

Q&A Faculty Teams Live – Spring 2022 Planning

January 14, 2022

TESTING AND MASKING

Information on on-campus asymptomatic testing can be found [here](#).

Information on on-campus symptomatic testing can be found [here](#).

Information on at-home testing for employees can be found [here](#)

Information on KN-95 mask distribution for both on-campus and off-site employees will be posted on [UVMForward](#) when distribution begins.

Why isn't UVM reimbursing employees for at-home tests purchased before January 15, 2022?

The university is one of few employers in the state that provided ongoing, free testing to all of its employees. The testing center was closed for only a short period of time and advance notice of the closure was provided.

Do we know if all of the students participating in in-person Orientation have all tested negative since their arrival?

Weekly test results are available [here](#). We do not report results by student group.

Why are there some contractors working in buildings not wearing masks? It is very frustrating that they are not following policy despite the fact that there are signs everywhere

All contractors should be observing the [current masking policy](#). If you observe individual in violation of the policy, please report this to your supervisor or your unit's safety coordinator.

Washing N95 and KN95 disposable respirators reduces their effectiveness. Why is UVM saying that KN95's are re-usable and washable?

Updated information on face-coverings can be found in the [Face-Coverings Guidance](#) and information on the use and care of KN95 masks is available in the [Higher Quality Masks Guidance](#).

Has any thought been giving to recommending or requiring double masking?

Information on face-coverings, including double masking, is available the [Face-Coverings Guidance](#). This information is regularly updated.

In surges of other variants, being outdoors unmasked seemed to be relatively safe. What's the recommended guidance with Omicron because of its infectiousness?

Masks are generally not required outdoors except for people who are within 10 days of triggering isolation/quarantine requirements; see “2022 UPDATE – Masks Required if . . .” on the [face coverings page](#).

UVM currently does not require masks outdoors, but there are groups who are planning outdoor events with 100's of students who will attend. Will this guidance be looked at? It seems like these could be ripe as spreader events”

Masks are generally not required outdoors except for people who are within 10 days of triggering isolation/quarantine requirements; see “2022 UPDATE – Masks Required if . . .” on the [face coverings page](#).

I had many students inclined to eat and drink in class last semester, and I am currently extremely worried about that. Is this something we can strictly forbid? What advice do you have about how to handle this?

This can be forbidden, see “CAN I REMOVE MY MASK TO EAT IN CLASS?” on [face coverings page](#).

OTHER HEALTH AND SAFETY

How can we maintain social distancing when classrooms are fully occupied?

Social distancing was necessary before the vaccine was developed. Our strategy now relies on vaccinations, boosters, and masking.

What percent of employees are vaccinated vs have approved exemptions?

99% are vaccinated and 1% have approved exemptions for medical or religious reasons and are required to test every seven-days.

Why are we opening the semester in-person? Why not transition to remote until the wave has crested?

We have data-informed protocols and strategies (vaccination and booster requirements, testing, and masking) in place to support health and safety and which will allow us to deliver an in-person educational experience for our students.

Is there an established on-campus positivity rate or threshold at which UVM will decide to return to remote operations?

There are no plans to return to remote operations. Any such decision would not rely on a single metric.

Why is it acceptable to have "a significant number of cases" if, as you say, staff and faculty health is a priority?

The symptoms of the current variant are far less severe than early variants. This has been seen in cases to date. The vaccination rate of our campus also suggests that if people test positive their symptoms are likely to be milder.

It was noted that cases on the Vermont case dashboard have slowed. How much have changes in testing, reporting and contact tracing standards contributed to that?

The Vermont data reflects reported cases from a number of sources. They also request that people report results that they receive from at home tests. The Vermont Department of Health acknowledges that the number of cases is higher because of the increased use of at home tests. This is factored into their modeling. Another key indicator to consider is hospitalization rates. While the number of hospitalizations has increased, it has not increased at the same rate as the number of cases.

Are we approaching endemic phase of COVID 19?

It is too early to know.

Are we at the “chicken pox party” phase of this? I’ve heard stories about people trying to get COVID 19. Is that recommended?

Intentional exposure is not recommended. While most cases of the omicron variant are mild in vaccinated individuals, there is the potential for a more serious reaction. Additionally, intentional transmission provides greater opportunities for the virus to mutate, could result in a surge in cases that has the potential to overwhelm our medical system, and puts children under five who are not yet able to be vaccinated at higher risk.

In general, what is it like to be sick with the omicron variant of COVID 19?

Some individuals experience no symptoms. Most people experience a scratchy throat, stuffy nose, mild cough, and/or a headache for a day or two.

There have been claims that there is no evidence for transmission in the classroom but isn't that because we have not systematically collected robust data to answer that question.

Data have been systematically collected and analyzed through contact tracing. The data does not suggest that transmission occurs in the classroom. Transmission occurs most often through travel, gatherings, and parties.

If the primary goal is in-person instruction, is there consideration of asking employees who CAN work from home to do so during this wave of omicron, in order to de-densify campus and reduce potential exposure for faculty who need to stay healthy to teach?

Many staff currently have approved teleworking agreements in place (unrelated to omicron) which contributes to de-densification. There are no plans to further de-densify campus.

Will we be kept informed of offices and departments that need to be closed due to lack of staffing as people get sick?

We do not expect offices to close as a result of staffing issues, but hours may be curtailed and work may be conducted remotely for short periods of time. Offices will post this information on their websites.

Avoiding crowded places helps reduce transmission. What's happening with UVM Athletic games?

All attendees are expected to be vaccinated and wear masks. Food concession is not available at this time. There is no indication that attending an athletic event is a greater risk than attending a small gathering.

Why are staff who receive a vaccine exemption are OK to work on campus, while others who are currently on admin leave while getting their vaccine, and cannot come back until fully vaccinated, cannot work? There seems to be no medical difference. Can you please explain?

Anyone with an approved exemption for medical or religious reasons is required to test every seven days. Employees were given sufficient notice of the requirement, including the consequences for failing to comply.

Omicron-specific vaccine is under trial by Pfizer currently. Will we be considered essential / frontline workers when those vaccines become available (eta March?). In the initial round of vaccinations, the VT government overrode the CDC and didn't consider us as front-line because we went remote.

That will be something that CDC and the Vermont Department of Health would decide.

I've heard a lot about the acute phase of COVID 19, but nothing about so-called long COVID 19. What plans does UVM have to deal with the chronic illness and disability that COVID 19 will cause to some proportion of students and employees?

UVM medical insurance covers chronic illness. UVM also offers both short and long-term disability insurance that is available to employees. Eligible employees also may use paid sick leave, and medical leave under the Family and Medical Leave Act, as needed. Finally, disabled employees and students may seek reasonable accommodations via the ADA/504 Coordinator for employees and the Student Accessibility Office for students.

How are you supporting staff that work with covid cases and are immunocompromised?

Employees with immunocompromised medical issues should work closely with the ADA/504 Coordinator and Human Resource Services to address any specific needs.

Is there any plan for UVM to help those faculty and staff who have kids under five years old having no COVID 19 vaccination yet?

While we have offered flexibility and support throughout the pandemic, UVM's processes and procedures related to COVID are not specific to the vaccination status of family members.

How many UVM Faculty/Staff/Students are suffering from long COVID 19, and how is the university supporting them?

The university does not have employee medical information.

Do you anticipate any changes to our travel policy - might out of state travel be curtailed in the next few months?

At this time, we do not.

Is UVM still working on improving ventilation in the classrooms?-19 infection (e.g., senior parents, family members with underlying conditions, etc.), will UVM consider it a legitimate reason for modality changes or are we expected to risk our family members' health to teach in-person?

The UVM Physical Plant Department (PPD) maintains all HVAC systems regularly on either a 6-month or 12-month preventative maintenance schedule in order to ensure the units are working effectively and reduce the likelihood of an unexpected shut-down. Spaces that lack mechanical ventilation and have multiple occupants are evaluated for portable HEPA filtered air cleaners by submitting a [service request to PPD](#).

How many students can the isolation space hold?

168. Under the new CDC guidelines, students will spend less time in isolation so we will be able to support and serve an increased number of students in our isolation space.

EMPLOYEE SICK/MEDICAL TIME

How are people exposed to covid on the job protected from losing pay due to covid exposure? Will UVM allow staff to run sick time deficits as a result of COVID 19 absences for themselves or family members? Will we be provided with additional sick days as a result of COVID 19?

At this time there are no plans to alter the university's standard medical time policies.

TELEWORK

What is the process for requesting telework for faculty who are teaching online-only courses?

All telework must be reviewed and approved through the process outlined in the [Telework University Operating Procedure](#).

Can staff who are able to telework, continue to telework?

Consistent with the [Telework University Operating Procedure](#), staff with approved telework agreements in place can continue with those arrangements.

Are faculty and staff who teleworked previously able to telework due to covid cases?

Telework is only allowed in cases where an approved [telework agreement](#) is in place. [Changes in course modality](#) also require approval.

There are many staff who never returned to campus they work remote 100% yet others are required by their Dean to be here. It's difficult to work with departments when no one answers emails or their TEAMS name say they are away. When will all be required to return?

Telework decisions are made on a case-by-case basis. Telework should not result in decreased productivity or accessibility. If you experience repeated difficulty reaching an office, please share that information with the appropriate unit head.

MEETINGS, GATHERINGS OUTSIDE THE CLASSROOM, STUDENT ACTIVITIES

Is consideration being given to recommending non-essential, non-student facing in person meetings take place virtually instead until the current variant subsides?

Managers can exercise judgement in determining the timing and modality of non-essential, non-student-facing meetings.

What is UVM's recommendation around student life related events outside of the classroom? Are there any protocol changes?

Information on event protocols is available [here](#).

What about events on campus? When will decisions made about canceling events both internal and external if things get bad on campus with covid cases especially with speakers coming from out of state.

With a campus nearly 100% vaccinated and boosted, we do not anticipate changes to event protocols on campus. We also expect all visitors to campus to be fully vaccinated.

TEACHING AND LEARNING

Students do not feel safe and are flooding my inbox with requests to teach virtually this month because of the COVID numbers. What should I do?

You should tell them that we have data-informed protocols and strategies (vaccination and booster requirements, testing, and masking) in place to support the health and safety of our campus. You can also remind them that data indicates that transmission occurs primarily through travel and gatherings/parties – not in the classroom.

I had many students inclined to eat and drink in class last semester, and I am currently extremely worried about that. Is this something we can strictly forbid? What advice do you have about how to handle this?

This can be forbidden, see “CAN I REMOVE MY MASK TO EAT IN CLASS?” on [face coverings page](#).

Does adding a synchronous Teams class meeting to an in-person class due to multiple student absences count as a "change in modality"?

If the synchronous Teams class meeting is in addition to the in-person class, this is not considered a change in modality. Note that you do not need to make the Teams option available to all of the students in your class, you can invite only those students who need to be remote.

What are UVM's criteria for granting permission to modality change requests?

These criteria are laid out in [Vice Provost Vigoreaux's 1/12/2022 memo](#).

Change of modality request form: Honors College has faculty across many colleges, how would the Honors College Associate dean be notified about the modality change? One instructor mentioned there was no space to have honors college be notified.

Faculty members can put in the Honors College Dean or Associate Dean's email in the “Dean” area if the request only covers Honors College courses. Otherwise, in replying to the request, the Provost's Office will include Honors College leadership.

Why limit faculty discretion on holding class remotely to just one day. At least two class days would be more reasonable in terms of planning and turnaround of the request.

The modality change process is designed to ensure that Chairs are kept informed of emerging issues, that Dean's Offices can assess overall impact to the curriculum, and that the Provost's Office can maintain an overview of modality change requests across campus. Individual teaching schedules vary widely; covering one instructional day allows faculty to manage emerging issues.

Many local schools and daycare centers are restricting the days they are open due to staff shortages. Would lack of childcare due to school closures be an acceptable reason for parents of young kids to request a temporary modality change?

These requests will be considered in a similar fashion to requests to change modality due to isolation or illness.

If one lives with people who are at high risk of getting severely ill from COVID-19 infection (e.g., senior parents, family members with underlying conditions, etc.), will UVM consider it a legitimate reason for modality changes or are we expected to risk our family members' health to teach in-person? (and) What about flexibility for faculty whose family circumstances mean that they have young unvaccinated children, medically vulnerable children, and/or immunocompromised or older adults in the home?

The Provost's Office assesses all modality change requests on an individual, case-by-case basis.

Age is not a disability but is a significant risk. Can someone change modality because of age (65+) and not be forced to claim a disability.

Modality change requests due to medical risk factors need to be processed through the ADA Coordinator and require appropriate documentation.

Is there a threshold number being considered for COVID positive students in a class that would be advisable to move to online (e.g. >50% of class)?

As these numbers may shift from day to day, we will not be using this as a criterion for modality change. In considering the impact on individual student experiences and the challenges of moving between in-person and online classes throughout a given day, the Provost's Office is prioritizing maintaining in-person instruction.

Are students allowed to contact/touch each other during "hands-on" healthcare evaluation classes?

Faculty who have concerns regarding appropriate measures to reduce any risks associated with in-class activities should contact [Francis Churchill](#) and [Tessa Lucey](#), who are managing campus Health and Safety protocols.

Why hasn't the student producer role been brought back? When we had student producers it was easier for many instructors to provide a kind of flexibility for absent due to COVID students.

At the end of AY 20-21, the centralized classroom producer project was sunsetted, as the considerable staffing diverted to the management and training of this large contingent of student employees returned to their usual responsibilities. [Online training](#) is still available for undergraduate and graduate TAs who will serve as "Tech TAs". However, responsibility for hiring, supervision and wages for these students has returned to individual units. If hiring a student or offering TA credit to a student to serve in this role is not feasible for your course, you may consider asking for volunteers to monitor Teams chat or assist with other simple technical duties.

STUDENT SUPPORT

What accommodations are made for high-risk students in terms of taking the classes that they need this semester and not interrupting their 4-year plans? Are only some classes available for them if they need to take them all remotely?

Students need to make individual determinations about whether they can return to campus this semester. Dean's Offices and other campus services are helping students navigate these decisions.

If a student requires health care, how will the university ensure that if the hospital is at or over staffed capacity?

Student Health Services provides medical care to our students and works to prevent the need for hospitalization. Hospitals work together to manage their caseloads and capacities.

What additional resources are we providing to students related to mental health after the past two years?

We have hired additional counselors in CAPS; we've created a new live-in residence hall "care coordinator" position that begins this spring; and Student Health Services has also expanded its mental health support services.