

Town Hall – Research Enterprise Transition to Phase 1

May 13, 2020

Questions & Answers

How long will VUMC Phase 1 last?

- Uncertainties are to be expected and close monitoring will be needed. Data and evidence will guide us to the next phase, and will depend on what we see in the healthcare system and our community. Our hope is that by practicing the measures we have set in place that we will be able to safely progress through the phases. We advise that you watch for further communications.

VUMC Phase 1 guidelines call for maximum 50% of capacity. How is capacity defined?

- The primary consideration is the capacity at which work can be safely performed while observing strict physical distancing. Because space throughout the VUMC research enterprise is so heterogeneous, it is important that each PI considers physical separation of individuals within their specific lab space or clinic setting. The layout of a particular space may only allow 1 person in the room, which might result in less than 50% capacity, but may be as much as can be allowed while observing strict physical distancing. It is best to err on the side of caution and safety, and not push the limits, especially in during Phase 1.

Is occupational health conducting testing for all employees?

- Occupational Health is not conducting widespread testing of employees. The focus is on monitoring symptoms, and preventative measures such as universal masking. Testing capacity to achieve widespread screening is challenging due to several factors, including availability of tests, and the fact that testing someone is a snapshot of a person's status at the time of the test.

Current approach to testing VUMC employees is based on symptoms. How is VUMC addressing potential for asymptomatic spread?

- Consistently determining every employee's status at every moment or even every day is not feasible. For this reason, infection prevention measures including strict physical distancing, hand hygiene and universal masking are in place, to help prevent spread from asymptomatic individuals. Occupational Health can help guide employees who report symptoms or exposure through the post-exposure monitoring process with outreach and information. For any exposure on campus, employees are directed to the Ambulatory Assessment Center.

Where can I find more information about Occupational Health resources?

- Post-exposure monitoring/Contact tracing:
 - [Employee exposure monitoring](#)
 - [Expanded screening guidelines](#)
- Return to Work process:
 - [Exposure guidelines for VUMC Workforce Members](#)
- Support Resources:
 - [COVID Wellbeing Navigator](#)

Is anyone exempt from being screened before coming onto campus?

- The screening and protocols are the same and required for everyone coming onto campus every day: symptom check, fever check, universal masking, and frequent hand hygiene. Refer to screening and other guidelines found here: <https://www.vumc.org/coronavirus/employees>

How can we obtain cloth masks?

- Each unit should go through standard research procurement process to provide them. Some options and more information are found at the Office of Research website: <https://www.vumc.org/oor/contingency-and-continuity-planning-vumc-research-labs-and-cores>

What types of precautions can be implemented when training new lab personnel, where the 6 feet rule might be difficult to implement in order to teach techniques etc.?

- In general, if you cannot adhere to the strict physical distancing (6 feet or greater) you should seek guidance and approval from the respective directors. You may need to determine which techniques could be delayed, in terms of training, to a later phase, or whether alterations in PPE could allow training to proceed.

Note for animal care areas: The animal facility phased roadmap for re-opening provides a document with procedures for re-opening a facility and requirements in place, in the event you are not able to adhere to strict physical distancing. More information about ACUP Phase 1 plan:

<https://www.vumc.org/acup/acup-covid-19-response>

Regarding DAC and survival surgery procedures: How does this apply to surgery that only requires one investigator?

- There are no restrictions on survival surgery performed by one individual. DAC asks that the standard requirements remain in place in terms of the location for the procedure, and the PPE requirements for that procedure. If the procedure will be done in a shared area, there will likely be a future requirement to schedule the hood or procedure room. More information about ACUP Phase 1 plan: <https://www.vumc.org/acup/acup-covid-19-response>

I had planned for undergraduate students to work for me this summer. Is this allowed?

- At this time, most of the programs that run through VU or VUMC for bringing students onto the VUMC campus for research opportunities have been canceled. However, please reach out to Medical Center Relations at vumc.iso@vumc.org for guidance and to discuss any potential exceptions that would allow summer research opportunities.

For wet labs with graduate students and VU-postdocs, are we to adhere to the VUMC ramp up plan or the VU ramp up plan?

- VUMC Phase 1 calls for strict physical distancing, up to maximum 50% capacity. VU Phase 1 limits capacity to 33%. Therefore, VUMC PIs with VU graduate students or VU postdocs working in their VUMC lab, should adhere to the VU policies.

Dean Mark Wallace and the Graduate School will provide information to VUMC faculty who serve as mentors with additional information.

Who will review the required plans for labs that are hosting VU graduate students?

- Dean Wallace's office in the Graduate School will be reviewing those plans through a specific process. Dean Wallace will be the point of contact for those plans, as they are reviewed and approved, he will contact VUMC for awareness of students and labs that are approved.

Will there be additional resources available for childcare, due to closures of many day cares?

- Each individual should work with their department leadership for more guidance. Many approaches are being discussed to address this concern.

Are new hires allowed within research groups? Are there limitations or specific guidelines for hiring/onboarding new personnel?

- Each research group, division, unit or lab should review priorities relative to budgetary issues, if any, and how the new personnel can function productively. It is recommended to work with your department administration and HR business partners for additional guidance on new hires.

What do we do about staff that may refuse to come in due to COVID-19 fears?

- We ask that you work with your staff member, departmental leadership and HR business partners to address these concerns.

Do clinical studies that include EEGs or other assessments that include brief contact with the participant have to wait until Phase 4?

- Not necessarily. In keeping with the recommendations of the Department Chair, Division Director and/or Center Director, it is agreed that the studies should be re-opened wherever possible. In general, you will need to clear the study with all the units overseeing spaces where participants will be. Some important considerations:
 - Is the study externally funded?
 - Is the clinical space where it's to be conducted adequate to handle per that clinic's protocols, and able to facilitate any ancillary testing the participant needs?
 - Can the participant can be appropriately managed from the clinic to the lab, or whenever it's going to be done?

Do new clinical study participants with biospecimen collection need to be tested if asymptomatic?

- New clinical study participants should be treated in the same way we treat all our patients, who are screened for symptoms, have their temperature taken and wear a mask. If they screen negative, have no fever and wear a mask then you would handle their specimens like you would any other. Review guidance here:
<https://www.vumc.org/coronavirus/sites/default/files/COVID%20Documents/Guidance%20for%20Clearance%20of%20COVID%20%2B%20Patients%20v.2.pdf>
- Note that biospecimens in the research context may require special biosafety precautions. Contact the Biosafety office for guidance: <https://www.vumc.org/safety/bio/emerging-infectious-agents>

Do human subject IRB protocols need to be amended to indicate we will ask COVID-19 screening questions, so that participants may enter our facilities for our study procedures?

- Any planned interaction change needs to be reported to IRB. However, anything that you do to change a study procedure that is in the interest of participant safety, can be done without waiting for the IRB to approve. Therefore, as screening for COVID would be for participant safety, you can report it to the IRB but you do not have to wait for them to respond.

Will distancing/masking precautions be modified for human subject research involving infants, toddlers, and autism/developmental disability populations who will not tolerate/sustain masking precautions and/or where proximity is core to protocol?

- If protective precautions can be modified in a way that's suitable both for the experiment and for all human participant safety, then this can be considered but on a case by case basis. It may be advisable to shift aspects of the study to a later phase when risk can be better minimized.

Will masks be provided by the CRC for participants?

- The CRC has some masks that are available for participants who don't have their own. However, there is not a separate CRC procurement stream for PPE.

How should we plan for work in the CRC?

- Please reach out directly to [Kevin Niswender](#) with your questions.