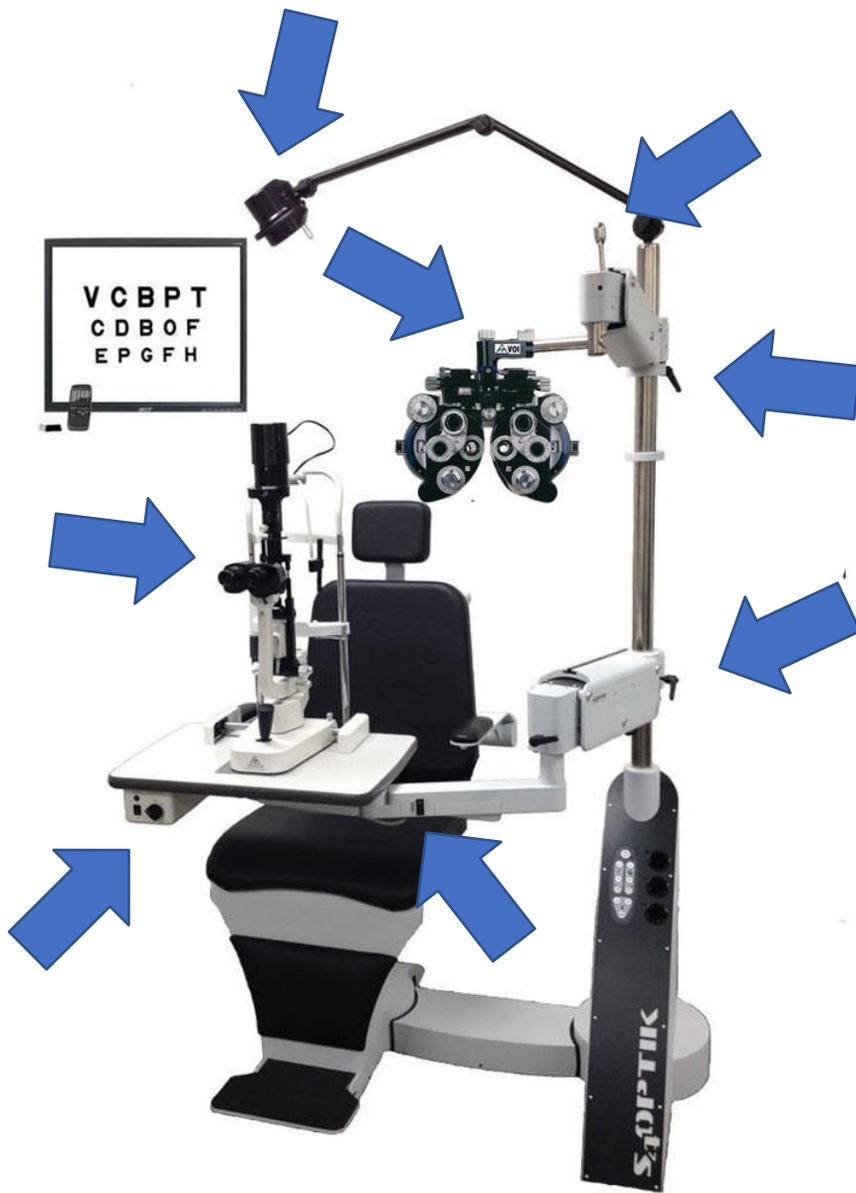
COVID-19 UEC EXAMINATION ROOM CLEANING PROTOCOL

To prevent the spread of the COVID-19 infection, the following surfaces should be wiped down using Clorox Wipes/CaviWipes (or equivalent.) A minimum contact time of 3-5 minutes is needed and contact time varies depending on formulation.

For a full list of approved cleaning agents and contact times please see: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

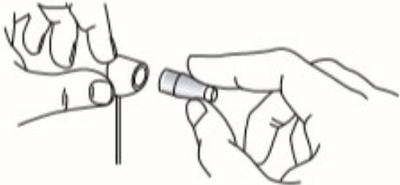
1. Door handles, drawer handles and light switches touched by doctor or patient
2. Counter tops
3. Examination chair, patient companion chair and doctor's stool
4. Keyboard, mouse and screen buttons
5. Chart remote control
6. Slit lamp table, knobs, leavers, joystick, forehead rest, chin rest, oculars, breathshield
7. Phoropter knobs, leavers, forehead rest
8. BIO knobs, leavers, oculars
9. Chair stand: Stand lamp arm, slit lamp arm, phoropter arm including leavers and buttons
10. Occluder, near point cards, rulers, flippers, fundus lenses, etc.
11. Handhelds including retinoscope, ophthalmoscope (both handles and scopes) – see attached for manufacturer recommendation

REMEMBER TO WIPE DOWN EVERY KNOB, BUTTON OR LEVER THAT YOU OR YOUR PATIENT COULD HAVE COME IN CONTACT WITH

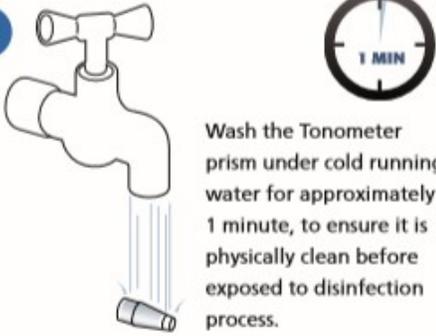


TONOMETRY PROTOCOL

Avoid all forms of Non-contact Tonometry (NCT) including the ORA unless absolutely necessary. There is a possibility of microaerosol formation from the pulse of pressurized air blown towards the eye that can be a vector for viral transmission. Tonometry probes must be cleaned using the following protocol. Use disposable tips when indicated.

1 

Carefully remove the Tonometer prism from the prism holder.

2 

Wash the Tonometer prism under cold running water for approximately 1 minute, to ensure it is physically clean before exposed to disinfection process.

3 

Immerse the Tonometer prism in the disinfectant fluid. Types of disinfectant fluid vary.

Please follow disinfectant solution guidelines for instructions, concentration and time of immersion. (For example: Pantasept - 3% aqueous solution for 10 minutes, Hydrogen Peroxide 3% aqueous solution for 10 minutes, Sodium Hypochlorite, 10% aqueous solution for 10 minutes etc.).

4 

Rinse the disinfectant from the prism in running water for between 10 and 30 minutes.

5 

Dry the disinfected Tonometer prism with a clean soft cloth.

6 

Store the Tonometer prism in a suitable container ready for use.

Safely dispose of the disinfectant fluids used.

DIRECT OPHTHALMOSCOPE, RETINOSCOPE AND HANDLE CLEANING PROTOCOL PER MANUFACTURER

Heine:

Hygienic Reprocessing

Instructions on hygienic reprocessing must be adhered to, based on national standards, laws and guidelines.

Classification according to KRINKO: non-critical

Spaulding Classification USA: noncritical



Allow the device to cool down before reprocessing.

In the event of suspected contamination, carry out hygienic preparation of the instrument.

The described cleaning and disinfection measures do not replace the specific rules applicable for the establishment.

HEINE Optotechnik only approves the resources and procedures named in these instructions for use.

Cleaning and disinfection may only be carried out by personnel with sufficient hygienic knowledge.

Observe the instructions of the manufacturer of the reprocessing media.

Do not use spray or immersion disinfection, dripping wet or heavily foaming tissues. Do not use automated or ultrasonic reprocessing.

Procedure

With the ophthalmoscope attached to the handle, clean and disinfect the ophthalmoscope manually (wipe clean and wipe disinfect).

Recommended agents:

Cleaning agent: Neodisher® MediClean

Disinfectant agent: alcoholic (e.g. Incides® Tissues)

Welch Allyn:

Cleaning and Disinfection

For cleaning the mirror or lenses, use only a clean, dry optical-grade cloth. Do not use alcohol or other chemical solutions. The window may be cleaned with a cotton swab or lens paper dipped in alcohol.

The Head housing may be cleaned and disinfected with an appropriate health care low- or intermediate-level cleaner/disinfecting wipe that incorporates either a 1:10 sodium hypochlorite (bleach) solution or isopropyl alcohol as the active disinfection ingredient. Follow wipe manufacturer's instructions for appropriate use, contact times and applicable warnings and precautions.

Do not excessively saturate the Head.

Do not immerse Head in any solution.

Do not sterilize the Head.

After disinfection, inspect for visible signs of deterioration. If evidence of damage or deterioration is present, discontinue use and contact Welch Allyn or your area representative.

Keeler:

Only manual non-immersion cleaning as described below should be used for the direct ophthalmoscope, retinoscope, otoscope heads and handles.

1. Wipe the external surface with a clean absorbent, non-shedding cloth dampened with a water/detergent solution (2% detergent by volume) or water/isopropyl alcohol solution (70% IPA by volume). Avoid optical surfaces.
2. Ensure that excess solution does not enter the instrument. Use caution to ensure cloth is not saturated with solution.
3. Surfaces should be carefully hand-dried using a clean non-shedding dry cloth.
4. Safely dispose of used cleaning materials.

COVID-19 Optical Ramp-Up Protocol

Essilor Eyewear Center - 7th Floor

1. There are 3-4 opticians present each day. Opticians are required to wear masks. Gloves are optional but strongly encouraged.
2. Patients calling in to see if the Eyewear Center is open will be instructed to make appointments through the Call Center.
3. All patients entering the building will be screened for COVID-19 symptoms and have their temperature checked in the lobby. Patients must be wearing a mask in order to be seen in the Eyewear Center.
4. Walk in patients will be accepted for all new orders and adjustments/repairs/dispensing of eyewear. The front desk staff will monitor the number of patients in the waiting room for the optical (ideally, no more than 4 patients should be dedicated to waiting room space on 7th floor).
 - a. UPD will call the Essilor Eyewear Center front desk and ask if the patient can be sent up to be seen. The front desk will either have the patient sent upstairs or will ask that the patient to wait in the main lobby and will notify UPD when the patient may be sent up.
5. To mitigate exposure, all doors will be closed and locked. All patients must be escorted into the optical. As patients enter the optical, they will be reminded to keep their masks on during the process via signage throughout the optical.
6. The opticians will use desk terminals, for placing orders, at least 6 feet apart to allow for safer, social distance between other opticians. For pick-ups/adjustments and repairs, only 2 stations will be utilized so as to maintain social distancing.
7. Glass display cabinet doors will be kept closed. Patients are encouraged not to touch frames.
8. Patients will be encouraged to reduce the amount of frames they try on. Any touched frames will **not** be placed back on the shelf, but kept in a dedicated tray. Once the patient leaves, those frames will be cleaned utilizing a UV disinfecting system..
9. Temporary shields have been placed on all pupillometers. Pupillometers will be wiped down with alcohol wipes after each use.
10. Opticians will be responsible for cleaning off the work station they used after each patient. Sanitizing wipes will be available. When the patient leaves, all equipment and surfaces will be wiped down, frames will be cleaned/dried/placed back on shelves

Pediatric Eyewear Center - 10th Floor

1. An optician will be available on call (from the 7th floor) as needed. The manager or the 10th floor front-desk staff can call the EEC at x4129 when an optician is needed. Opticians are required to wear masks. Gloves are optional but strongly encouraged.
2. Patients calling in to see if the Pediatric Eyewear Center is open/if we're able to place orders will be encouraged to make appointments through the Call Center.
3. All patients entering the building will be screened for COVID-19 symptoms and have their temperature checked in the lobby. Patients must be wearing a mask in order to be seen in the Eyewear Center.
4. Walk in patients will be accepted for all new orders and adjustments/repairs/dispensing of eyewear. The 10th floor front desk staff will monitor the number of patients in the waiting room (ideally no more than 2 patients should be dedicated to waiting room space on the 10th floor).
 - a. UPD will call the Pediatric Eyewear Center front desk and ask if the patient can be sent up to be seen. The front desk will either have the patient sent upstairs, or will ask that the patient waits in the main lobby and will notify UPD when the patient may be sent up.
5. A stanchion has been added in front of the entrance to the optical to prevent excess contact with materials and merchandise.
6. Signage throughout the optical will remind patients to keep their masks on.
7. Patients are encouraged not to touch frames.
8. Patients will be encouraged to reduce the amount of frames they try on. Any touched frames will **not** be placed back on the shelf, but kept in a dedicated tray. Once the patient leaves, those frames will be cleaned utilizing a UV disinfecting system
9. A temporary shield has been placed on the pupillometer, which will be wiped down with alcohol wipes after each use.
10. The optician will be responsible for cleaning off the work station they used after each patient. Sanitizing wipes will be available. When the patient leaves, all equipment and surfaces will be wiped down, frames will be cleaned/dried/placed back on shelves.
11. Usage of iPad with SmartMirror technology is TBD, waiting for guidance from Robert Pellot and/or ESIC committee.

Appendix 5: Travel and Guidance Policy

The latest version of SUNY College of Optometry Travel Guidance and Policy may be found online at <https://www.sunyopt.edu/pdfs/covid-19/Travel-Guidance-and-Policy.pdf> or you may [click here](#).

Appendix 6: Surveillance (Pooled) Testing Plan

The latest version of SUNY College of Optometry Surveillance Testing Plan may be found online at <https://www.sunyopt.edu/pdfs/covid-19/SUNY-Optometry-Surveillance-Testing-Plan-9.24.20.pdf> or you may [click here](#).

Appendix 7: SUNY Uniform Disciplinary Sanctions Policies

The latest version of SUNY Uniform Disciplinary Sanctions Policies may be found online at <https://www.sunyopt.edu/pdfs/covid-19/MEMO-Uniform-Sanctions-in-Response-to-COVID-19-Student-Violations-10.25.20.pdf> or you may [click here](#).

Appendix 8: What Students Should Know: Covid-19, Spring 2021 and Returning to Campus

Webpage: <https://www.sunyopt.edu/pdfs/covid-19/What-Students-Should-Know.4-January-2021.pdf>