MIT Plans for Return to Campus

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Cecilia Warpinski Stuopis, MD, MS, FACOG
Medical Director, MIT Medical

Suzanne Blake, CEM, CBCI
Director, MIT Emergency Management

MITMedical Emergency Management
Massachusetts Institute of Technology

Campus Risk Management Strategies

Low-Density Campus

- Limited on campus residents: 1 person/room, 3 people/WC
- Many classes fully remote
- Most employees working remotely
- Physical distancing – pre-defined maximum densities for all shared campus rooms
- Requiring face coverings

Daily Health Attestation

- Mandatory daily health attestation/symptom reporting
- App linked to MIT ID card
- Automated notification to MIT Medical for positive responses
- Automatic limitation of access to campus for individuals reporting symptoms

Testing and Tracing

- Return-to-campus testing and asymptomatic surveillance testing
- Separate testing workflow for those who are symptomatic, and contacts of known cases
- Contract tracing within the MIT Community
- Partner with Local Health Department (LHD) for contact tracing of those contacts in the community who are not MIT affiliates

Quarantine and Isolation

- 1 Student per room allows for quarantine in place
- Isolation beds identified in multiple residence halls; an additional residence hall has an entire wing set aside; sufficient capacity to provide off-campus students ability to isolate if not feasible in their current living environment
- Ability to provide observation level care for up to 10 students who do not meet criteria for admission to hospital but may need additional medical support
- Daily virtual check-ins for student under quarantine and isolation protocols

Testing Strategy – In Detail

Return-to-Campus Testing

- Upon returning to campus, all faculty, staff and students will be tested at the MIT Medical testing trailer
- Rapid throughput operations
- Viral PCR processed by the Broad Institute; turnaround time ~24 hours
- Students returning to campus will be quarantined in their living environments until a negative result is confirmed 5-7 days later

Surveillance Testing

- All MIT community members living, studying or working on campus are required to have regular asymptomatic COVID-19 testing, twice weekly for students, other community members weekly or more frequently depending upon risk factors

Symptomatic and Contact Testing

- Those who develop symptoms of COVID-19 will be tested via an alternative pathway that keeps them separate from asymptomatic individuals
- Additional clinical information may be collected (e.g. vital signs, additional symptom history); telemedicine will be utilized for many of these visits
- Symptomatic individuals and those who have been in close contact with a case must quarantine while awaiting results

Contact Tracing – Detail

Team and Record Keeping

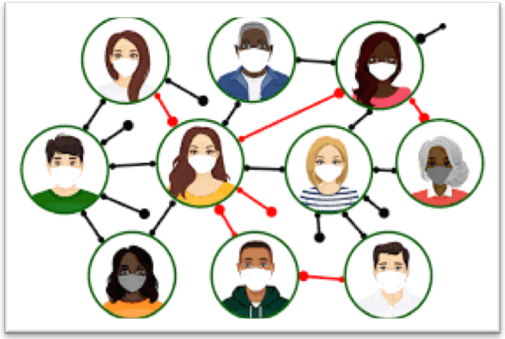
- Team of 1 MD, 1 NP, 3 RN, 1 LPN, 1 MA, 2 support staff working in collaboration with Cambridge Public Health professionals
- Information recorded in VEOCI contact tracing module; shared with LHD
- Contacts systematically identified based on CDC criteria with 48 hour look-back from positive test
- Maintaining privacy and confidentiality is paramount
- No plans for digital contact tracing at this time

Case Investigation and Contact Tracing

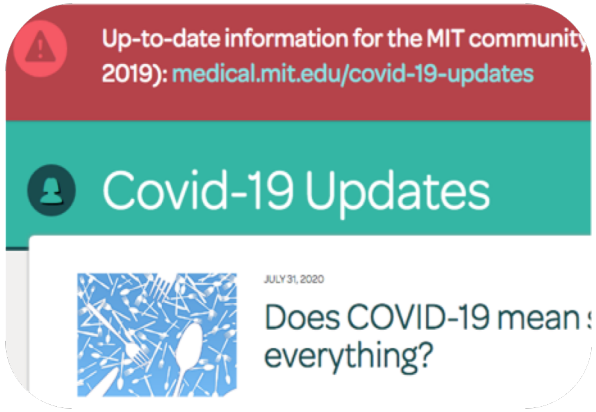
- After an individual with a positive test is identified, Case Investigation will begin; multiple modalities available including phone, email, or in-person if required
- Contacts notified and advised to quarantine in place while testing is arranged
- Student support, housing, and dining all engaged
- Students moved to isolation beds as warranted with positive tests

Quarantine and Isolation Monitoring and Follow-up

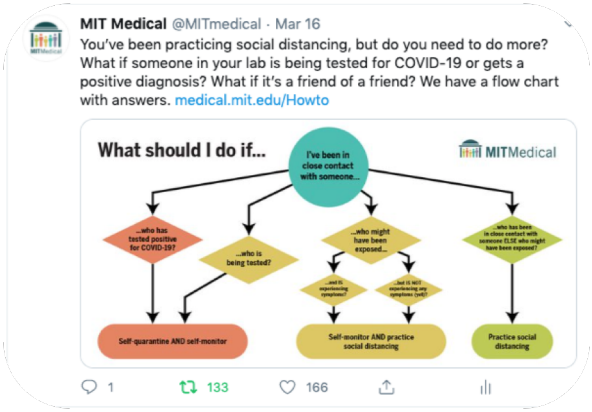
- Those in Quarantine will record daily temperatures and symptom checks; periodic check-in by MIT Medical to assess status
- Students in isolation will have daily check-ins with MIT Medical via telemedicine
- Low threshold for transfer of students with clinical deterioration to the hospital for further evaluation
- CDC time/symptom based protocol for release from isolation



Reaching our Community



Focused Newsletter



Public Health Web & Social Media Campaign

Campus-wide Signage

COVID-19 Emergency Operations

- Monitoring the virus
- Response and decision making process
- Triggers for action
- Types of action
- Ramp down by sector
- Coordination with Cambridge

- COVID-19 Emergency Operations Plan

Monitoring the Virus

- MIT COVID-19 Dashboard
  - Testing numbers
  - Positive tests and demographics
  - Symptoms reported
  - Isolation numbers
  - Supplies inventory
  - Travel risk information
  - Data for Cambridge, MA, US, World
- Daily monitoring, situational status briefings, and interpretation
- *The number of positive is not as important as the story behind the positives.*

Data Sources
MIT Medical
COVID Pass App
Other MIT databases
External sources

Rapid Response and Decision-Making

- MIT COVID-19 Teams
  - **Covid-19 EOC Team** (Operations): Operations, monitoring, and situational awareness, real-time response and problem solving; *implements ramp down* operations
  - **Covid-19 Monitoring Team** (Coordination): Determines cross-Institute issues, representative from all sectors; *coordinates ramp down* operations
  - **Covid-19 Decision Team** (Decision-making): Senior-level decision-makers regularly informed to make quick decisions involving changes in operations; *decides to ramp down* (based on information from Monitoring Team)
- Decision-making happens quickly; implementation happens methodically

MIT Covid-19 Emergency Response Structure
Covid-19 Decision Team (final decisions)
Covid-19 Monitoring Team (recommendations)
Covid-19 EOC Team (operations, monitoring, and situational awareness)

Triggers for Action

- External
  - Negative trend in Massachusetts COVID-19 health indicators
  - Increased transmission within Cambridge
  - Orders / Requests from the Commonwealth
- Internal
  - Any positives on campus, especially indication of community transmission
  - Isolation capacity
  - Death due to Covid-19
  - Any infection rate that impacts essential operations (teaching, research, essential services)
  - Cluster on campus

Types of Action

I. Localized Ramp Down

- Location or activity
  - Building
  - Department, lab, or work area
  - In-person interactions or programs
  - Combination of above
- Based on dashboard metrics (internal data points)

Recommendations made rapidly through the response/decision process.

II. Campus-wide ramp down

- Ramp down by phase or multiple phases
- Based on internal and external factors
  - Commonwealth / City
  - Dashboard metrics
- Organized by sector
  - Research
  - Students / Residence Halls
  - Staff
  - Academics
  - Space / Access

Planning Across Sectors

- **Research**
  - Percentage and time of staff on campus
- **Students / Residence Halls**
  - Evacuation of undergraduates or Shelter-in-Place for a residence hall(s)
- **Academics**
  - Ceasing in-person academic activities
- **Staff**
  - Essential personnel only
- **Space / Access**
  - Stricter access protocols

Coordination with Cambridge

- **Cambridge first responders**
  - Weekly meetings with Cambridge Police & Fire, ProEMS, Harvard Police, MIT Police, MIT Emergency Management, MIT EMS
- **Cambridge Emergency Management**
  - Regular contact and coordination between Cambridge and MIT Emergency Managers
- **Cambridge Public Health**
  - MIT Medical has a long-standing collaborative relationship with Cambridge Public Health
  - Regular communication and coordination between MIT Medical and Cambridge Public Health will continue; increase if necessary based upon prevalence of COVID-19 on campus
- **Cambridge City Council and Leadership**
  - Regular coordination between Cambridge leaders and MIT Government Relations


Building a healthier MIT,
so MIT can build a better world.