Repopulating RBHS

Operating Plan: Spring 2021

RUTGERS

**BIOMEDICAL AND
HEALTH SCIENCES**

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Executive Summary and Introduction

Rutgers Biomedical and Health Sciences (RBHS) is a unique component of Rutgers University, distinguished by its health care delivery mission, a statewide geographic breadth of its campuses, and vast network of health care sites and affiliates. RBHS has educational programs located in Newark, New Brunswick, Piscataway, and Blackwood. Clinical programs and affiliates operate in 17 of New Jersey's 21 counties. Educational and clinical activities occur in a wide variety of off-campus settings including hospitals, ambulatory facilities, private practices, and state institutions.

Since March 11, when the World Health Organization officially declared COVID-19 a global pandemic, RBHS has been actively engaged in all of its mission areas as an academic health center. For the Spring semester and until otherwise modified, RBHS will continue to operate in a hybrid model, combining online and in-person activities when possible and safe. Faculty, staff, and students should to refer to the plans and directives issues for their school for guidance and direction on specific classroom, clinical, research, and other activities. Recent announcements on the rollout of effective and safe COVID-19 vaccines will be informing the next iterations of the repopulation plans for Rutgers University and RBHS.

As the pandemic continues across the world and infection rates cycle, RBHS clinicians remain on the front lines caring for patients across our wide spectrum of clinical sites and providing essential mental and physical health care across New Jersey. Our researchers are leading scientific investigations into a wide variety of subjects including but not limited to SARS-CoV-2 testing, vaccines, fundamental biomedical questions, treatment, etiology, epidemiology, and public health. Our educational programs have migrated to a mostly remote platform with limited in-person simulation and clinical training with affiliates and partners when safe. During the COVID-19 peak, RBHS obtained, created, and deployed personal protective equipment. In addition, we regularly disseminate timely and accurate information to individuals, the media, community-based organizations, and local, state, and federal leaders.

During initial response phase, RBHS migrated our education and clinical services to online platforms wherever possible, strictly limited in-person clinical education and research, and curtailed many other on-campus activities entirely. Since meeting the primary goals of the mitigation phase - slowing the spread of the virus, reducing the infection rate, and decreasing hospitalizations - we have been implementing a phased repopulation of the RBHS campuses. We successfully met our short-term repopulation goals to:

- Resume clinical office hours for acute and preventive care across the academic health system;
- Schedule operating rooms for essential and elective surgeries;
- Ramp up clinical, wet-, and dry-lab research back to 100% capacity by September; and

- Continue the full resumption of our educational program combining online didactics with limited on-campus, in-person simulations and clinical rotations in the summer and fall across our eight schools.

We adopted a set of five core principles supported by public health interventions that have guided our approach to repopulating our campuses and meeting the challenges of our pandemic response:

Safety
The safety of our students, trainees, faculty, and staff is our paramount concern; therefore, all in-person activities such as patient interactions, clinics, labs, and simulations are conducted using situation-appropriate personal protective equipment, social distancing, and low density. RRBHS will continue to postpone or cancel individual or programmatic activities if they cannot be done safely.

Testing
RBHS has developed a COVID-19 testing protocol. A thoughtful and strategic testing protocol provides real time information to continuously assess the safety of ongoing operations.

Contact Tracing
RBHS utilizes contact tracing as implemented through state and local health departments to identify and inform those individuals with potential exposures. In partnership with these public-health authorities, this technique is used to surveil, assess, and evaluate the level and rate of infection across our campuses in coordination with state and local health departments.

Flexibility and Adaptation
Each RBHS school, institute, and center continues to have the flexibility to adapt and meet the needs of their students and accrediting bodies to meet their educational mission. Our goal is to help students complete their programs, graduate, and obtain professional licenses as expeditiously

as possible, always mindful of our commitment to safety. We will continue to assess and to adapt our plans as needed, whether in the clinical, research, or education missions, to accommodate the realities of the pandemic as it evolves and develops.

Guided by Science
As a leading academic health center, RBHS endeavors to resolve the challenges posed by COVID-19 with evidence-based best practices that are informed by current scientific research. We are committed to advancing science across the variety of disciplines at RBHS while we work to provide exceptional educational experiences and clinical care.

By definition, the RBHS operating plan is matrixed into the operating plans developed by Rutgers Central Administration, Rutgers University—Newark, and Rutgers University—New Brunswick. In addition, the five core principles and interventions we have articulated will necessarily be further matrixed into the complex series of interactions and relationships RBHS has with our hospital partners and third-party clinical affiliates that we partner with to serve our students and patients and fulfill our missions.

Regarding the provision of clinical care at Rutgers Health sites, this document and the *Returning to Rutgers* plan, as provides the high-level strategic and operational guidance for COVID-19 pandemic recovery across RBHS. Recovery planning for and updates to clinical activities at Rutgers Health will be guided by compliance with relevant federal, state, and local laws and New Jersey State Executive Orders. To reduce confusion, Rutgers Health clinical guidance will be coordinated with our health care system partners and across Rutgers University to provide as much consistency and alignment as possible to our providers. Faculty and staff safety and resiliency in the work environment is paramount to maintaining excellent service delivery to our patients. Sufficient supplies of the appropriate PPE, as warranted by the situation, must be available for faculty, staff, and patients. Our ability to procure sufficient quantities of clinical supplies may at times limit our ability to sustain high-risk procedural areas of ambulatory operations and may affect guidance due to ongoing resource availability. Telehealth visits have been a primary mode of care delivery in circumstances where the benefit to our patients outweighed the risk of in-person visits, or in instances that care cannot be delivered adequately via telehealth.

The COVID-19 shutdown significantly impacted the RBHS research mission, in particular wet-lab bench research which cannot be conducted outside of our laboratory facilities and clinical research that does not include life-saving trials. The RBHS operating plan permitted a gradual and carefully monitored incremental repopulation of the 525,000 square feet of lab space across our 17 separate buildings to full capacity in time for the 2020 fall semester.

Our educational mission is conducted across eight schools and numerous clinical affiliate sites with over 7,000 students enrolled for the spring semester. Given the breadth of programs offered and the divergent needs for clinical, simulation, lab, and other student experiences, the RBHS deans and directors have further articulated and calibrated the RBHS operating plan as needed to meet the needs of their schools, research institutes and centers, clinical units, and constituencies.

While the nation is weathering the cyclical surges of SARS-CoV-2, we must anticipate surges in infection rates and be prepared to mitigate accordingly. National, state, and local government responses vary across New Jersey in intensity and duration with potential lock downs, business closings, curfews, and travel restrictions imposed at different times.

The RBHS operating plan is by intention flexible and adaptable to meet circumstances as they evolve, and designed to complement the University-wide planning as it relates to the schools, centers, and institutes within RBHS. Our goal is to provide guidance to RBHS faculty, staff, and students and highlight strategic next steps critical to our collective success. Representatives from across RBHS have worked collaboratively to identify areas of concern and priorities that will require attention as we repopulate our campuses, buildings, laboratories, etc. Similar to the University's *Returning to Rutgers* document, this is intended to be a living document which will evolve with input from RBHS constituents and as circumstances change.

The leadership, faculty, and staff of RBHS will further articulate and calibrate this operating plan as needed to meet the needs of their schools, research institutes and centers, clinical units, patients, students, and community constituencies.

Operating guidelines and plans for each of the RBHS core mission areas and pertinent support services are provided in greater detail below.

Academics

The following actions/initiatives have been taken in response to, or during the time since, the beginning of the COVID-19 pandemic:

- In April 2020, an extension to timelines for tenure-track faculty and RBHS Instructors and RBHS Lecturers was announced.
- The university announced a new academic integrity policy that included procedures for RBHS and for the rest of the university. This included a set of recommendations for educating the university community about academic integrity. The procedures and recommendations may be found at: https://academicaffairs.rutgers.edu/academic-integrity-policy-and-procedures
- WE MEET (WebEx, meeting everyone, exchanging topics) virtual get-togethers began in early April. These meetings were initiated as a way to build community during this crisis and beyond. RBHS Academic Affairs and Research leadership started hosting these drop-in hours for faculty. To date, we have offered over 60 sessions and will continue to do so. We hope to extend these options to the staff during this academic year.
- The Vice Chancellor for Diversity and Inclusion launched the Virtual Café as a way for us to connect with each other, build community, and discuss resilience, balance, and recharging during the disruptive COVID-19 crisis. Additional sessions are planned monthly during the summer.
- The Vice Chancellor for Diversity and Inclusion launched the HERE4U website as a way to share the experiences of health care providers and their heartwarming stories.
- Emergency Funding: In the early weeks of April, the RU Foundation and RBHS leadership provided emergency funding support to students across the schools of RBHS. Nearly 300 students were awarded more than $83,000 in funding. Additional CARES Act funding exceeding $800,000 was disbursed by the Office of Financial Aid to over 1,100 RBHS students.
- Heroes' Pay: Additional compensation was provided, with funds raised from extramural sources, to our faculty and staff practitioners who were at the front lines and most at risk during the peak of the pandemic. Similar compensation was also provided to all our residents and fellows, as a token of our appreciation for their efforts.
- Disability Services: The RBHS Office of Disability Services responded to COVID-19 with support and creative solutions for students who were unaccustomed to virtual learning. They saw a need for additional captioning of lessons and alternative-format materials, and assisted students experiencing stress and anxiety. More about how their services can assist students and faculty can be found here.

In addition, an oversight committee has been established that interfaces with three critical subcommittees highlighted as follows to continue planning and anticipate potential challenges given the fluid nature of the pandemic:

Committee for Reimagining Education at RBHS

Keeping at the forefront the student/learner experience, this committee is responsible for:

- Working with the three education-related committees (below), assuring consistency (where appropriate) across the committees, and helping to avoid duplicative efforts;
- Considering how to position RBHS to continue to be a premier institution for faculty and learners;
- Fostering innovation in education delivery; and
- Reporting RBHS recommendations to University-level education committees.

Participants: Bishr Omary (Chair), Meredith Mullane, Susan Hamilton, Gwen Mahon to represent IPAC, a representative of the Committee for Postdoctoral Trainees, at least one participant who is engaging with New Brunswick and Newark undergraduate education committees, and two to three additional faculty with broad representation across RBHS schools and mission areas. This committee will be staffed by Denisse Caban-Santiago.

Committee for Postdoctoral Trainees

The focus of this group is to make recommendations regarding the requirements and needs for postdoctoral trainees. Among other duties, the subcommittee will:

- Recommend approaches to building a RBHS postdoc "community"
- Consider a "faculty-advisory committee" for postdocs
- Revise the postdoc policy considering guidelines for vacation/parental leave (already in progress)
- Communicate with central postdoc office
- Assist with visas for postdoc recruits.

Participants: Kathy Scotto (Chair) and representatives from the schools, centers, and institutes.
This committee is staffed by Nancy Frazier.

Interprofessional Program Advisory Committee (IPAC)

As a subcommittee of the Health Education Executive Council (HEEC), the IPAC committee was founded in 2017 to develop educational connections between RBHS and RWJBarnabas Health (RWJBH). As the IPAC is already established and addresses critical issues around Clinical Education, we did not create a new clinical education sub-committee. Instead, the IPAC will serve this purpose. As the RBHS Chair of IPAC, School of Health Professions Dean Gwendolyn Mahon is participating on the Committee for Reimagining Education at RBHS.

The IPAC is responsible for the coordination of clinical-education experiences that occur within the RWJBH system for all students in health-professions programs at Rutgers University. While the committee's initial activities have focused on solving clinical education supply and demand issues within the RWJBH system for all learners at Rutgers, and on developing a Rutgers/RWJBH community that is knowledgeable of all health profession educational requirements and clinical scopes of practice, its ultimate goal is to advance, enhance, and innovate interprofessional clinical practice in a partnership between Rutgers and the RWJBH system, both for learners as well as for faculty and staff.

Among other aspects relating to Reimaging Education, the subcommittee will consider:

- Time-to-completion disruption
- Completion of performance courses including any in-progress lab-based research required for degrees
- Access to clinical sites for teaching
- Access to appropriate PPE
- Substitution for clinical sites for teaching
- Accreditation requirements
- Interprofessional education.

Participants: Gwen Mahon & Greg Rokosz (Co-Chairs). IPAC is comprised of representatives across RBHS, including at least one member from each school and RWJBH.

Committee for Recruitment and Marketing

This subcommittee considers unique approaches to recruitment and marketing in light of the COVID-19 pandemic.

- For programs that have the ability to recruit additional students and/or see a drop in enrollments, how can we find creative ways to recruit both traditional and non-traditional students?
- What are the financial-aid considerations?
- How do we explore social media and other marketing avenues?
- How do we enhance the Academic (faculty and student) Affairs website?

Participants: Sangeeta Lamba (Chair), Jennifer Hollingshead, and representatives from each school who represent either recruitment or marketing. Each dean shall nominate 1-2 candidates so that the committee can be comprised of an appropriate mix of recruitment and marketing expertise. This committee is to be staffed by Peter Falk.

Note: Because the undergraduate programs at RBHS are so closely aligned with New Brunswick or Newark, a separate undergraduate committee has not been convened but we assure that our schools with undergraduate programs have adequate representation on the committees convened in Newark and New Brunswick. Those representatives participate on the Committee for Reimagining Education at RBHS.

Note: There are a number of general topics which cut across all areas (research, clinical, and education) which are best included in the clinical committees such as testing and testing frequency, student and behavioral health, and vaccination compliance (once available). Those committees include members who are able to consider and represent all aspects of RBHS operations, specifically those engaged in education and student experience.

Research

Phased Return to Research

The major emphasis for this committee are efforts related to return-to-work for the research workforce. However, additional important aspects have been addressed concurrently as outlined below. A Research Recovery committee has been established that works closely with the Deans of Research and Institute/Center directors. Key aspects that will be addressed include:

Return-to-Work Rutgers Office of Research and Economic Development (ORED)

Plan for the Research Workforce

Led in RBHS by the Senior Vice Chancellor for Academic Affairs and Research, the ORED research "return-to-work" plans (see Appendices from May 29 and June 29, 2020) were executed in partnership with ORED, Rutgers Animal Care Office, the Strategic Planning and Operations Office, RBHS Senior Vice Chancellor for Clinical Affairs, the deans of research for the RBHS schools, and department chairs and institute/center directors as needed. Among the aspects that have been carefully followed and assessed are:

Implementing the central ORED plan

The need for infrastructure support
(e.g., cores, veterinary care, safety measures and supplies, sanitary needs)

The plan for undergraduate student involvement in wet-lab research

The plan for return to 100% activity of clinical, wet-, and dry-lab research.

Research Space and Facilities

Review and assess RBHS wet- and dry-lab research space to assure appropriate utilization and determine needs for expansion.

Partner with Facilities to determine whether upgrades/renovations/new facilities are needed to support prioritized research (recognizing that major renovations will be postponed due to loss of reserve funds).

Research Funding Opportunities

Continue to monitor external funding opportunities, including federal and non-federal (e.g. state, foundation, industry) funding sources.

Work with ORED to optimize the dissemination of funding opportunities to faculty and learners.

Pursue strategic partnerships with pharma and industry.

Work with Will Green, RBHS's Vice President of Development, and his team to enhance development opportunities to support research, learners (scholarships, fellowships), and faculty (endowed professorships, directed research support).

Develop and expand, as needed, standard data systems and dashboards to monitor grant applications and awards in order to forecast and follow grant expenditure flow as impacted by COVID-19. Establish strategic internal funding mechanisms to support pilot grants that lead to institutional grants related to research, career development, and training.

Research Collaborations

Work with the newly established Center for COVID-19 Response and Pandemic Preparedness (CCRP2) to promote its success.

Promote collaborations across RBHS schools, institutes, and centers.

Communication and Visibility

Promote the research accomplishments of our faculty and learners.

Improve the RBHS website related to research.

Establish a quarterly research newsletter.

Set up workshops to highlight grant-writing tools and select core offerings.

Administration

RBHS works collaboratively with the Rutgers Emergency Operations Committee (EOC) and other senior leaders on the plans for returning to what is being referred to as a "reimagined Rutgers." These efforts are focused on safely re-entering Rutgers and repopulating the campuses cautiously and thoughtfully. From an administrative perspective, RBHS will partner with and follow the guidance outlined in the *Returning to Rutgers* document drafted and implemented by the EOC.

Liaising with Rutgers Central Services

Given the financial constraints resulting from the pandemic, RBHS has worked collaboratively with the Office of Information Technology, University Human Resources, Institutional Planning and Operations (IPO), and other central units to discuss any anticipated operational impacts and will work through solutions to accommodate the needs of faculty, staff, and students.

Institutional Planning and Operations

The *Returning to Rutgers* document addresses preparing buildings on our campuses for re-entry, including ensuring working systems, preventative maintenance, grounds tours, improved signage for social distancing, decontamination, and cleaning. Responsibilities of each school, center, and institute are outlined in this document.

RBHS has worked with IPO to implement a sustainable resolution for mail and other deliveries critical to the research, clinical, and educational missions. RBHS and IPO have worked together to implement a solution for mail delivery on the many RBHS campuses and deliveries to and from loading docks. This includes how to distribute misdirected mail to correct locations, how to handle large boxes, contaminated materials, etc. We have considered restrictions on access to various buildings. Deliveries in different geographic locations (e.g., Newark, New Brunswick, Piscataway) have considered as well as addresses for general delivery in the Procurement system in RBHS. Each campus has specific needs that will require a process. Generally speaking, RBHS follows the guidelines outlined in the *Returning to Rutgers* document which includes a How-to-Guide to Repopulating Rutgers Spaces.

With respect to Environmental Services, RBHS has followed the *Returning to Rutgers* document on appropriate guidelines for entering and using restrooms, elevators, stairs, hallways, and shared conference rooms. With respect to cleaning and sanitizing, IPO has made supplies available and RBHS has helped clean and disinfect its own areas. Training and communication on proper technique and safety is required and Rutgers Environmental Health and Safety (REHS) is responsible for decontaminating research laboratories and other spaces.

Rutgers Transportation

RBHS follows the *Returning to Rutgers* document with respect to safely traveling on Rutgers transportation.

Reconfiguring Employee Spaces

Guidelines on workspaces are addressed in the *Returning to Rutgers* document. Each unit is to abide by physical distancing guidelines and is asked to identify work areas in need of plexiglass and other such items for administrative and other stations. The *Returning to Rutgers* document also deals with utilization of busy stairwells, elevators, and food areas.

Personal Protective Equipment (PPE)

RBHS is required to follow the guidelines in the *Returning to Rutgers* document with respect to PPE, including the disposal of PPE. Trash receptacles are required to eliminate the number of masks and gloves left in the streets and parking lots. For more on PPE, please refer to the Personal Protective Equipment in Clinical Settings of this document as well as the *Returning to Rutgers* document.

Employee Screening and Testing

Please refer to the Testing Stratedy and Operations of this document as well as the *Returning to Rutgers* document.

Staffing/Workforce

RBHS is abiding by all federal, state and University policies and procedures, including Rutgers' Office of Human Resources. RBHS is following Rutgers-wide policies on phased and alternative staffing, telecommuting, and flexible staff hours. Policies and procedures may be found at the University website. Some policies and procedures may require updating, and updates will be distributed as necessary.

Finance

The COVID-19 pandemic has had a major financial impact on both the revenue and expenses at RBHS. With respect to health-care revenue, the suspension of non-emergent and elective clinical care resulted in reduced volume across the enterprise, resulting in enormous financial stress to RBHS and to our clinical partners.

RBHS continues to monitor the financial impact for FY2020 and FY2021. As a result of partnering with the State of New Jersey to restore appropriations, securing external funding for "hero pay" for health care workers dealing with COVID-19, successfully obtaining external funding for research and clinical trials, and deans implementing alternative ways to deliver education, RBHS is hoping to remediate much of the deficit. In addition, all entities across RBHS will continue to abide by the moratorium on institutional spending. We have implemented the hiring and personnel action freeze in accordance with direction from the President. However, the finances for FY21 remain very uncertain, especially given the uncertainties in the state's budget.

RBHS is actively engaged with the Office of Government Relations in monitoring all of the relief funds available and working to secure as much funding as possible. A summary of some of the programs is as follows:

CARES Act and the Paycheck Protection Program and Health Care Enhancement Act

The CARES Act provides $175 billion in relief funds to hospitals and other health care providers, including those on the front lines of the coronavirus response. This funding supports health care-related expenses of up to 60% of lost revenue attributable to COVID-19 and ensures uninsured Americans can get treatment for COVID-19.

Fifty billion dollars of the Provider Relief Fund is allocated for general distribution to Medicare facilities and providers impacted by COVID-19, based on eligible providers' net patient revenue. The remaining $50 billion is allocated to providers in areas particularly impacted by the COVID-19 outbreak, rural providers, and providers who serve low-income populations and uninsured Americans.

Governor's Emergency Education Relief (GEER) Fund

- $68.8 million will be available to New Jersey's public colleges and universities
- This funding is not part of the health provider relief fund, rather it is from the GEER fund, which was created under the Education Stabilization Funds and includes approximately $3 billion for education stabilization.
- GEER funding is being sent by the Education Department directly to governors, who can use the funds how they wish for both K-12 and postsecondary education.
- Funding from the U.S. Department of Education gives governors flexibility through an emergency block grant to allocate these funds to education-related organizations.
- The Governor's Office directed the money to colleges and universities, citing the significant impact of COVID-19 on their operations.
- The funds will be made available through emergency assistance grants.
- Rutgers Government Relations along with the state government affairs team successfully lobbied Governor Murphy to reserve NJ's full GEER amount for higher education.

Other Funding

- Interim CARES's Act Supplemental Package – FEMA
- FCC COVID-19 Telehealth Program

Building Campus Community

Our experiences since March have underscored the importance of our health-care infrastructure to the collective well-being of society and the centrality of academic health centers (AHC) like RBHS as critical resources for research innovation, health professional education and training, and direct patient care.

Another central role of the AHC is building community. This community includes our internal constituencies of students, faculty, and staff, and many RBHS initiatives to build and maintain community are discussed in earlier sections of this report. It also bridges to important external populations including our patients, the wider health care provider network, professional and learned societies, and our host communities. RBHS is continuing to explore options for experiences and other programming to commemorate recent events and build an intentional and inclusive community including coordinated moments of silence, roundtables, and other activities.

The mitigation and management of the spread of COVID-19 requires physical distancing, low density, and smaller-than-usual gatherings to succeed. While these measures clearly enhance safety, they risk increasing social isolation. RBHS has taken significant measures to combat social isolation, including enhanced counseling services available to all members of the RBHS community, wellness and self-care initiatives, efforts to enhance contact and connections between employees, provision of online administrative office hours, etc.

Through direct fundraising and government funding, RBHS has secured emergency financial support for RBHS students who have expressed immediate and urgent needs. Assessment of student insecurity in food, housing, and other needs will be ongoing. These efforts will be coordinated with Rutgers–New Brunswick and Rutgers–Newark, particularly for Ernest Mario School of Pharmacy (EMSOP) and Rutgers School of Nursing students.

With the deluge of information, rumors, and uncertainty, a key role of RBHS has been to communicate coherent, consistent, and accurate information to all constituencies about SARS-CoV-2 and COVID-19 and the impact on our broader community. Information is readily available on the university website and RBHS experts have regularly appeared at online community-accessible public fora and provided advice to decision-makers. The hotline established by New Jersey Poison Information and Education System (NJPIES) provided information to callers on a case-by-case basis. RBHS will continue to serve as an information resource for the University community, our host communities, and government officials as needed.

Clinical Care

Recovery Action Plan Outline for Clinical/Patient Care including Graduate Medical Education (last updated 7/13/20)
This Clinical Care section describes guidance and instruction for patient care and clinical settings. Reference material has also been prepared for use in clinical settings and is provided in Appendix 3.

Contributing Source Documents: Rutgers Robert Wood Johnson Medical School (RWJMS) Ambulatory Guidelines for Time-Sensitive Clinical on-Site Services; RWJBH Medical Group Practice Site Operating Model Transition and Stabilization Plan; RWJBH Precautions and Testing Plans Post COVID-19 Surge; RWJBH COVID-19 Briefings; EOC Health Care-External and Health Care-Internal Recovery Planning Documents

Guiding Principles and Limitations for Clinical Services:

- This document is intended to provide high-level strategic and operational guidance for COVID-19 recovery across Rutgers University and RBHS.
- Recovery planning for and updates to clinical activities at Rutgers Health have been guided by compliance with relevant federal, state, and local laws and executive orders.
- To reduce confusion, Rutgers Health clinical guidance is coordinated with our health care system partners and across Rutgers University to provide as much consistency and alignment as possible to our providers.
- Faculty and staff safety and resiliency in the work environment is paramount to maintaining excellent service delivery.
- Sufficient supplies of appropriate PPE must be available for faculty, staff, and patients as guidance dictates.
- Ability to procure sufficient quantities of supplies may severely limit our ability to sustain high-risk procedural areas of ambulatory operations and affect guidance due to resource availability.
- Telehealth visits should continue to be a primary mode of care delivery except where benefit to the patient outweighs the risk of an in-person visit, or care cannot be delivered adequately via telehealth.

1. Health Care Delivery/Patient Encounters/Impact of Social Distancing on Patient Care

Telehealth

- Rutgers Health should incorporate and plan for hybrid telehealth and in-person ambulatory clinical services as patients resume seeking health care to meet patient demands.
- Telemedicine will continue to be emphasized as a primary patient care delivery model whenever possible.
- Video visits are the preferred model of conducting a telemedicine encounter whenever possible for maximum impact in health discussions.

- Doxy.me is the current preferred virtual visit platform. Other HIPAA-compliant options are currently being explored.
- Video conference (e.g. FaceTime, Google Meet, Zoom, Skype, etc.): These forms of virtual patient visits are the least preferable due to HIPAA compliance, cybersecurity, and the use of multiple platforms. We will continue to investigate use of Microsoft Teams.
- While some regulations for use of telehealth have been relaxed, all regulations including documentation of visits in electronic health records, appropriate coding, etc. should be followed.
- Decisions to bring a patient for an in-person visit should be a deliberate decision based on health care provider judgment that telehealth is not an acceptable alternative, or the patient is refusing a telehealth visit and the health care provider agrees that the patient should be seen in-person. Additional support on decision-making around in-person vs. alternative care:
    1. The benefit of the visit should outweigh the risk to the patient.
    2. Care has been delayed for several weeks due to restrictions and now requires in-person attention.
    3. Condition has been managed with telehealth and has reached limits requiring in-person attention.
    4. Care cannot be provided via telehealth.
    5. Considerations are given to high-risk patient populations including elderly, chronic disease, or immunocompromised patients. Telehealth visit if possible.

In-Office Visits

Patient screening before visit and at time of visit:

- All patients and visitors will have a temperature screening upon arrival to the facility.
- Patients arriving with fever (≥100.0F degrees) or screening consistent with COVID-19 will be given a surgical or procedure mask and the provider will be notified for appropriate disposition. Please see below "Ambulatory Guidelines for Managing Patients who Screen Positive for Potential Coronavirus:"
    - Patients are being screened before visits and the day of visit on arrival for fever, exposure history, and symptoms of novel coronavirus. Some patients will have positive answers to the screening questions. Document provides general guidance on management of these patients within RBHS practices.
    - Guidance is based on CDC self-isolation and release from quarantine guidelines. Individual practitioners will decide risk and benefit of continuing with the scheduled on-site visit depending on individual patient factors.
    - Patients who have confirmed or likely diagnosis of coronavirus and for whom it has been greater than 10 days (symptomatic or asymptomatic patients) can be seen in the medical practice without additional precautions if:
        1. Patient has gone 3 days with no fever and
        2. Respiratory symptoms have improved (e.g. cough, shortness of breath) and
        3. 10 days since symptoms first appeared or diagnosis by test.
    - If patient arrives on-site for an appointment and screens positive for diagnosis of coronavirus and it has been less than 10 days since symptoms appeared, or test diagnosis:
        1. Give patient a surgical or procedure mask.
        2. Contact practice to let them know the patient is here, but screened positive.
        3. Send patient home.
        4. Practice to follow up with the patient to reschedule the appointment, or to arrange for a telehealth visit. The practice should ensure that appointments that are rescheduled are completed in a timely manner.
        5. Patients may ask about getting tested for COVID-19 if they screen positive. Practices should consider having information available at screening stations on how patients can be tested.
        6. On-site appointments can be rescheduled for 10 days after the test was positive and patient remains asymptomatic or when it has been greater than 10 days since symptoms developed and the patient has been afebrile for 3 days and respiratory symptoms are improving (symptomatic).
    - Patient screens positive for "close contact" (see definition below) or living with a household member with diagnosed COVID-19 who is less than 10 days since symptoms appeared or test diagnosis:
        1. Give patient a surgical or procedure mask.
        2. Patients should be staying at home and self-monitoring until 14 days after last exposure to active COVID-19 patient.
        3. Contact practice and advise that patient has screened positive for a close contact.
        4. The preference is for patient to be sent home, self-isolate, and monitor for symptoms.
        5. Practice to follow up with the patient to reschedule the appointment, or to arrange for a telehealth visit. The practice should ensure that appointments that are rescheduled are done in a timely manner.

6. Patients may ask about getting tested for COVID-19 if they screen positive. Practices should consider having information available at screening stations on how patients can be tested.
7. Individual practitioner may determine that it is imperative that the patient be seen for an urgent matter. Patient should proceed to the appointment, following procedures for a presumed positive patient.

- Patient screens positive for one or more symptoms associated with COVID-19 but is undifferentiated or undiagnosed:
    1. Give patient a surgical or procedure mask.
    2. Contact practice to let them know that patient has screened positive for fever or other symptoms consistent with possible diagnosis of COVID-19.
    3. Preference for patient to be sent home, contact primary care provider, and self-isolate.
    4. Practice to follow up with the patient to reschedule the appointment, or to arrange for a telehealth visit. The practice should ensure that appointments that are rescheduled are done in a timely manner.
    5. Patients may ask about getting tested for COVID-19 if they screen positive. Practices should consider having information available at screening stations on how patients can be tested.
    6. Individual practitioner may determine that it is imperative that the patient be seen for an urgent matter. Patient should proceed to the appointment, following procedures for a presumed positive patient.
    7. In hot summer months, if screen only positive for fever greater than 100.0F degrees, and no other symptoms, give patient a surgical or procedure mask and ask to wait on the side for 10 minutes. Re-check temperature and, if it returns to normal, likely fever is environmental and patient may proceed to appointment without additional precautions.
- **Definition of "Close Contact"** - *Someone without appropriate PPE was within 6 feet of an infected person for at least 15 minutes or more over a 24-hour period.*

- Universal masking of both patients and all team members will continue in all clinical facilities as appropriate. (see PPE section below)
- Use screening questions to identify COVID-19-related patient issues. Sample patient screening questions:
    - Do you have any of the following symptoms?
        - Chills
        - Conjunctivitis (pink eye)
        - Cough
        - Nausea, vomiting or diarrhea
        - Fever
        - Headache
        - New loss of taste or smell
        - Fatigue/Malaise (tired)
        - Muscle/Body aches
        - Shortness of breath
        - Sore throat
        - Congestion or runny nose
    - Have you had a positive COVID-19 test in the last 14 days?
    - Have you been in close contact with a person who has had a positive test in the last 14 days?
    - Have you traveled to an area identified by the State of New Jersey as requiring a 14-day quarantine?
- Continue to adhere to guidelines around visitors, until further guidance is provided. Continue to use strategies that minimize the number of people in the clinical areas. This may include limiting visitors or restrictions on number of people accompanying patient for an ambulatory appointment. (CDC reference: https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/hcf-visitors.html)
- All patients, visitors and staff will perform proper hand hygiene (with alcohol-based hand sanitizer or soap and water) every time it is indicated.
- Utilize telehealth for group therapy sessions deemed appropriate for telehealth. For group therapy where the provider deems the virtual environment sub-therapeutic, the group could meet in-person if there is space to allow for appropriate social distancing, and with proper hand hygiene, masking, and surface cleaning before and afterwards. Other considerations for participants include staying home if ill.
- Isolate patients with symptoms of respiratory illness to a separate location or single-patient room immediately upon entry into the office and close the door. All clinical offices should identify a room(s) designated for this purpose.

Pre-visit patient screening:

- Patients calling or presenting with severe respiratory symptoms, and/or assessed by a provider to be in need of urgent/emergent evaluation for possible hospitalization, should be advised to go to the nearest emergency department (ED) or call 911 for assistance. Provider or clinic staff to call the ED to alert them that patient with possible symptoms of COVID-19 is arriving.
- Other patients calling with acute respiratory or febrile illness should be offered a telehealth video visit on the same day if possible, or the following day. High-risk patient populations should be of particular concern and followed closely during the period of illness.
- Coronavirus and/or other testing will be determined on the telehealth visit. Ask patient to stay home unless advised to come out for testing, or there is a need for urgent medical care.

Reduced density of patients seen in a site by patient flow and scheduling adjustments for in-person visits:

- Scheduling templates should be set to limit the number of patients in the practice site. This may vary by location, patient flow, and waiting-area space.
- If available, encourage patients to use mobile check-in. Avoid check-in computer kiosks touched by multiple people.
- To reduce the number of people in the waiting room, whenever possible, have the patient and family member wait in the car until the provider is ready to start the encounter. (This may not be possible in areas where patients do not drive to their appointment.)
- Patients should be instructed to arrive on time for their visit to avoid an abundance of people in the waiting areas. Evaluate SMS text message reminder options (for example, remind to wear face covering, arrive on time, wait in car, etc.).
- Patients should be roomed immediately after check-in if possible, or as soon as possible after arrival.
- Encourage providers to proactively review their schedules in advance of clinical sessions to ensure patients are evaluated through the most appropriate modality (office, audio-visual, audio).

Resumption of essential/time-sensitive surgeries and planning for eventual resumption of elective surgeries (Executive Order 145).

2. Physical Spaces—Ambulatory Care Settings

Limit number of entryways to clinical buildings, so screening can be performed.

Consolidate waiting rooms to create larger waiting spaces with clear separation and designation of "sick" waiting areas.

Open practices safely and with redensification as tracing capacity allows (e.g., dental).

Plexiglass barriers at check-in and check-out desks:

- Standard, free-standing plexiglass barrier prototype; explore partnership with RU3DPPE
- Collecting data regarding the number of barriers that are needed and list of locations that need a different solution
- Distribution of barriers will be phased based on practice sites that are conducting in-office patient encounters.

Utilize visual reminders to encourage six-foot distancing between patients waiting in line during check-in/out process (floor markers, standing signs, etc.).

Encourage unidirectional flow, including exit through back door when possible to decrease reception area volume and maintain distancing.

Adopt elevator and stair use guidance from EOC if possible. For example: When possible, limit the number of people in an elevator to allow distancing. Designate stairs "up" or "down" to minimize cross-traffic.

Ambulatory clinics where higher-risk procedures such as endoscopy will be performed should be identified by each unit and discussed with Rutgers Environmental Health and Safety and other infection control or infectious disease consultants for specific operating procedures. These recommendations may vary based upon type of space available to perform these procedures (e.g. negative vs. positive pressure ventilation).

Cleaning in the Clinical Areas:

- All patient equipment, exam-room surfaces, and exam tables will be wiped down with sanitizing wipes after each patient visit as per routine protocol. This includes blood pressure cuffs and other non-disposable equipment.
- Specialized equipment to be cleaned according to protocol and manufacturer's instructions.
- Waiting room front desk surface and other high-touch areas (handles at water coolers) to be wiped with sanitizing wipes at least 2X/day. (as resources allow)
- Environmental Services will clean during the day and wipe down elevator surfaces, lobby seating areas, and other high-touch areas throughout the clinical buildings.
- Environmental Services will clean clinical and public areas nightly.
- Decrease or eliminate all paper forms, magazines, brochures, common-use pens, etc. (Complete paperwork via phone or electronically in advance of visit when possible.)

3. Screening of Health Care Providers (HCPs)/Daily Provider and Staff Health Checks

Each provider and staff member upon arrival at work (and before entering the building) is required to have a daily health check that encompasses the following process:

- Temperature check
- Assertion of negative Hx and symptom screening
- If a provider or staff member has indicated any COVID-19 symptoms by utilizing the My Campus Pass tool on my.rutgers.edu, including a temperature ≥100.0F degrees, they will be sent home with instruction to call their manager and their personal physician for further guidance. If there are other reasons why employee may have symptoms (such as muscle soreness from running, sneezing from allergies, etc.), please consider these before notifying supervisor.
- If a provider or staff member is diagnosed with COVID-19 (physician-diagnosed or laboratory-confirmed), they should contact Occupational Health. If a supervisor should become aware of an employee's COVID-19 testing status, they should inform their campus Occupational Health personnel to manage. Occupational health office numbers below:

    Rutgers University New Brunswick, Newark and Camden Campuses
    848-932-8254

    RBHS Newark Campus
    973-972-2900

    RBHS New Brunswick/Piscataway Campus
    848-445-0123 ext. 2

    RWJMS Faculty and Staff
    732-235-6559

Continue social distancing, universal masking, and hand hygiene.

4. Personal Protective Equipment (PPE) in Clinical Settings

All employees have personal responsibility for using the appropriate level of PPE while at work. See PPE FAQ online: coronavirus.rutgers.edu/resources. The practices will aim to provide the appropriate level of PPE based upon these guidelines.

Universal masking of both patients and all team members will continue in all clinical facilities.

- Patients may wear a face covering or mask that they bring from home. If patient arrives without a mask, one will be provided for them, pending availability. Face coverings with one way exhalation valves will not be allowed and must be replaced or covered with a procedure mask.
- One way exhalation valves, gaiters, scarves, and bandannas will not be allowed.
- Patients under 2 years of age, patients in respiratory distress, having trouble breathing, or anyone who is severely incapacitated or unable to remove the mask without assistance are exempt from masking.

A surgical mask or procedure mask will be given to any patient who arrives exhibiting respiratory symptoms (coughing, sneezing, fever), pending mask availability.

All staff members who have direct contact with patients in Rutgers clinical settings but are not working in designated COVID-19 areas will be provided a single procedure face mask for daily use. Distribution is subject to availability.

Decontamination and extended use of PPE including N95s: It is critically important that N95 respirators continue to be closely managed and that we continue to use PPE conservation measures, including sterilizing and re-using respirators whenever possible. Conserving these resources will enable us to have sufficient supply for another surge, which is expected in the fall.

Patient/Staff Screeners and Front Desk Staff

- Surgical or procedural masks
- Eye protection (goggles or face shields)
- Regular eyeglasses are not adequate eye protection

- **Providers/Direct Patient Care Encounters**

For patients who are asymptomatic for COVID-19 or related illness or exposure based on screening criteria or have been appropriately released from quarantine or isolation for COVID-19, providers will use all of the following protective equipment for routine encounter:

- Mask: surgical/procedural
- Eye Protection: goggles or shield
- Regular eyeglasses are not adequate eye protection
- Gloves
- When loupes are necessary to safely perform an exam additional eye protection should be worn over the loupes if possible. Loupes themselves do not provide adequate eye protection against droplets. If additional eye protection cannot be worn, the provider should minimize contact as much as possible while wearing only loupes.

Faculty and staff competency with donning/doffing required for the proper use of PPE to avoid contamination.

The number of in-person patient visits that can be scheduled at a practice site may be limited by the amount of PPE each practice has in its inventory, depending on guidance.

The need to monitor available PPE at each site will continue for the foreseeable future.

University Correctional Health Care (UCHC): Staff working on the medical infirmary units, isolation units, and quarantine units, as well as those who are conducting sick calls with high-risk patients, are wearing N95 respirators, gowns, gloves, and face shields. Additionally, UCHC staff that screen Department of Corrections employees and civilian staff at the entry points of the prisons wear N95 respirators, gowns, gloves and face shields. All inmates are also given procedure masks to wear.

University Behavioral Health Care (UBHC): Staff who are providing entry point screening and staff providing direct patient care are to wear procedure masks. Masks are provided to staff on a daily or weekly basis depending on their program and role. All other UBHC staff are asked to use personal face coverings per CDC guidelines. On the inpatient unit, patients are asked to use masks in public spaces, but do not have to use in patient's room.

See below for list of sample aerosolizing and other procedures and recommended PPE usage as well as types of face coverings/masks.

- HCPs should don a N95 respirator, gown, gloves, and eye/face protection when in high-risk transmission areas or performing procedures such as:
    1. Testing on suspected COVID-19 patients (nasopharyngeal or oropharyngeal swabbing)
    2. Intubation of suspected or known COVID-19 patients
    3. Aerosolizing dental procedures
    4. Aerosolizing procedures (sputum induction, suctioning)
    5. Endoscopy procedures
    6. Caring for critically ill COVID-19 patients requiring ICU level care
    7. Giving direct patient care in the emergency department
    8. Caring for all COVID-19-positive and patients under investigation (PUI) when administering an aerosol-generated procedure such as: intubation/extubation, open suctioning, nebulizer treatments, BiPAP, Venti-mask, proning, chest PT, CPR, or trach collar.
    9. Activities performed by labor and delivery nurses during second stage of labor
    10. OR staff performing surgery on COVID-19/PUIs

RUTGERS

Which Face Covering is Best?

Choose your mask depending upon where and why it will be needed, as suggested below.

Mask Type		Appropriate Setting		
		Students and Employees in a Health Care Environment	Students and Employees in a Non-Health Care Environment	Hospital/Clinic Patients and Visitors
Cloth Face Covering	A commercially made or homemade two-ply cotton face covering can help people—particularly those unaware they have the virus—from transmitting it to others.		✓	✓
Surgical or Procedure Mask	A loose-fitting, disposable mask that covers the nose and mouth prevents droplets, splashes, sprays, or splatter from being spread by the person wearing one.	✓	✓	✓
Dust Mask	This loose-fitting, disposable mask covers the nose and mouth, preventing droplets from being spread by the person wearing one. Note: A dust mask is not an N95 (below).		✓	✓
Respirators (N95)	These tight-fitting, NIOSH-approved respirators are in limited supply and should be reserved for health care staff. Medical clearance, fit-testing, and training are required, per OSHA regulations.	✓ As clinically indicated		
Valved Mask	**DO NOT USE.** Valved masks allow air to pass out of the mask unfiltered. They can spread virus from the person wearing the mask to others.	✗	✗	✗

5. Graduate Medical Education (GME)

Maintaining accreditation standards: Rutgers Health, the Sponsoring Institution, is currently in the Non-Emergency Category.

Supporting core curriculum requirements for residents/fellows and assuring completion: Due to the learning environment during COVID-19, a trainee may not complete all of the planned experiences in the curriculum. The decision to promote or graduate a trainee is made by the program director, with input from the Clinical Competency Committee, based on that individual's ability to perform the medical, diagnostic, and/or surgical procedures considered essential for the area of practice. Before December 2020 each residency and fellowship program's CCC will review the current status and progress of residents and fellows scheduled to graduate in June 2021. By no later than December 31 of the graduation year, program leadership should assess the current state of progress in the program for each individual resident or fellow and then work with each resident or fellow not meeting milestones to create an individual learning plan (ILP) for the remaining time in the program. The ILP should include an identification of the remaining competency gaps. The individual and the program should have the opportunity to address those gaps with an increase of observations and feedback before the end of the academic year.

The determination of whether or not a trainee should be promoted or graduated as previously scheduled can be made even if the curriculum as originally planned is not completed. However, an extension of the educational program/ training may be necessary if the program director determines that an individual is not fully ready for autonomous practice.

What process/structures need to change in the COVID-19 learning environment? Restructure inter-professional practice/inter-professional education opportunities: RBHS has enhanced the use of remote technology to educate residents and fellows in the appropriate use of telehealth in addition to the use of remote learning technology, specifically for conferences and didactic sessions.

Coordination with ACGME/Resident Review Committee reviews:

The ACGME will notify us when they will reengage in regularly scheduled tasks and events. Self-Studies for programs with dates from March to December 2020 have been suspended. This includes all Self-Study activities, including the submission of the Self-Study Summary. Applications for new programs that do not require a site visit will be handled by Review Committees on a case-by-case basis. We will work with the Review Committees for the applicable specialty or subspecialty details on application processing and status.

As always, requests for temporary complement increases will be submitted to the accreditation team for consideration by the Review Committee, as most Review Committees are still evaluating these requests.

We will await notification from the ACGME for more information regarding when their events, visits, and reviews will return to normal scheduling, and we will reengage in those events.

Testing Strategy and Operations

General Strategy:
Target, Test, Trace, Treat

Symptom Screening/Evaluation

- All employees and students will be required to complete a self-screening symptom evaluation prior to presenting on campus on a daily basis. by utilizing the My Campus Pass tool on my.rutgers.edu.
- Active symptom evaluation (temperature checks at entrances) may be conducted on-site based on the individual needs of the environment but is not required at all locations.
- Active symptom evaluation will be conducted for patients in accordance with the Division of Consumer Affairs Administrative Order No. 2020-07.

For employees and students working and learning on campus, Rutgers utilizes a targeted testing approach based on the risk of transmission of COVID-19 within the University community. The University Testing Protocol Action Group (TPAG) determines which groups of students or employees should be recommended and/or required to complete testing through the Rutgers COVID-19 testing program. Given our targeted testing strategy, no random or routine university community surveillance testing is recommended.

This approach considers the guidance put forth by the New Jersey Department of Health (NJDOH) and the CDC, and uses a combination of testing methods to test students and employees at higher risk of contracting and spreading COVID-19. Testing in the health care workforce will be coordinated with our health care system partners to provide as much consistency as possible.

Testing protocols will be reviewed and updated regularly, under the authority of the University COVID-19 TPAG, which is chaired by the Chancellor of RBHS/Executive Vice President for Health Affairs. The strategy may change as public-health guidance changes and as new scientific data is reported on the efficacy of various testing methods and other factors.

SARS-CoV-2 PCR testing (for the active virus that leads to COVID-19) may be required based on risk assessments for employees or students already working or learning on campus, or as part of a return-to-campus program for certain employees and students. However, "Return to Work" or "Return to Campus" Testing will NOT be required across the board. Antibody testing is not part of this protocol and not accepted for clearance.

Decisions will be based on risk assessments and other factors below, as well as case identification/outbreaks.

A University COVID-19 Testing Protocol Action Group (TPAG) has been formed to advise which groups should be required to complete testing AND the priority order that the RU testing program should consider. These decisions will be based on risk assessments and case identification/outbreaks.

TPAG is informed by:

- CDC and NJDOH guidance
- Health System partner requirements
- Testing capacity/logistics

Risk assessments will be based on, but not limited to, the following criteria:

- Ability to maintain physical distancing while completing activities on campus
- Working and/or learning in a patient-care environment
- Exposure to a confirmed COVID-19 case
- Congregate living environment (eg. residence halls)
- Working and/or learning in an environment where they may expose individuals who are at risk for severe illness
- Other factors that may increase or decrease risk based on the evolving science and public health data.

Additional testing may be recommended based on state surveillance data, Rutgers testing data and positivity rates," case identification, and contact tracing follow-up and strategy as the situation evolves on campus.

Repeat testing for particular groups may be recommended and would be subject to the review and priority decision-making by the University COVID-19 Testing Protocol Action Group.

New scientific evidence or public health guidance are likely to trigger a change in any of these recommendations.

Student and Occupational Health Services will coordinate with units in which active infection has been identified and will consider appropriate next steps for (a) informing the workforce that has been in close proximity with the person testing positive and (b) consider appropriate next steps for the unit.

Student and Occupational Health services will work closely together to lead the implementation of required and risk-assessment-based testing programs available across the University, with assistance from REHS.

- Testing is available on each of the Rutgers main campuses.
- Testing utilizes the PCR saliva testing methodology.
- Rutgers' current initial standard for clearance is 2 PCR tests, 1-3 weeks apart. CDC and NJDOH Guidance, resource availability, scientific innovation, or other influences may certainly affect this ideal approach.
- As long as this guidance is in place, charges will be submitted to insurance by the diagnostic lab performing the test with no co-payment by or other charges to the employee or student.
- Testing operations and layout allow for flexibility and customization based upon the number of individuals to be tested and needs of the group. Central Distribution and Testing Centers (CTCs), Student Health, and Occupational Health manage all aspects of on-campus testing coordination for asymptomatic student and employee cohorts approved by TPAG. CTCs are located throughout each campus: RBHS-Newark, RBHS-New Brunswick, Camden, Newark, New Brunswick.
- Results are managed by Health Affairs, Occupational Health, and Student Health to maintain individual privacy and confidentiality with only the minimum necessary information disclosed to clear the individual for continuing or returning to work/study.

Employees and students with symptoms consistent with COVID-19 are to immediately leave campus or self-isolate in the residence halls, and contact their personal physician or Student Health for follow-up. Scheduled COVID-19 testing events (drive-thru, for example) are not intended for symptomatic testing.

Individuals are permitted to complete their testing privately and submit the documentation of this testing to the appropriate Student Health or Occupational Health unit to meet any testing attestation requirements set, as long as the following conditions have been met (submission methods may vary by unit):

- The type of test conducted is permissible by Rutgers University.
- The operational unit in which the individual works/learns may require more stringent testing based on the particular risk assessment for their environment. For example, a patient care unit for a particularly vulnerable population may require a higher standard of testing.
- The outside test has been administered within 3-10 days from the date that the individual is scheduled to report to campus.

Unless otherwise specified, outside test result documents should be uploaded to the testing website.

Further details are available in the Testing Guidance document and online via:
The Testing FAQ coronavirus.rutgers.edu/on-campus-testing**.**

The Testing Program Dashboard coronavirus.rutgers.edu/health-and-safety/testing-program-dashboard**.**
(See Appendix 3).

Contact Tracing

While local health departments (LHD) have jurisdiction in all public health matters, bi-directional communication between Rutgers and the LHD is essential to keep our campus communities (Camden, New Brunswick, Newark, etc.) informed and safe from the spread of COVID-19 infections. A collaboration between Rutgers and the LHD will provide the necessary support for people who are confirmed cases, ensuring their needs are met as well as those of the Rutgers campus community.

Because Rutgers has specialized knowledge of residence halls, research labs, class schedules, and contract/contingent workforce, Rutgers is often able to generate contact lists through class registrations, housing assignments, or other group participation that will be promptly provided to the LHD to facilitate their case investigation or contact tracing efforts. Contact tracing will be enacted with a minimum of 75% of contacts identified within 24 hours of case investigation.

Rutgers and the LHDs have established the following procedures for case investigation and contact tracing:

If Rutgers identifies a COVID-19 positive case of a Rutgers student or employee:

- Rutgers notifies and isolates individual who has been identified as COVID-19 positive.
- Rutgers informs appropriate campus members of positive case and provides safety information.
- Rutgers communicates with LHD that a case has been identified.
- LHD initiates case investigation and contact tracing. Rutgers assists by providing appropriate lists of class schedules, housing situation, work location, etc. to the LHD.
- Target of contact tracing is 75% of contacts within 24 hours of case investigation.
- These activities will occur within 24 hours of case identification.

If LHD identifies COVID-19 positive case of Rutgers student or employee:

- LHD notifies the Rutgers campus contact that a case has been identified on that campus.
- Rutgers ensures case is isolated. Rutgers may identify contacts to inform them of potential exposure to a case.
- Rutgers informs appropriate campus members of positive case and provides safety information.
- LHD initiates case investigation and contact tracing. Rutgers assists by providing appropriate lists of class schedules, housing situation, work location, etc. to the LHD.
- LHD will conduct case investigation and contact tracing, within 24 hours of receipt of positive COVID-19 test result, known exposure, or identification of a contact.
- Contact tracing will be enacted with a minimum of 75% of contacts within 24 hours of case investigation.
- If LHD needs additional information from Rutgers for student or employee exposures, they will contact the appropriate liaison provided to LHDs.
- Individual privacy will be maintained in accordance with state regulations.

Testing Accounts and Organization Management Chart

	Name	Location of Main Office	Site Physician	Groups Served Summary	Offices Represented
1	RBHS Newark	90 Bergen Street, Newark	Dr. Noa'a Shimoni	1. RBHS Newark Students, including graduate nursing students NB and Newark, NJMS and RSDM students; 2. RBHS Newark faculty/Staff, including NJMS, UBHC-Newark, Dental School, School of Nursing, CINJ Newark, SPH Newark	1. RBHS Newark Student Health; 2. Occupational Medicine Services RBHS Newark/NJMS (OMS) (Dr. Budnick)
2	Rutgers Newark	249 University Avenue, Blumenthal Hall, Room 104, Newark	Dr. Luis DeJesus	1. Rutgers Newark Students; 2. Rutgers Newark Faculty/Staff	1. Rutgers Newark Student Health; 2. Works In conjunction with OHD for faculty/staff
3	RBHS Occupational Health	170 Frelinghuysen Road, Piscataway	Dr. Iris Udasin	1. New Brunswick RBHS Faculty/Staff, including UBHC, all UCHC statewide, School of Nursing, CINJ, SPH, RSDM and RWJMS Faculty/Staff	1. EOSHI; 2. RWJMS Employee Health (Dr. Shirin Hastings
4	Rutgers Occupational Health (OHD)	Hurtado Health Center, 11 Bishop Place, New Brunswick	Dr. Milind Shah	Rutgers Faculty/Staff University wide (Camden, New Brunswick, Newark), plus School of Pharmacy	Coordinates with Student Health Services in Rutgers Camden and Rutgers Newark
5	Camden Student Health	Campus Center - 2nd Floor, 326 Penn Street, Camden	Dr. Pat Prior	1. Rutgers Camden Students, including SON and RSDM students at CODE sites; 2. Faculty/Staff Camden and RSDM CODE sites	1. Camden Student Wellness Center 2. Works in conjunction with OHD for Faculty/Staff
6	Rutgers Student Health	Hurtado Health Center, 11 Bishop Place, New Brunswick	Dr. Cathryn Heath	1. Rutgers Student, New Brunswick Campus, including pharmacy and undergraduate nursing; 2. RBHS/WJMS student; 3. D-1 Athletes	1. Rutgers Student Health Services; 2. RBHS Student Health Service New Brunswick/Piscataway (Dr. Komal Bhatt); 3. Sports/Athletics Medicine (Dr. Joshua Bershad)

Behavioral Health and Wellness

Recognizing the emotional impact of COVID-19 on our community, the Sub-Committee on Behavioral Health and Wellness is addressing mental health and well-being resources for faculty, staff, trainees, fellows, and students across Rutgers. We will address immediate needs and attend to longer-term well-being needs in our work environment. Our goals include:

Providing a central menu of mental health and well-being resources for faculty, staff, trainees, fellows, and students across Rutgers (see below).

Organizing well-being resources by themes to facilitate access and selection, including but not limited to:

- Telephone lines for support and stress management, tools for resiliency and stress management, mental health support and coaching, employee assistance programs, and additional resources such as peer support.
- Referrals to Psychological and Psychiatric treatment will be available if needed.

Identifying strengths and gaps in existing behavioral health and wellness resources.

Providing recommendations to enhance strengths and fill identified gaps.

Embedding faculty/professional/trainee/fellow/student wellness into the fabric of our missions, especially given the expected negative emotional impact of COVID-19 at a time when demands on our workforce will increase during recovery, and that COVID-19 is a long-term challenge. This culture change can have an important preventive effect, help early identification of distressed individuals, and facilitate help-seeking by individuals.

Fostering transparency of communications including openness about the expected emotional impact and institutional responses, and robust dissemination of well-being resources.

Maintaining and monitoring wellness.

Specific examples of related endeavors:

- Include wellness checks/sharing of successes and meaningful human interactions in meetings and/or daily rounding/ clinical huddles to normalize talk about professional well-being.
- Develop a peer-support program with trained peer supporters who can provide brief, real-time support within the work units (day-to-day and preemptive) as well as targeted interventions.
- Consider professional well-being when making clinical and operational decisions.
- Recommend a model for a culture of wellness in our institution, e.g. The National Academy of Medicine or Stanford conceptual models.
- Leverage the RBHS/RWJBH professional wellness survey to monitor well-being.

Matrix of Well-Being Resources:

Well Being Resources for Rutgers University/RWJBarnabas Health/University Hospital
Faculty, Staff, Health Professionals, Trainees & Fellows

	Stress Management Phone	Stress Management Resiliency Tools	Mental Health Support & Coaching	Employee Assistance Programs (EAP)	Additional Resources	Peer Support
Programs and what they offer	Telephone Support by Mental Health Professionals: Rutgers4U: Emotional & therapeutic support by professionals to Rutgers & RWJBH Staff, Faculty members & their families GSAPP Psychological Services Network - COVID: Offers telepsychology & phone volunteer services (no or low fee and insurances accepted) NJ HopeLine: Confidential telephone counseling & support 24/7 COVID-19 Psychological Support: for NJMS-UH-UPA faculty & staff who are experiencing stress, worry, or anxiety	90 Seconds of Resiliency: Quick resiliency tools on YouTube The Calm Collection: Video guided stress relief BeHealthy portal: Workout videos & mindfulness Wellness Video Library: At home zumba, yoga fitness & resilience seminars The Virtual Chapel @ University Hospital: A calendar of virtual spiritual self-care & wellness events	COVID Coordinating Entity - (CCE): August start, statewide access to behavioral health & substance abuse real time, live call line support & warm transfer to clinical services across a statewide provider network Joyable app and Able to app: Virtual cognitive therapy services for anxiety & depression either with counselor or coach Health Coaching: Virtual or in person, by national certified health coach for physical & emotional health	RWJ Barnabas Health and Rutgers UBHC: Comprehensive emotional support by mental health professionals, 24/7 Rutgers Faculty Staff & Assistance Program: Comprehensive counseling & referral services to the university community	Schwartz Rounds: Multidisciplinary hospital rounds for caregiver to share experiences Good Grief: A free grief support program for grieving families Rutgers School of Health Professions: On-line nutrition tools Rutgers & RBHS: Repository of on-line resources Mental Health & Wellness: Repository of resources for post-doctoral research fellows	Telephone Support by Peers: Doc to Doc Together: Emotional peer support for physicians by physicians MOM2MOM: Moms & caregivers of special needs children VET2VET: New Jersey National Guard members, active military personnel, veterans, their families, & caregivers, statewide VETS4WARRIORS: Any veterans, service members, family members, or caregivers CARE2CAREGIVER: Individuals serving as caregivers
Contact Information	Rutgers4U: (855) 652-6819 NJ HopeLine: (855) 654-6735 GSAPP Psychological Services Network - COVID: on-line request COVID-19 Psychological Support: Stress.Anxiety@NJMS.Rutgers.edu	Available on website.	COVID Coordinating Entity (CCE) (833) 416-8773	RWJBH EAP: (800) 300-0628 Rutgers UBHC EAP: (800) 327-3678 University Hospital EAP: (800) 327-3678 Faculty Staff & Assistance Program: (848) 932-3956	Good Grief: (908) 522-1999	Doc to Doc Together: (973) 283-SAFE MOM2MOM: (877) 914-6662 VET2VET: (866) 838-7654 VETS4WARRIORS: (855) 838-8255 CARE2CAREGIVER: (800) 424-2494

Legend	Services Available to: BLUE: RWJBarnabas Health RED: Rutgers University BLACK: University Hospital GREEN: Available to All	Linked to Health Insurance Out of Rutgers Network Family	Crisis 24/7 Underlined = hyperlink

RUTGERS **UNIVERSITY HOSPITAL** Newark, New Jersey **RWJBarnabas HEALTH**

Access (800) 969-5300   **Access (800) 300-0628**

Well Being Resources for Rutgers University
Students

	Stress Management Phone	Stress Management Resiliency Tools	Mental Health Support & Coaching	Mental Health Support & Coaching cont...	Additional Resources	Peer Support
Programs and what they offer	Telephone Support by Mental Health Professionals: Rutgers4U: Emotional & therapeutic support by professionals to Rutgers & RWJBH Staff, Faculty members, Trainees, Students & their families GSAPP Psychological Services Network - COVID: Offers telepsychology & phone volunteer services (no or low fee and insurances accepted) NJ HopeLine: Confidential telephone counseling & support 24/7 Let's Tele-Talk: Individual, confidential support from a counselor	90 Seconds of Resiliency: Quick resiliency tools on YouTube Therapist Assisted On-line Program (TAO): An online self-help platform to support well-being The Virtual Chapel @ University Hospital: A calendar of virtual spiritual self-care and wellness events	COVID Coordinating Entity - (CCE): August start, statewide access to behavioral health & substance abuse real time, live call line support & warm transfer to clinical services across a statewide provider network Rutgers Student Wellness Center: Short-term individual psychotherapy, psychological and psychiatric evaluation for use of supportive medications Alcohol, Drug & Nicotine assistance and counseling services GSAPP Center for Psychological Services: In-person, telepsychology services, psychological assessments (Learning Disabilities/ADHD)	Rutgers CAPS: (Counseling, ADAP & Psychiatric Services) Individual/group counseling, Alcohol/Drug counseling, Medication management. Wide variety of virtual workshops Office for Violence Prevention & Victim Assistance: Direct service, education, training, policy development, & consultation *additional websites by campus Rutgers Newark Counseling Center: Short-term individual/group therapy, psychiatric evaluation, medication management, and alcohol/drug assistance and recovery support	Good Grief: A free grief support program for grieving families Rutgers School of Health Professions: On-line nutrition tools Rutgers & RBHS: Repository of on-line resources HOPE (Health Outreach, Prevention & Education): Workshops Facilitated by Peer Educators, Suicide Prevention, Connect Gatekeeping Training, Online screening & other self-help resources Oaks Crisis Screening & Stabilization Services: Emergency assessment & Interventions The Trevor Project: Support for LGBTQI youth U-lifeline resources: On-line resources for college mental health	Telephone Support by Peers: MOM2MOM: Moms & caregivers of special needs children VET2VET: New Jersey National Guard members, active military personnel, veterans, their families, & caregivers, statewide 24/7 VETS4WARRIORS: Any veterans, service members, family members, or caregivers 24/7 CARE2CAREGIVER: Individuals serving as caregivers We Chat: A confidential text-based helpline run by students, for students GSAPP College Support Program: Support for college students with Autism.
Contact Information	Rutgers4U: (855) 652-6819 NJ HopeLine: (855) 654-6735 GSAPP Psychological Services Network - COVID: on-line request Let's Tele-Talk: (848) 932-7884	Available on website.	COVID Coordinating Entity (CCE): (833) 416-8773 Rutgers Student Wellness Center: (856) 225-6005 GSAPP Center for Psychological Services: (848) 445-6111	Rutgers CAPS: (848) 932-7884 Violence Prevention & Victim Asst: Camden: (848) 225-2326 Newark: (973) 353-1918 8New Brunswick: (848) 932-1181 RBHS: (973) 972-4636 Rutgers Newark Counseling: Center: (973) 353-5805	Good Grief: (908) 522-1999 Hope (Health Outreach Prevention & Education: (848) 932-1965 Oaks Crisis Screening & Stabilization Services: (856) 428-HELP The Trevor Project: (866) 488-7836	MOM2MOM: (877) 914-6662 VET2VET: (866) 838-7654 VETS4WARRIORS: (855) 838-8255 CARE2CAREGIVER: (800) 424-2494 We Chat: (973) 339-0734 GSAPP College Support Program: on-line request

Legend	Camden Campus	Newark Campus	All Campuses	Family	Alumni	Services Available to:
	New Brunswick Campus	RBHS Campus	Underlined = hyperlink	Linked to Health Insurance	Crisis 24/7	Red = Rutgers Black = University Hospital Green = Available to All

RUTGERS **UNIVERSITY HOSPITAL** Newark, New Jersey

Access
(800) 969-5300

Appendices

Appendix 1: Returning to Research 5/29/2020

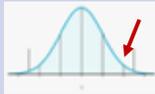May 29, 2020

Dear Rutgers Researchers,

This email initiates a phased and safe Return to Research at Rutgers University. The plan described below has been developed by the Research Team of the University Emergency Operations Committee, comprised of 58 faculty and administrators. More detailed guidance on all aspects of re-imagining our university is contained in a draft document entitled ***Returning to Rutgers***, which has been shared with your deans and will soon be released.

This communication addresses the specific roles of Principal Investigators, department chairs, institute directors and research deans in the return to research process.

It is imperative that all researchers read this document to understand and support the safe and rapid return to full research capability at Rutgers. Those of you who are postdoctoral fellows, graduate students or research staff are directly impacted by this process, but you will not have specific input into the Return to Research Survey described further below.

Research Plan:

The research plan involves increasing university research capacity/density in 25% increments, then assessing the results before engaging the next phase; refer to the diagram below for more details. This is a method that a number of our peer institutions are initiating as well.

	Phase 1 "25%" capacity/density	Phase 2 "50%" capacity/density	Phase 3 "75%" capacity/density	New Normal 100%
Phase change triggered by course of pandemic				
Aspirational Timeline	May	June	July	August
Face Covering Social Distancing Enhanced Hygiene	Required	Required	Required	Not required
Density restriction for on-campus research	Only critical research allowed	≥ 6 ft distancing 1 pers/bay wet labs 1 pers/150 sqft	≥ 6 ft distancing 1 pers/bay wet labs 1 pers/150 sqft	No restrictions
Remote operation of research if possible	Required	Required	Recommended	Not required
Remote operation of research – at risk groups	Required	Required	Required	Not required

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We are currently in Phase 1 (above), and operating with approximately 25% of our research capacity. In New Jersey, we have now clearly passed the peak level of infection in the first wave of the COVID-19 pandemic and are positioned to bring an additional 25% of our research effort back online.

Safety First:

Our overarching guiding principle throughout this process is safety; this is a shared community responsibility. We must carefully abide by protective social distancing and public health restrictions to minimize the possibility of an outbreak of COVID-19 on campus. The practices described here and to be released in ***Returning to Rutgers*** will follow New Jersey Department of Health and CDC guidance for managing public health. For example, face coverings, protective social distancing and enhanced hygiene and cleaning activities will be required on campus.

Testing & Monitoring of Symptoms:

A further strategy is to make use of viral testing and active symptom monitoring to contain and mitigate any outbreak of COVID-19 in Rutgers University research settings. A negative test for the SARS CoV-2 virus will be required for researchers identified as currently on campus. The RUCDR saliva test for CoV-2 virus will be administered at home using a telemedicine provider engaged by the university. In addition, all researchers identified through a Return to Research Survey as returning in Phase 2 and Phase 3 will receive the RUCDR at-home CoV-2 test *prior* to their return to campus. This will ensure that the returning on-campus researcher cohort is COVID-19 negative at the outset. Contact tracing will be employed in the event a researcher acquires a community infection; our on-campus tracing capabilities are being rapidly built out in parallel with the return to research efforts.

**Return to Research Survey (**https://go.rutgers.edu/ReturnToResearch**):**

The first step in bringing research back up to speed is to capture information on those research programs that must be run on-campus, along with off-campus programs that need to be restarted at other venues. The mechanism to achieve that end is the Return to Research Survey. Input from this survey will be used by the research deans and chairs to prioritize the return to research for all phases of return. **This survey should only be completed by Principal Investigators who are currently conducting research on campus as well as those who wish to resume research on or off campus.** Postdoctoral researchers, graduate students and researchers who are not Principal Investigators, should **not** complete the survey.

The survey has three main functions:

1) **To capture the prioritization by each Principal Investigator of the research they wish to re-engage.** Principal Investigators should prioritize *all* research, to allow a plan to be developed at the research dean level to scale up to 100% capacity. This sets up a conversation between the PI, the chair or institute director, the research dean and the school dean that will allow the research dean to determine the sequence in which projects should be brought back on campus.
2) **To share the research dean's decisions with campus and central functions** (e.g., ORED, IP&O) that are required to support Rutgers' research capability.

3) **To trigger the at-home CoV-2 test** for the entire research cohort being brought back on-campus.

A high-level outline of the return to research process is shown below:

Week of 6/1	Week of 6/8	Week of 6/15	Week of 6/22
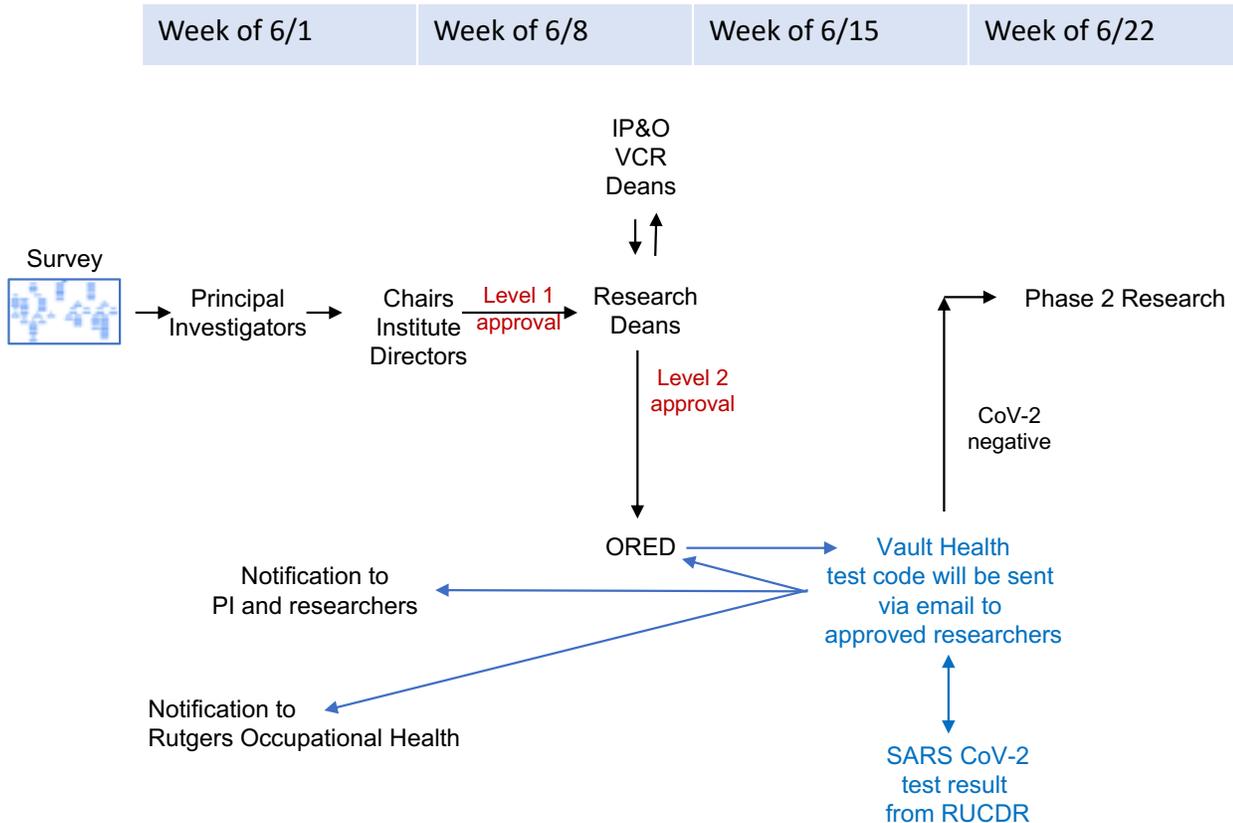
Postdoctoral Researchers, Graduate Students, Research Staff:

No further action is required from you with respect to the survey. If your research project is submitted by the Principal Investigator and approved, you will be notified and provided a code for the at-home telemedicine CoV-2 test. Return to campus in Phases 2 and 3 is voluntary: *no one is required to return to their research setting during these phases of the plan*.

Principal Investigators:

Complete survey by 12:00 p.m. on June 5th.

Filling out the survey is the rate-limiting step. As soon as possible, visit https://go.rutgers.edu/ReturnToResearch. The form contains internal logic that will guide you through a series of questions that have been developed with the extensive input of faculty and research leadership from multiple disciplines representing the entire research community at Rutgers. Most important is the prioritization of your research projects, and the information that

is requested around staffing those projects. This will allow the research deans and chairs to most impactfully sequence a return to research across the department and school. If your research project is approved for return in Phase 2 or Phase 3, staffing to support operations, provisions for cleaning and for hygiene will be supplied by the university.

Department Chairs & Institute Directors (Level 1 Approval):

Complete survey reviews by 12:00 p.m. on June 9th.

The Level 1 approver will receive an email link to the survey when completed by each PI. The responsibility of the department chairs and institute directors is to evaluate and judge whether the Principal Investigator's research plan is prioritized appropriately and is consistent with the protective distancing (social distancing), density and capability requirements of the phase. For example, Phase 2 should correspond to ~50% research density and capacity, and in all instances conform with protective distancing requirements. Approval at Level 1 will trigger the delivery of the pre-populated survey and Level 1 feedback to the Level 2 approver (or research dean).

Research Deans (Level 2 Approval):

Complete Plan for Return to Research Phase 2 by 12:00 p.m. on June 12th.

The research deans, or Level 2 approvers, will be able to view the survey and comments from all Level 1 approvers in their jurisdiction and can also access reports that summarize the surveys that have been compiled for evaluation. A list of the designated research deans is appended, and they are programmed within the survey as well.

The research dean will create an overall return to research plan in consultation with the dean, institute directors and department chairs. Acceptance or rejection of specific research programs in the research dean's plan will be communicated to ORED, and will trigger email notifications to the Principal Investigator and their research personnel informing them of the decisions. For researchers who are approved to return to research, it will trigger an email providing directions for accessing the at-home RUCDR saliva test through our telemedicine provider. A negative saliva test result is required for return to campus.

The Return to Research process described above is fundamentally a grassroots operation. Its success is entirely dependent upon the quality of input from researchers and its thoughtful application throughout the approval process.

I would like to thank you sincerely in advance for your diligent support of this effort to bring research back online at Rutgers University safely and quickly.

Best regards,

S. David Kimball

Senior Vice President, Research & Economic Development

Research Deans - Return to Research Survey

RBHS	
New Jersey Medical School	Debi Lazzarino
Robert Wood Johnson Medical School	Celine Gelinas
Cancer Institute of New Jersey	Ned Lattime
Ernest Mario School of Pharmacy	Renping Zhou
School of Health Professions	Gwen Mahon
School of Public Health	Katie Zapert
School of Nursing	Charlotte Thomas-Hawkins
School of Dental Medicine	Narayanan Ramasubbu
Environmental and Occupational Health Sciences Institute	Helmut Zarbl
Center for Advanced Biotechnology and Medicine	Martin Blaser
Public Health Research Institute	David Alland
Institute for Infectious & Inflammatory Diseases	Bill Gause
Clinical	Rey Panettieri
CAMDEN	
Faculty of Arts and Sciences	Howard Marchitello
School of Nursing	Donna Nickitas
School of Business	Monica Adya
Rutgers Law School	Kim Mutcherson
NEWARK	
School of Criminal Justice	Bonnie Veysey
School of Arts and Sciences-Newark	Denis Pare
Rutgers Law School	David Lopez
Rutgers Business School	Lei Lei
School of Public Affairs and Administration	Charles Menifield
Rutgers Graduate School-Newark	Taja-Nia Henderson
NEW BRUNSWICK	
NB Chancellor Reporting Units	Prabhas Moghe
SAS - Life Sciences	Lori Covey
SAS - Math & Physical Sciences	Thu Nguyen
SAS - Social & Behavioral	David Vicario
SAS - Humanities	Michelle Stephens
School of Environmental and Biological Sciences	Brad Hillman
School of Engineering	Susan Kilduff
Graduate School of Education	Wanda Blanchett
School of Communication and Information	Mark Aakhus
Graduate School of Applied and Professional Psychology	Linda Reddy
Edward J. Bloustein School of Planning and Public Policy	Clinton Andrews
School of Management and Labor Relations	Ingrid Fulmer
School of Social Work	Sharon Fortin

Appendix 2: Returning to Research – 6/29/2020

View the final Returning to Research at Rutgers University document at
https://coronavirus.rutgers.edu/wp-content/uploads/sites/425/2020/06/Returning-to-Research-at-Rutgers-06-29-20-FINAL-de-00000002.pdf

Appendix 3: Testing Guidance for SARS-CoV2

Updated 6/26/20

Assumptions:

1) Rutgers University will employ risk mitigation strategies per CDC and NJ Department of Health (NJ DOH) guidelines) in all locations regardless of testing status. These strategies include but are not limited to the following: Regardless of testing, risk mitigation strategies as per CDC and NJDOH guidance will be used in all environments which include but are not limited to the following:
   a. Wearing masks and/or Personal Protective Equipment (PPE) as appropriate and as our understanding of transmission evolves;
   b. Physical distancing
   c. Decontamination and cleaning protocols.
   d. Handwashing
2) There is no clear evidence that repeat testing is currently necessary. Factors that would favor consideration of repeat testing may include:
   a. Background rates of disease in the community (which are variable over time);
   b. Individual or cohort exposure risks based on personal history or work environment;
   c. Risk of spread of disease to a population at high-risk for severe illness.
3) Symptom and Exposure check lists provide some value. However, given the known prevalence of asymptomatic positives and potential exposure, viral testing provides an additional strategy to limit spread of the disease and to mitigate risks.
4) Virtual Work/Teaching/Education should be maximized in order to minimize exposure risk. When this option is not possible, symptom screening and viral testing can help to mitigate potential risks for exposure on campus. Individuals who believe that they cannot return to work due to a qualifying medical condition may seek an accommodation through University Human Resources or Employment/Equity/Student Disability Services.
5) Schools/Administrative Units must take an active role in coordinating efforts consistent with general University policies, given the diversity of geography and activities for programs that require work in labs, clinical, teaching or practice experience in which students and employees are placed.
6) SARS-CoV-2 testing will currently only be required for select groups of high-risk individuals who are working on campus or will be returning to campus for work or educational activities. Individuals participating in virtual work or learning should continue to conduct symptom self-monitoring consistent with CDC and NJDOH guidance.

Strategic Screening and Testing Guidance:

Symptom Screening/Evaluation

1) All employees and students will be required to complete a self-screening symptom evaluation prior to presenting on campus on a daily basis.
   a. Distribution of the self-screening symptom evaluation tool should be distributed widely, and an education program should be initiated.

b. Attached to this document is a sample tool that is meant to serve only as an example of what might be included. A separate workgroup is currently engaged in the evaluation of an information technology application that would facilitate this activity.

c. If an individual completes the self-screening symptom evaluation and answers yes to any of the questions they should:
   i. NOT present to campus
   ii. Self-isolate
   iii. Alert their supervisor if not presenting to work as assigned
   iv. Consult the CDC Guidance on what to do if an individual has symptoms:
      1. https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html
   v. Contact their personal healthcare provider for guidance to determine if testing is warranted.
   vi. Scheduled COVID testing events (drive-thru, for example) are not intended for symptomatic testing.

d. Data on the self-screening symptom evaluation will NOT be routinely collected by the University.

e. Employee Health and/or Student Health Services will use the current REHS Symptom Monitoring Database within RU for the ongoing evaluation ONLY for certain high-risk cases based on CDC/NJDOH guidance; risk assessment; current capacity of the system; and clinical discretion.

2) Active symptom evaluation (e.g., temperature checks at entrances) will be conducted based on the specific environment and is NOT required at all locations. Risk assessment will determine the need for active symptom evaluations. The risk assessment may include factors such as:
   i. Ability to maintain physical distancing while completing activities on campus.
   ii. Working/Learning in a patient care environment
   iii. Known exposure to a confirmed case
   iv. Working/Learning in an environment where they may expose individuals who are at risk for severe illness
   v. Other factors that are considered to increase risk based on the evolving science and public health data.

b. CDC/NJDOH and NJ Division of Consumer Affairs (DCA) guidance and

c. Current operational capability.

d. Active symptom evaluation will be conducted for patients in accordance with the DCA Administrative Order No. 2020-07
https://www.njconsumeraffairs.gov/COVID19/Documents/DCA-AO-2020-07.pdf

SARS-CoV-2 Testing (Testing for Active Virus)

3) SARS-CoV-2 Testing (for the active virus that leads to COVID19) will currently only be required for strategic reasons based on risk assessments of individuals or groups for the ongoing working community on campus and as part of a return to campus program. However, "Return to Work Testing" will NOT be required across the board. In all cases, the individual tested must authorize release of the test result to the University.

   a. Individuals will be permitted to complete their SARS-CoV-2 testing privately and submit the documentation of this testing to meet the requirements set so long as the following conditions have been met:

  i. Privately administered tests may be submitted to the appropriate Student or Occupational Health office. Submission methods may vary by unit.

  ii. A list of permissible tests for Rutgers University will be created by subject matter experts based on the available science confirming the accuracy of the testing results.

  iii. The test from a private provider is required to be have been administered within 2 weeks from the date that the individual is scheduled to report on campus.

  iv. The operational unit in which the individual works/learns may require more stringent testing based on the particular risk assessment for their environment. (For example, a patient care unit for a particularly vulnerable population may require a higher standard of testing.)

b. Student and Occupational Health Services will coordinate closely together to lead the implementation of testing programs available across the University.

  i. Testing will be made available on each of the Rutgers main campuses: Newark, New Brunswick/Piscataway and Camden.

  ii. As long as this guidance is in place, billing for any laboratory testing will be submitted to the employee or student's insurance by the diagnostic lab performing the test with no co-payment or other charges by the employee or student.

  iii. Testing operations, campus location and layout will allow for flexibility and customization based upon the number of individuals to be tested and needs of the group. For example, testing may occur by drive through locations, walk up locations or asynchronous kit distribution with drop off locations.

  iv. Results will be managed by Health Affairs, Occupational Health and Student Health to maintain individual privacy and confidentiality with only the minimum necessary information disclosed to clear the individual for continuing or returning to work/learning.

c. A University COVID-19 Testing Protocol Action Group will be formed to make decisions on which groups should be required to complete testing AND the priority order that the RU testing program will conduct testing for that group. These decisions will be based on risk assessments and case identification/outbreaks. The group will include:

  1. Chair: Brian Strom (Health Affairs Committee role)
  2. Members from existing Student Health/Employee Health EOC subcommittee (Chaired by Noa'a and Mil)
  3. Chairs of the Testing and Tracing subcommittee
  4. Health Affairs
  5. Human Resources
  6. Office of the General Counsel
  7. RU Experts in bioethics
  8. RU experts in mental health
  9. RU experts in issues of diversity and inclusion

d. Risk assessments will be based on, but not limited to, the following criteria:

  i. CDC and NJDOH Guidance
  ii. Testing capacity/logistics:
  iii. Ability to maintain physical distancing while completing activities on campus
  iv. Working and/or learning in a patient-care environment
  v. Exposure to a confirmed COVID-19 case

      vi. Congregate living environment (eg. residence halls)

     vii. Working and/or learning in an environment where they may expose individuals who are at risk for severe illness

   viii. Other factors that may increase or decrease risk based on the evolving science and public health data.

     ix. Health System partner requirements.

   e. Additional testing may be recommended based on surveillance data, case identification and contact tracing follow up and strategy as the situation evolves on campus.

   f. Testing for healthcare providers and patients will consider the guidance put forth by the NJDOH and the Division of Consumer Affairs and will use a combination of symptom, virologic and serologic testing strategies. Testing in the healthcare workforce will be coordinated with our healthcare system partners to provide as much consistency as possible.

   g. Rutgers current ideal standard for clearance is 2 PCR tests 1-3 weeks apart. CDC and NJDOH Guidance, resource availability, scientific innovation or other influences may certainly affect this ideal approach.

4) A <u>Centralized IT Solution</u> for RU will be developed to manage the testing data and support the operational processes. (Pending leadership/budget approval) Its functions will include:

   a. Integrate with the testing systems used to share that information with the testing centers and receive the results back

   b. Clearances made available to Human Resources in order to allow for appropriate related activity

   c. Be accessible to Student Health and Employee Health Services for appropriate healthcare management

   d. Be accessible to Schools/Administrative Units for appropriate operational activity

   e. Provide reporting.

   f. Manage insurance and other payment functions.

   g. Include support/logistics staff if mail at home saliva tests are considered for large groups.

   h. Include support for data collection and analytics in support of anonymized epidemiological modeling and prediction.

5) At this time NO random or routine university community surveillance testing is recommended. If knowledge from the University is promulgated regarding university community surveillance testing this will trigger a change in guidance.

6) Repeat testing for particular groups may be required and would be subject to the review and priority decision making by the <u>University COVID-19 Testing Protocol Action Group.</u>

7) New scientific evidence or public health guidance will change the recommendations listed above

8) Student and Occupational Health will coordinate with units in which an active infection has been identified and will consider appropriate next steps for (a) informing the workforce that have been in close proximity with the person testing positive and (b) consider appropriate next steps for the unit.

<u>Contact Tracing</u>

1) Contact tracing, coupled with testing, is part of the comprehensive strategy being enacted by NJDOH

a. Contact tracing includes investigating a case to ascertain potential contact who may have been exposed, and working with contacts to inform them of potential exposure

b. Contacts are individuals who have been with 6 feet proximity for 15 minutes or more of the infected individual, without utilizing adequate PPE.

c. Those who function in the role of tracers will conduct both case investigation and contact tracing and are being trained as part of the curriculum developed by RU School of Public Health (RU SPH)

2) Testing at RU will be coupled by contact tracing being enacted by the NJ local health departments (LHDs).

    a. However, based on discussions with NJDOH, RU may develop an expanded workforce to support contact tracing for its campuses coordinating efforts with local LHDs.

        i. This structure has been discussed, and meetings to address operational issues are underway.

        ii. Staffing and funding for work will need to be supported by the overarching NJDOH State plan.

        iii. All contact tracing personnel will be chosen from those trained by RU SPH and deployed the RU tracing team by NJDOH.

3) This section is not intended to limit actions and communications by Student Health Services and Occupational Health with the individuals to whom they are providing test results to and/or conversations and public health or medical guidance provided to the contacts of those individuals. These activities are outside of and in addition to the contact tracing process conducted by LHDs or the potential expanded program noted above.

Antibody Testing

1) At this time required antibody testing is NOT routinely recommended based on limited positive predictive value of current tests and limited understanding of protections provided by antibodies. Policies may evolve as our knowledge evolves along these 2 domains. Antibody testing may be appropriate in certain situations as consistent with CDC's interim guidance.

    a. Testing for healthcare providers and patients will consider guidance put forth by the NJDOH and the Division of Consumer Affairs and will use a combination of symptom, virologic and serologic testing strategies. Testing in the healthcare workforce will be coordinated with our healthcare system partners to provide as much consistency as possible.

    b. As of May 27, 2020, the CDC Guidance on Antibody Testing indicates that:

        i. Antibodies most commonly become detectable 1-3 weeks after symptom onset, at which time evidence suggests that infectiousness likely is greatly decreased and that some degree of immunity from future infection has developed. However, additional data are needed before modifying public health recommendations based on serologic test results, including decisions on discontinuing physical distancing and using personal protective equipment.

        ii. Information that might impact serologic recommendations is rapidly evolving, particularly evidence of whether positive serologic tests indicate protective immunity or decreased transmissibility among those recently ill. These recommendations will be updated as new information becomes available.

    c. New scientific evidence or public health guidance are likely to trigger a change in any of these recommendations.

Process:

1) Testing operations, campus location and layout will allow for flexibility and customization based upon the number of individuals to be tested and needs of the group. For example, drive through locations, walk up locations and asynchronous kit distribution with drop off locations.
2) Testing will be made available on each of the Rutgers main campuses.
3) Two models for testing are in the process of being piloted by RU for the purpose of identifying best practices which will support efficient testing for students and employees across the University.
    a. Clinical Students Returning to In-Person Education: including
        i. Drive-through model
        ii. Testing prior to start of session
        iii. Student Health Services System Management
    b. Employees Returning to Research Labs: including
        i. Initial Test Prior to Return to Work
        ii. Saliva testing via mail model
        iii. External Vendor IT Solution

The below is subject to change based process improvement from the two testing pilots noted above.

For SARS-CoV-2 Saliva Testing via RUCDR

1) 6 Accounts have been created with RUCDR that allow for coordination and distribution of testing results and reporting.
    a. All accounts roll up into one RU account.
    b. See attached Testing Accounts and Organization Management Chart for further details.
2) The clinical order for each test must be completed by Student/Occupational Health or contracted provider (e.g. Vault, etc.).
3) The Schools/Administrative Units will:
    a. Identify the individuals to be tested, consistent with current policies.
        i. Exceptions must be provided to and approved by the Rutgers COVID-19 Testing Protocol Action Group.
    b. Consider targeted testing for cohorts of students, faculty, and staff who need testing due to shared activity. (For example, if students are tested, faculty may need to be included. If athletes are being tested, coaches and trainers may need to be tested).
    c. Identify any primary and secondary point of contact for the unit.
    d. Organize the distribution and collection of testing kits; test kits can either be mailed directly to the lab or collected on campus, if preferred.
    e. Coordinate with Occupational and Student Health services, as appropriate, on testing result protocols and communications
        i. clearance with a negative test result
        ii. follow up with a positive test result
4) Contact Tracing will continue to be the responsibility of State/Local Health Departments (with potential for expansion by RU if/when possible)

<u>For Other SARS-CoV-2 Testing</u>

Individuals will be permitted to independently obtain testing or obtain a clinical order from their private physician. Schools/Units may also choose alternative testing methods/laboratories.

4) A list of acceptable tests and testing laboratories will be provided by Student/Occupational Health.
5) The Schools/Administrative Units will:
    a. Identify the individuals to be tested, consistent with the current policies; exceptions must be provided to and approved by the <u>University COVID-19 Testing Protocol Action Group</u>
    b. Establish a contract with approved testing laboratory as appropriate.
    c. Organize the distribution and collection of testing kits
    d. Coordinate with Occupational and Student Health services, as appropriate, on testing result protocols and communications
        i. Clearance with a negative test result (written documentation required)
        ii. Follow up with a positive test result (written documentation required)
6) Contact Tracing will continue to be the responsibility of State/Local Health Departments (with potential for expansion by RU if/when possible)

This document is meant to serve ONLY as a sample of what might be included in such a tool. A separate workgroup is currently engaged in the evaluation of an information technology application that would facilitate this activity.

RUTGERS COVID-19 Daily Self-Checklist

* TO BE MODIFIED AND FINALIZED BY HEALTH GROUP and LABOR RELATIONS *
Review this COVID-19 Daily Self Checklist **each day before reporting to work.**

If you reply YES to any of the questions below, STAY HOME and:
- Contact your supervisor and
- Contact OneSource at (732) 745-7378

If you start feeling sick during your shift, follow steps above.

Do you have a fever (temperature over 100.4F) without having taken any fever reducing medications?
- ☐ Yes
- ☐ No

Loss of Smell/Taste?	Muscle Aches?	Sore Throat?	Cough?
☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ No	☐ No	☐ No	☐ No

Shortness of Breath?	Chills?	Headaches?
☐ Yes	☐ Yes	☐ Yes
☐ No	☐ No	☐ No

Have you experienced any gastrointestinal symptoms such as nausea or vomiting, diarrhea, loss of appetite?
- ☐ Yes
- ☐ No

Have you, or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?
- ☐ Yes
- ☐ No

Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?
- ☐ Yes
- ☐ No

	Testing Accounts and Organization Management Chart				
	Name	**Location of Main Office**	**Site Physician**	**Groups Served Summary**	**Offices Represented**
1	RBHS* Newark	90 Bergen Street Newark	Dr. Noa'a Shimoni	1. RBHS Newark Students, including graduate nursing students NB and Newark, NJMS and RSDM students; 2. RBHS Newark faculty/Staff, including NJMS, UBHC-Newark, Dental School, School of Nursing, CINJ Newark, SPH Newark	1. RBHS Newark Student Health; 2. Occupational Medicine Services RBHS Newark/NJMS (OMS) (Dr. Budnick)
2	Rutgers Newark	249 University Avenue, Blumenthal Hall, Room 104, Newark	Dr. Luis DeJesus	1. Rutgers Newark Students; 2. Rutgers Newark Faculty/Staff	1. Rutgers Newark Student Health; 2. Works In conjunction with OHD for faculty/staff
3	RBHS Occ Health	170 Frelinghuysen Road, Piscataway	Dr. Iris Udasin	1. New Brunswick RBHS Faculty/Staff, including UBHC, all UCHC statewide, School of Nursing, CINJ, SPH, RSDM and RWJMS Faculty/Staff	1. EOSHI; 2. RWJMS Employee Health (Dr. Hastings)
4	Rutgers Occupational Health (OHD)	Hurtado Health Center, 11 Bishop Place, New Brunswick	Dr. Milind Shah	Rutgers Faculty/Staff University wide (Camden, New Brunswick, Newark), plus School of Pharmacy	Coordinates with Student Health Services in Rutgers Camden and Rutgers Newark
5	Camden Student Health	Campus Center - 2nd Floor, 326 Penn Street, Camden	Dr. Pat Prior	1. Rutgers Camden Students, including SON and RSDM students at CODE sites; 2. Faculty/Staff Camden and RSDM CODE sites	1. Camden Student Wellness Center; 2. Works in conjunction with OHD for Faculty/Staff
6	Rutgers Student Health	Hurtado Health Center, 11 Bishop Place, New Brunswick	Dr. Cathryn Heath	1. Rutgers Student, New Brunswick Campus, including pharmacy and undergraduate nursing; 2. RBHS/WJMS student; 3. D-1 Athletes	1. Rutgers Student Health Services; 2. RBHS Student Health Service New Brunswick/Piscataway (Dr. Bhatt); 3. Sports/Athletics Medicine (Dr. Bershad)

Appendix 4: IPAC Reports

Current Projects and Taskforces of IPAC Related to post-COVID Return to Clinical Education

What is IPAC?

IPAC is the **I**nterprofessional **P**rogram **A**dvisory **C**ommittee that reports to the Health Education Executive Committee (HEEC), that in turn reports to the Executive Vice President for Health Affairs for Rutgers, Dr. Brian Strom. It is responsible for the coordination of clinical education experiences that occur within the RWJBH Health System for all students in health professions programs at Rutgers University. While the committee's initial activities have focused on solving clinical education supply and demand issues within the RWJBH system for all learners at Rutgers, and on developing a Rutgers/RWJBH community that is knowledgeable of all health professions educational requirements and clinical scopes of practice, its ultimate goal is to advance, enhance and innovate interprofessional clinical practice in a partnership between Rutgers and the RWJBH system, both for learners as well as for faculty and staff.

Who are the members?

Co-Chairs: 　Gwendolyn Mahon 　Greg Rokosz **RWJBH:** 　Russell Bergman 　Lori Colineri 　Christian Engell 　Richard Henwood 　Joseph Jaeger 　Mike Keevey 　Indu Lew 　Michael Loftus 　Salvatorre Moffa **RSDM:** 　Cecile Feldman 　Janine Fredericks-Younger **SPH:** 　Marybec Griffin Tomas	**NJMS:** 　Maria Soto Greene 　Christin Traba **RWJMS:** 　Carol Terregino 　Archana Pradhan 　Joyce Afran **EMSOP:** 　Joe Barone 　Carol Goldin 　Donna Feudo 　Evelyn Hermes-Desanti 　Les Barta **SON:** 　Linda Flynn 　Susan Salmond 　Debora Tracey 　Jeannette Manchester	**GSAP:** 　Denise Hien 　Angelica Diaz-Martinez **SSW:** 　Cathryn Potter 　Patricia Findley **RBHS:** 　Denise Rodgers 　Kim Tuby **SHP:** 　Ryan White 　Alma Merians 　Karen Shapiro 　Nadine Fydryszewki 　Elizabeth DiProspero

What are our current projects as relates to COVID-19 recovery?

1) **Identifying "champion" contacts at RWJBH system for clinical rotations for clinical education for each profession.**

   System-wide Contacts for Health Education are Greg Rokosz and Lori Colineri.
   Professions Specific Champions for:
   　　　　Medicine and PA: Greg Rokosz
   　　　　Nursing: Lori Colineri
   　　　　Pharmacy: Indu Lew

Physical Therapy: TBD
Nutrition: TBD
Medical Imaging: TBD
Clinical Laboratory Sciences: TBD
Social Work: TBD
Psychology: TBD
Psych Rehab Counseling: TBD
Health Information Management: TBD
Occupational Therapy: TBD
Speech Language Pathology: TBD

2) **IPAC post-COVID Clinical Ed Taskforces (updated Nov 22nd 2020)**

- **Taskforce A: Guidelines for returning students to on-campus, in-person clinical skills labs or activities this summer and onwards**
  Co-Leads: Linda Flynn, Joyce Afran, Karen Shapiro and Donna Feudo

- **Taskforce B: Coronavirus Testing and Monitoring Guidelines for Returning Students to Clinical Rotations within RWJBH System**
  Co-Leads: Greg Rokosz, Cecile Feldman, Ryan White, Carol Terregino, Deborah Tracey

- **Taskforce C: Coronavirus Testing and Monitoring Guidelines for Returning Students to Clinical Rotations at UH and other non-RWJBH affiliates**
  Co-Leads: Maria Soto-Greene; Ryan White; Jeanette Manchester; Nadine Fydryszewki

- **Taskforce D: Resources and Guidelines for Mental Health Support for Students, Providers and Preceptors in the Clinical Ed Setting**
  Co-Leads: Sue Salmond, Patricia Findley, Francine Conway

- **Taskforce E: Telehealth Options for Student Clinical Education in Collaboration with RWJBH System**
  Co-Leads: Joe Barone, Maria Soto Greene, Alma Merians, Christin Traba, Archana Pradhan, Denise Rodgers

- **Taskforce F: Coordination and communication of all guidelines and policies developed by taskforces A-E related to clinical education of Rutgers students at RWJBH, UH and other affiliates, and development of FAQs.**
  Co-Leads: Kim Tuby, Karen Shapiro, Lori Colineri and Gwen Mahon

- **NEW Taskforce G: Novel and Collaborative Approaches to use of Standardized Patients/Patient Actors to support IPE and to solve COVID related challenges.**
  Co-Leads: Alma Merians, Dipali Yeh, Lucio Velino, Les Barta, Monina Franco-Tantuico, Carol Terregino, Maria Soto-Greene

Rutgers Biomedical Health Sciences
IPAC Simulation / Skills Lab Subcommittee
Returning to In-Person Clinical Skills Lab / Simulation
Guidelines / Protocol

Revised November, 2020

The following guidelines are suggested for bringing students back to in-person clinical skills labs or simulations (hereafter referred to as Clinical Lab). Each program will have to customize these guidelines to their specific lab requirements and space while adhering to health and safety requirements outlined.

Prior to Student / Faculty return:

1. Education to students/faculty through written communications on:
   a. General health guidelines: stay home if sick, monitoring symptoms, self-quarantine, physical distancing, masks, etc.
   b. Requirements for Clinical Screening Prior to start including completion of My Campus Pass Symptom Screening at: My.Rutgers.edu.
   c. Guidelines/process for physically coming into the facility and learning labs including completion of My Campus Pass at my.rutgers.edu.
   d. Protocols schools will be using to maintain healthy environment: physical distancing, masks, hand hygiene, limiting physical locations
   e. Confirm stock of PPE required for learning labs. Depending on the extent of physical contact during labs, PPE requirements will vary – this should be determined by each program using CDC guidelines which now includes eye protection.
   f. Because social distancing cannot be accommodated in a clinical lab setting, eye protection is required. Eye protection includes such equipment as goggles, OTG goggles, or reusable face shields that will conserve supplies.

2. Work with Facilities Office to ensure that the Clinical Lab area has been cleaned, is ready for occupancy, and that trash receptacles will be emptied and appropriate cleaning completed following completion of the lab exercise. Each school/department will have to determine how responsibilities for cleaning are divided between facilities and the faculty/staff within the school.

3. Work with the central or school-based Facilities Office to ensure that hand sanitizer dispensers are available in or near the Clinical Lab area.

4. Determine and adhere to maximum occupancy of rooms that conforms to physical distancing. It is suggested that you mark lab spaces with physical distancing markers (on floor or ceiling) to guide student placement.

5. Make a schedule for students that includes safe entry/exit plan. Inform building security of the plan.

6. Substitute in-person Clinical Lab experiences with virtual experiences whenever possible.

7. Telehealth with standardized patients/clients, in contradistinction to an in-person approach, is strongly recommended whenever possible.

Clinical Clearance Required for Faculty / Staff

1. Work with Student Health Services and the Testing Protocol Action Group (TPAG) to create a plan to clinically clear students for in-person Clinical Lab experiences.

2. In-person clinical education labs that require close physical contact are considered to be high-risk environments and it is recommended that students and faculty participating in these labs are tested prior to start. It is required that they engage in daily symptom monitoring.

3. If testing is advised, it should be done 5 days prior to start of Clinical Lab experiences. Only students and faculty who have been clinically cleared through the appropriate testing will be allowed to participate in-person Clinical skills labs.

4. Given that clinical skill labs present a higher-risk, students and faculty should attest to conducting daily symptom assessment through My Campus Pass (my.rutgers.edu) or similar screening questionnaire (See Appendix A) daily. If symptoms develop, including but not limited to 100.4 or greater, then student/faculty should follow up with their healthcare provider or Student Health Servcies and not come to campus until cleared by a healthcare provider.

When Entering Facility

1. Students /faculty/ staff will first complete the My Campus Pass at my.rutgers.edu indicating that they plan to access a campus building. They must wear a personal mask as they enter the facility and proceed directly to designated Clinical Lab location. Physical distancing (a minimum of six feet apart) should be observed, as much as possible, as students / faculty / staff progress through the building and to the Clinical Lab location.

2. Before entering the Clinical Lab, students and faculty will:**
   a. Have temperature checked, if it is determined it is necessary. Temperatures of 100.4 F or higher will be verified by retaking the temperature with a different device.
   b. Show My Campus Pass Symptom Screening (my.rutgers.edu) results with green clearance check or answer "No" to all questions on similar screening tool administered by Clinical Lab faculty.

    c. Students or faculty with positive screening – any "yes" answers to survey that cannot be explained by a non –COVID medical issue (i.e., allergies, soreness from activity) - should be asked to leave and contact their primary care provider or the Student Health Center (students) / Employee Health Services (faculty/staff) to determine necessary action. Those students / faculty / staff should only return with the clearance of their provider.

    d. Students with a negative screening survey will be given a procedure mask, will don the mask and eye protection, conduct hand sanitizing for at least 20 seconds, and proceed directly into the Clinical Lab room / area.

    e. Students will don gloves <u>if not in observation mode. Gloves will only be donned for use while directly participating in hands-on Clinical Lab exercises (e.g. handling simulators or other practice equipment).</u>

Managing within the Clinical Lab

1. Break student cohorts into sections based on size of room so that observers may maintain six feet of physical distancing or that pairs of students may maintain a six-foot distance between pairs. The number of students allowed in the clinical lab room **will be dependent on the size of the room.** Keep cohorts together through the clinical lab experience. Maintain same partners throughout the lab experience.

2. Direct students to appropriate locations for their lab practice and/or observation.

3. Designated observation spots will be identified by tape or signage on the floor or ceiling. If tape or signage is impractical then clinical lab faculty /staff will guide students to observation spots. Observation students must comply with physical distancing restrictions and maintain a physical distance of six feet.

4. When providing hands on instruction to multiple student pairs, the faculty member will discard his/her gloves between pairs, repeat handwashing for 20 seconds and don a new pair of gloves. If handwashing is not feasible, hand sanitizer can be used.

5. Faculty / staff will ensure that equipment such as high-fidelity simulators (manikins) are cleaned with the appropriate disinfectant between student pairs. Cleaning and disinfectant of all medical equipment and simulation equipment will be the responsibility of the school's / unit's faculty / staff assigned to the Clinical Lab. All application of the appropriate disinfectant will be conducted in concert with any available guidance from the manufacturer of the device (e.g. Laerdal manikins versus Gaumard manikins have different materials, therefore appropriate cleaners may be different also).

6. Upon completion of the Clinical Lab exercise students will:
    a. <u>Remove gloves, discard in a trash receptacle lined with a disposable plastic bag* and follow with hand washing for a minimum of 20 seconds.</u> If repeat

handwashing is not feasible, the use of a hand sanitizer can be substituted. Faculty and staff will follow the same procedure.

b. **Be directed by the faculty member to leave the building or** proceed to another scheduled class activity. Faculty are recommended to consider virtual debriefing following simulation.

7. The School (e.g. faculty member, staff member) will coordinate with the Facilities Office to ensure that trash is appropriately discarded and that the room is appropriately cleaned between Clinical Lab use.

8. Upon completion of the Clinical Lab exercise, cleaning and disinfectant of all medical equipment and simulation equipment will be the responsibility of the school's or unit's faculty / staff assigned to the Clinical Lab. All application of the appropriate disinfectant will be conducted in concert with any available guidance from the manufacturer of the device (e.g. Laerdal manikins versus Gaumard manikins have different materials, therefore appropriate cleaners may be different also).

9. Cleaning of structural items (e.g. sinks, doors / floors) will be the responsibility of Facilities personnel, using the appropriate cleaners.

10. Dwell times on all surface disinfectants should be followed based on manufacturer's recommendations.

Related Issues

1. Each school should inform faculty, students and staff of the process by which they can register concerns about lapses in adherence to these guidelines or the lack of availability of necessary PPE. This process is initiated by their electronic completion and submission of the Observation Reporting Form https://rutgers.ca1.qualtrics.com/jfe/form/SV_bHKsfvVwUvvIGeV.
2. For faculty / staff who need instructions on proper cleaning and disinfecting of simulation or clinical lab equipment, contact Leslie Barta, School of Pharmacy and Director of Simulation. He has a presentation on cleaning of simulation equipment and also has guidelines on signage.

Appendix A

COVID-19 Daily Self-Checklist

*Review this COVID-19 Daily Self Checklist or complete the My Campus Pass app (my.rutgers.edu) **each day before coming to campus or school-related activities.**

If you reply YES to any of the questions below, and these symptoms cannot be explained by a non-COVID issue (i.e., allergies, soreness from activity) STAY HOME and:

Contact your faculty or department chair

If you start feeling sick during your shift, follow steps above.
Do you have a fever (temperature over 100.4F) without having taken any fever reducing medications?

□ Yes

□ No

Loss of Smell/Taste?	Muscle Aches?	Sore Throat?	Cough?
□ Yes	□ Yes	□ Yes	□ Yes
□ No	□ No	□ No	□ No

Shortness of Breath?	Chills?	Headaches?
□ Yes	□ Yes	□ Yes
□ No	□ No	□ No

Have you experienced any gastrointestinal symptoms such as nausea or vomiting, diarrhea, loss of appetite?
□ Yes

□ No

Have you, or anyone you have been in close contact with been diagnosed with COVID-19 without proper PPE?"
□ Yes

□ No

Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?
□ Yes

□ No

Taskforce B: Coronavirus Testing and Monitoring Guidelines for Students Entering the RWJBH System for Clinical Instruction (Revised Nov 22nd 2020)

The charge is to develop a broad-based set of guidelines in collaboration with the RWJBH system that would apply to all learners in all health-related professions programs at Rutgers who receive clinical instruction within the RWJBH system hospitals or outpatient sites.

Guiding Principles:

1. Impact on patient/client care and stressors on providers and the health system (PPE, supervision time, need for testing) have to be first and foremost considerations as we immerse learners back into the environment.
2. Each health professions program needs to prioritize the critical activities required for graduation and for each <u>level/year of learner.</u> This phasing in of learners will ensure a smooth transition to clinical instruction.
3. Modified educational experiences (both no clinical and modified clinical) should be developed by all programs to fulfill the graduation competencies.
4. All programs will adhere to the screening and testing protocols by RWJBH.
    a. Learners will self-monitor at home on a daily basis (Appendix 1) and will not report to the site if any symptoms are present.
    b. Learners will contact their personal medical care provider <u>or</u> the appropriate Rutgers Student Health Unit for further evaluation and management. Symptomatic learners should contact the office of Student Health or personal medical care provider by phone or by email rather than report in person. If the learner contacts their personal medical care provider, they should also notify Student Health Services.
    c. Asymptomatic learners will report to the site wearing a face covering.
        i. All learners will enter the building at designated access sites.
        ii. All learners will undergo the screening procedures at the RWJBH access site.
    d. Learners with symptoms on entry screening or found to have an elevated temperature will leave the site and follow-up with their personal medical care provider <u>or</u> the appropriate Rutgers Student Health Unit for further evaluation and management. If the learner has a personal care provider, the learner will need to provide a note from their provider to return to activity. If the learner contacts their personal medical care provider, they should also notify Student Health Services.
5. Rutgers will arrange for and supply testing as prescribed by RWJBH System at designated hubs. See Appendix 2 for testing guidelines. Results documenting testing status will be sent to the school unit. The school unit will communicate to the RWHBH an attestation that *given* students participating in clinical experiences on *given* dates have tested negative.
6. Each RWJBH site will designate an individual or team-contact group to provide site specific logistics (e.g. site DIO, site CMO, site CNO, site safety officer). Each school will designate an individual or team to work with the RWJBH site

designees.
7. Student Health Services will establish guidelines for return to clinical activities for students who are symptomatic or who test positive.
8. Each site will distribute PPE based upon CDC and RWJBH policies.
9. A communication strategy will be developed so that consistent RBHS RWJBH communications are disseminated in a concise, timely manner to the leadership of each school for dissemination to their learners.
10. Each program will follow usual procedures for medical leave of absence or personal leave of absence.

Appendix 1

Each individual must do self-screening on a daily basis; Ask yourself:

1. Do you have or have you had any of the following symptoms?
a. Abdominal pain
b. Bleeding
c. Chills
d. Conjunctivitis (pink eye)
e. Cough
f. Diarrhea
g. Fever (temporal thermometer T=100°F)
h. Headache
i. Joint pain
j. Loss of taste or smell
k. Fatigue
l. Myalgia (muscle aches)
m. Nausea
n. Rash
o. Shortness of Breath
p. Sore throat
q. Vomiting
r. Weakness

2. Have you had a positive COVID-19 test in the last 14 days?

3. Have you been in close contact (for instance, shared living space or in close physical contact) with a person who has had a positive test in the last 14 days?

If the answer is NO to all of the above

- You may undergo additional screening such as temperature screening or questionnaire upon entrance
- You **MUST** enter the RWJBH facility with a face mask covering mouth and nose. You will be provided with a disposable face mask that **MUST** be worn **at all times in the building**. You may receive additional PPE depending on the clinical service. You may only wear hospital-distributed PPE.
- Social distancing should be maintained when possible (e.g., elevators, hallways, eating facilities, rest rooms)
- You will follow any and all other guidelines of the RWJBH hospital.

If the answer is YES to any of the above: You should contact your clinical instructor and personal medical care provider or Student Health Services for further evaluation and managment .

Appendix 2

This testing protocol will be followed by all frontline caregiver staff as well as the Rutgers learners. Rutgers will follow the most current RWHBH guidelines, which may evolve.

Taskforce C: Coronavirus Testing and Monitoring Guidelines for Students Entering Affiliate Clinical Sites (non-RWJBHS) for Clinical Instruction
Version 6.22.20

The charge is to develop a broad-based set of guidelines that would apply to all learners in all health-related professions programs at Rutgers who receive clinical instruction at affiliate clinical hospitals or outpatient sites (non-RWJBHS) .

Guiding Principles:

1. Impact on patient/client care and stressors on providers and the health system (PPE, supervision time, need for testing) have to be first and foremost considerations as we immerse learners back into the environment.
2. Each health professions program needs to prioritize which level/year of learner requires what activities that are critical to fulfilling graduation requirements. This phasing in of learners will ensure a smooth transition to clinical instruction.
3. Modified educational experiences (both no clinical and modified clinical) should be developed by all programs to fulfill the graduation competencies.
4. All school unit/programs will adhere to the screening and testing protocols of the affiliate clinical site.
5. The school unit and/or program will obtain the clinical site guidelines for students to return for clinical rotations and assure students understand and comply with the clinical site specific requirements.
6. Each site will distribute PPE and site specific guidelines on other requirements.
7. Each school unit/program will follow their procedures for medical leave of absence or personal leave of absence.

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Interprofessional **P**rogram **A**dvisory **C**ommittee
Taskforce D Report
Resources and Guidelines for Mental Health Support for Students, Providers and Preceptors in the Clinical Ed Setting

Self-care, Resiliency, Support.

Co-Leads:
Francine Conway, Patricia Findley, Ann Marie Mauro, Susan Salmond

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IPAC's overarching goal is "*to advance, enhance and innovate interprofessional clinical practice in a partnership between Rutgers and the RWJBH system, both for learners as well as for faculty and staff.*" While the COVID crisis necessitates a series of responses related to clinical training, and there are ongoing efforts to address behavioral health for Rutgers University (Behavioral Health and Wellness Initiative), this taskforce's focus is on the well-being of our student clinicians who are providing care to our communities. The recommendations of this task force are meant to be inclusive of all student learners in clinical education settings.

The COVID-19 pandemic has highlighted the disproportionate impact on the health and wellbeing of disenfranchised and underserved individuals and communities. Differential access to care, technology and resources has resulted in disproportionate infection and death of African American citizens, food insecurity among our more economically vulnerable students, and challenging living situations including a lack of privacy due to students' crowded and at times unsafe home environments.

Not only is there a health pandemic but also a pandemic of racism highlighted by recent events—the deaths of Ahmaud Arbery, George Floyd and others. While these inequities and injustices are not new experiences for students of color, recent events require us to give particular attention to the well-being of students encounter others in their clinical work or are themselves impacted and affected by COVID-19 pandemic **and** racism.

Goal #1: To increase students' knowledge regarding the impact of the pandemic on their own ability to cope and work effectively.
Recommendation:

1) Provide students with didactic material that address the need for self-care when working with crisis situations (for example, a resource such as the Seminar Series - Healing Ourselves While Healing Others offered by the School of Nursing).

2) Develop a list of general and discipline specific resources available to students for a range of self-care options (see attached)
   a. Technology resources (online videos, self-help apps, videos)
   b. Psychotherapy (telepsychology, in-person psychotherapy, phone counseling)
   c. Reading resources

Goal #2: To increase student's awareness of the intersectionality of race and health that leads to disproportionate impact on individuals being cared for.

Recommendation:
1) Provide students with didactic material to increase their awareness of the differential impact of health crises on the marginalized clients they serve.
    a. Articles, instructional modules, short courses
2) Provide resources and training on how to have conversations about their own and client's experiences.
    a. Courageous Conversations
    b. Restorative Justice Circles (Ex. Professor Anne Gregory from GSAPP-expert in restorative justice)
    c. Interdisciplinary Empowerment Townhalls (ex. Interdisciplinary Virtual Townhall)

Implementation Plan
- The committee will work to collect the available resources from existing resources at Rutgers, evaluate the resources for appropriateness to the task force goals and organize the resources in a user friendly and easily accessible format (ex. A centralized student resource page for clinical students). As a starting point these resources can be compiled in an excel document that can be later converted to a presentation format that is externally facing (see attached).
- Next the committee recommends seeking feedback from a small group of students regarding the ***Self-care, Resiliency, Support*** toolkit.
- The committee also recommends initiating a student survey to assess learner needs. This survey can be useful in updating the resources to more appropriately fit students' needs.

Summary
In sum, the committee asserts that public universities should serve as models for diversity, equity, and inclusion and the well-being of our trainees requires attention to intersections of social justice and health. The recommendations of this task force are designed to address students' self-care, resiliency, and support in clinical education. The committee collected resources and the efforts overlapped with the Behavioral Health and Wellness Group, a sub-committee of the university's COVID-19 Clinical Workgroup. The excel document of resources attached includes resources collected by the Health and Wellness Group (a member of this task force also serves on the above-mentioned groups). This compilation of resources does need to be reviewed and a determination need to be made by the user regarding the appropriateness of the resource. The goals and implementation plan are intended to be recommendations that can be adopted by training programs and schools to address their students' mental health and promote anti-racism.

"In a racist society it is not enough to be non-racist, we must be anti-racist."   ___ Angela Davis

"One either allows racial inequities to persevere, as a racist, or confronts racial inequities, as an antiracist. There is no in-between safe space of "not racist." The claim of "not racist" neutrality is a mask for racism."

__ *Ibram X. Kendi, How to Be an Antiracist*

The beauty of anti-racism is that you don't have to pretend to be free of racism to be anti-racist. Anti-racism is the commitment to fight racism wherever you find it, including in yourself. And it's the only way forward.

__Ijeoma Oluo

more Black bodies fall   into the
bag of my heart   continuous rage

__Tasha K

Anti-racism Resource Guide
Last Updated: June 2, 2020

This anti-racist resource guide was crafted amidst the anger of the latest black body turned hashtag #AhmaudArbery. It is consistently being updated to address the current climate of our country and the personal growth needed to sustain this life-long journey. Please note that this document was and will continue to be a group effort. Suggested additions or other feedback can be emailed to me at the address below. I have tried extremely hard to thoroughly comb through these resources before they were listed, but always seeking new material. It took a lot of time and energy, emotional and mental labor to get this document to its current update. Some have asked about financially supporting the continued work of this anti-racism resource guide, that info is also below.

This is *just* a resource, not a map leading to a destination, but help along the way, a strong start. The tendency to try and get through this list in its entirety and feel accomplished or to get overwhelmed by the ever growing list are real reactions we should leave behind. Again, this **IS LIFE-LONG WORK that we choose to enter into**, a journey for an anti-racist traveler that will take a lifetime.

Starting Your Journey begins on page three and is based on [Ibram X. Kendi's anti-racism syllabus](). There are four steps to guide you into the other resources that begin on page four. If you don't feel quite ready to begin your journey, you can start below with some suggested pre-reading. Throughout the guide you will notice, White authors are noted, books are alphabetized by author, and podcasts, movie trailers, and organization websites are all linked. It is strongly encouraged that if you choose to purchase a book, you find it on a site that benefits the writer the most.

It is important to start somewhere, even though there is no end point. This is a tool. This does not even brush the surface of anti-racism resources, but it is a start. Learning, re-learning, and decolonizing history are all necessary pieces of this journey, but should coincide with other things like listening, taking action, financially supporting, decentering whiteness, etc.

For those who identify as Black, Indigenous, and Persons of Color (BIPOC) engagement with these resources may be triggering. These materials are intended to help you further understand oppressive systems, and provide more tools and resources to fight these systems while recognizing how your own bias contributes to your prejudices.

For those of you who are White, engaging with these resources could bring a negative or defensive reaction. I encourage you to challenge your own culture, privilege, and bias while continuing the fight against oppressive systems that you benefit from.

I truly believe that this ongoing work is a journey of empathy and care for humanity, individually and collectively. We must engage if we want to do intentional anti-racism work in our families, our classrooms, our conversations, our meetings, our community, our country, and our world.

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Ca$hApp: $tatortash

Blindspot
Mahzarin R. Banaji

Racism Without Racists: Color-blind Racism And The Persistence Of Racial Inequality In America
Eduardo Bonilla-Silva

Biased
Jennifer L. Ebernhardt, PhD

Lies My Teacher Told Me: Everything Your American History Textbook Got Wrong
James W. Loewen (white author)
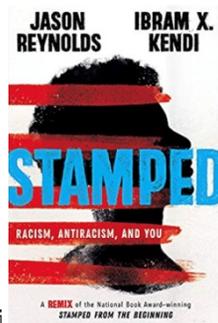
So You Want To Talk About Race
Ijeoma Oluo

STARTING YOUR JOURNEY

1. Define Race

Fatal Invention: How Science, Politics, Big Business,Re-create Race In The 21st Century   Dorothy Roberts

2. Define Racism & Anti-racism

Stamped From the Beginning: The Definitive History of Racist Ideas In America

Ibram X. Kendi

How To Be Antiracist
Ibram X. Kendi

or

Stamped: Racism, Antiracism, and You
Ibram X. Kendi & Jason Reynolds

3. Settle Your Feelings

BIPOC Learners should read:
Locking Up Our Own: Crime and Punishment In Black America
James Forman Jr.

or

White Learners should read:
<u>White Fragility: Why It's So Hard For White People To Talk About Race</u>
Robin Di'Angelo (white author)

4. Continue Your Journey

Anti-racism is life-long work for all of us, there is no finish line. May we continue to move forward, instead of backwards. Start somewhere, start anywhere.

Page four begins the evolving list of resources organized by topic, and medium. Feel free to use the outline on the left to navigate the resources.
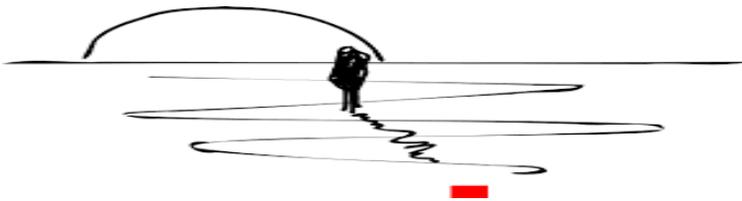
<u>CONTINUING THE JOURNEY</u>

<u>How Does It Feel To Be A Problem? Being Young And Arab In America</u>
Moustafa Bayoumi

<u>The Next American Revolution: Sustainable Activism For The Twenty-First Century</u>
Grace Lee Boggs

<u>Tears We Cannot Stop: A Sermon To White America</u>
Michael Eric Dyson

<u>Ghosts In The Schoolyard: Racism And School Closings On Chicago's South Side</u>
Eve L. Ewing

<u>How To Be Less Stupid About Race: On Racism, White Supremacy And The Racial Divide</u>
Crystal M. Flemming

<u>A Short History Of Reconstruction 1863-1877</u>
Eric Foner (white author)

<u>Tell Me Who You Are</u>
Winona Guo & Priya Vulchi

<u>This Book is Anti-Racist: 20 Lessons on How To Wake Up, Take Action, And Do The Work</u>
Tiffany Jewell & Aurelia Durand

<u>Why We Can't Wait</u>
Martin Luther King, Jr.

America for Americans: A History Of Xenophobia In The United States
Erica Lee

They Can't Kill Us All: Ferguson, Baltimore, and a New Era In America's Racial

Justice Movement
Wesley Lowery

How Capitalism Underdeveloped Black America: Problems In Race, Political Economy And Society
Manning Marable

Citizen: An American Lyric
Claudia Rankine

American Lynching
Ashraf H. A. Rushdy

The Politics Of The Veil
Joan Wallach Scott (white author)

The Origins Of The Urban Crisis: Race and Inequality In Postwar Detroit
Thomas Surgue (white author)

A Different Mirror A History Of Multicultural America
Ronald Takaki

A People's History Of The United States
Howard Zinn (white author)

MEMOIRS

I Know Why The Caged Bird Sing
Maya Angelou

I'm Still Here: Black Dignity In A World Made For Whiteness
Austin Channing Brown

The Best We Could: An Illustrated Memoir
Thi Bui

Between The World And Me
Ta-nehisi Coates

Eloquent Rage: A Black Feminist Discovers Her Superpower
Brittney Cooper

Lakota Women
Mary Crow Dog & Richard Erdoes

Minor Feelings: An Asian American Reckoning
Cathy Park Hong

Good Talk: A Memoir In Conversation (Graphic Novel)
Mira Jacob

When They Call You A Terrorist: A Black Lives Matter Memoir
Patrisse Khan-Cullors & Asha Bandele

Paper Sons
Dickson Lam

Heavy: An American Memoir
Kiese Laymon

Redefining Realness: My Path To Womanhood, Identity, Love & So Much More
Janet Mock

Citizen 13660 (Graphic Novel)
Miné Okubo

I Love Yous Are For White People: A Memoir
Lac Su

The Auto-Biography Of Malcolm X
Malcolm X

ESSAYS

They Can't Kill Us Until They Kill Us
Hanif Abdurraqib
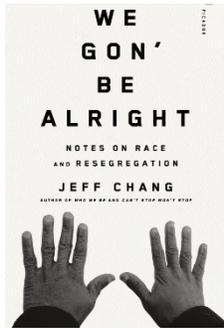
Alligator and Other Stories
Dima Alzayat

The Fire Next Time
James Baldwin

Black Is The Body: Stories From My Grandmother's Time, My Mother's Time, And Mine
Emily Bernard

We Were Eight Years In Power:An American Tragedy
Ta-Nehisi Coates

We Gon' Be Alright: Notes on Race & Resegregation
Jeff Chang

Freedom Is A Constant Struggle: Ferguson, Palestine, And The Foundations Of A Movement.
Angela Y. Davis

If They Come In The Morning...Voices Of The Resistance
Edited by Angela Davis

The Souls of Black Folk
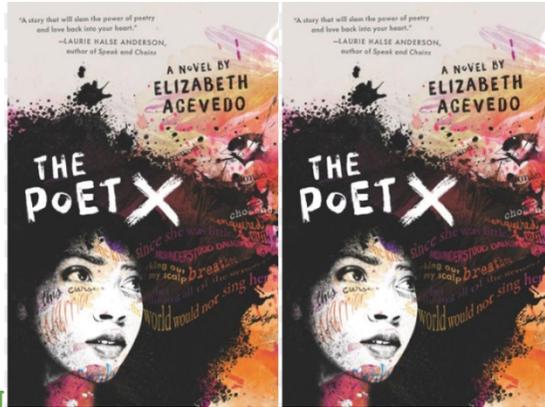W.E.B. Du Bois

Bad Feminist
Roxanne Gay

Sister Outsider: Essays & Speeches
Audre Lorde

This Bridge Called My Back: Writings By Radical Women Of Color
Edited By Cherríe Moraga & Gloria Anzaldúa

Some Of Us Are Very Hungry Now
Andre Perry

The Fire This Time: A New Generation Speaks About Race
Jesymn Ward

FICTION

Poet X
Elizabeth Acevedo

A Negro And And An Ofay: The Tales of Elliot Caprice
Danny Gardner

Homegoing
Yaa Gyasi

Their Eyes Were Watching God
Zora Neale Hurston

Welcome To Braggsville: A Novel
T. Geronimo Johnson

The Other Americans
Laila Lalami

The Year Of The Dog
Grace Lin

The Bluest Eye
Toni Morrison

Americanah
Chimamande Ngozi Adichie

All American Boys
Jason Reynolds

We Cast A Shadow
Maurice Carlos Ruffin

The Hate U Give
Angie Thomas

The Paragon Hotel
Lyndsay Faye (white author)
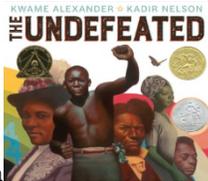
On Earth We're Briefly Gorgeous
Ocean Vuong

CHILDREN'S LITERATURE

The Undefeated
Kwame Alexander, illustrated by Kadir Nelson

Something Happened In Our Town
Marianne Celano, Marietta Collins, and Ann Hazzard, illustrated by Jennifer

Zivoin

I Am Not A Number
Jenny Kay Dupuis & Kathy Kacer, illustrated by Gillian Newland

Anti-Racist Baby
Ibram X. Kendi, illustrated by Ashley Lukashevsky

Dim Sum For Everyone!
Grace Lin

Separate Is Never Equal: Sylvia Mendez And Her Family's Fight For Desegregation
Duncan Tonatuih

Young Water Protectors: A Story About Standing Rock
Aslan & Kelly Tudor

The Day You Begin
Jaqueline Woodson, illustrated by Rafael Lopez

Moses: When Harriet Tubman Led Her People To Freedom
Carole Boston Weatherford, illustrated by Kadir Nelson

Hot Hot Roti for Dada-ji
F. Zia, Illustrated by Ken Min

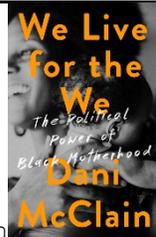**The Boy And The Wall**
Palestinian Children in the Aida Refugee Camp

New Kid
Jerry Craft

PARENTING

The First R: How Children Learn Racism
Debra Van Ausdale & Joe R. Feagin (white author)

Motherhood So White: A Memoir of Race, Gender, and Parenting In America

Nefertiti Austin

Teaching Your Kid About Black History Month (Article)
Nefertiti Austin

Parenting Forward
Cindy Wang Brandt

Parenting Forward (Podcast)

Revolutionary Mothering: Love On The Front Lines
Edited by Alexis Pauline Gumbs, China Martens, and Mai'a Williams

Raising White Kids:Bringing Up Children In A Racially Unjust America
Jennifer Harvey

We Live for the We: The Political Power of Black Motherhood
Dani McClain

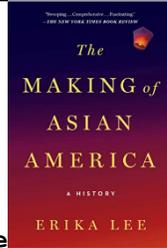## ASIAN & PACIFIC ISLANDER STUDIES

The Myth Of The Model Minority: Asian Americans Facing Racism
Rosalind S. Chou & Joe R. Feagin (white author)

Two Faces Of Exclusion: The Untold Story Of Anti-Asian Racism In The United States

Lon Kurashige

We Too Sing America: South Asian, Arab, Muslim, and Sikh Immigrants Shape Our Multiracial Future
Deepa Iyer

The Making Of Asian America
Erika Lee

On Gold Mountain
Lisa See

Strangers From A Different Shore: A History of Asian Americans
Ronald Takaki

They Called Us Enemy (Graphic Novel)
George Takei

Yellow Peril!: An Archive of Anti-Asian Fear
Edited by John Kuo Wei Tchen and Dylan Yeats (white author)

Yellow: Race In America Beyond Black And White
Frank H. Wu

Alien Nation: Chinese Migration In The Americas From The Coolie Era Through World War II
Elliott Young

The Good Immigrants: How The Yellow Peril Became The Model Minorities
Madeline H. Ysu

Asian American Dreams: The Emergence Of An American People
Helen Zia

Asian Americans (Mini-Series)
PBS

Long Distance (Podcast)

Self Evident(Podcast)

CHICANX/LATINX STUDIES

Borderlands/La Frontera
Gloria Anzaldúa

Open Veins of Latin America: Five Centuries of Pillage of A Continent
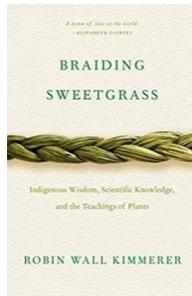Eduardo Galeano

Inventing Latinos: A New Story of American Racism
Laura E. Gomez [Available August 2020]

De Colores Means All Of Us
Elizabeth Martinez

Latinos Who Lunch (Podcast)

INDIGENOUS STUDIES

Native: Identity, Belonging, And Rediscovering God
Kaitlin Curtice

An Indigenous People's History Of The United States
Roxanne Dunbar-Ortiz (white author)

Why Indigenous Literatures Matter
Daniel Heath Justice

Braiding Sweetgrass: Idigenous Wisdom, Scientific Knowledge, And The Teaching Of Plants
Robin Wall Kimmerer

Highway of Tears: A True Story of Racism, Indifference, And The Pursuit Of Justice For Missing And Murdered Indigenous Women and Girls
Jessica McDiarmid (white author)

The Other Slavery
Andrés Reséndez

Seven Fallen Feathers
Tanya Talaga

All Our Relations: Indigenous Trauma In The Shadow Of Colonialism
Tanya Talaga

All Our Relations: Finding The Path Forward
Tanya Talaga

Everything You Wanted To Know About Indians But Were Afraid To Ask
Anton Treuer

Rez Life: An Indian's Journey Through Reservation Life
David Treuer

BLACK STUDIES

The Education Of Blacks In The South, 1860-1935
James D. Anderson

The Half Has Never Been Told: Slavery And The Making Of American Capatalism
Edward E. Baptist (white author)

The Color Of Money: Black Banks And The Racial Wealth Gap
Mehrsa Baradaran

A Black Women's History Of The United States
Daina Ramey Berry & Kali Nicole Gross

The Price For Their Pound Of Flesh: The Value Of The Enslaved, From Womb to Grave, In The Building Of A Nation
Daina Ramey Berry

Black Feminist Thought: Knowledge, Consciousness And Political Thought
Patricia Hill Collins

Selma(movie)
Directed by Ava Duverney

Ain't I a Woman: Black Women and Feminism
Bell Hooks

March Trilogy (Graphic Novels)
John Lewis, Andrew Aydin, Nate Powell

North Of Slavery: The Negro In The Free States, 1780-1869
Leon F. Litwack (white author)

Black Stats: African Americans By The Numbers In The Twenty-First Century
Monique M. Morris

Pushout: The Criminalization of Black Girls in Schools
Monique M. Morris

40 Million Dollar Slaves: The Rise, Fall, And Redemption of The Black Athlete
William C. Rhoden

From #BlackLivesMatter To Black Liberation
Keeanga-Yamahtta Taylor

A More Beautiful And Terrible History: The Uses And Misuses Of Civil Rights History
Jeanne Theoharis

The Underground Railroad (Historical Fiction)
Colson Whitehead

The Warmth of Other Son:The Epic Story Of America's Great Migration
Isabel Wilkerson

African American History: From Emancipation to the Present
Yale University AFAM 162, Free Online Course

HEALTH AND MEDICINE

Just Medicine: A Cure For Racial Inequality In The American Health Care System
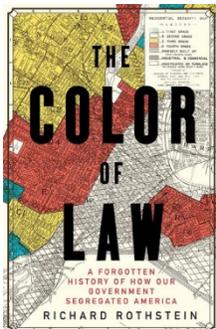Dayna Bowen Matthew

The Immortal Life Of Henrietta Lacks
Rebecca Skloot (White Author)

Medical Apartheid: The Dark History Of Medical Experimentation On Black Americans From Colonial Times To The Present
Harriet A. Washington

Flatlining: Race, Work, And Healthcare In The New Economy
Adia Harvey Wingfield

LAND AND HOUSING

Evicted: Poverty And Profit In The American City
Matthew Desmond (white author)

The Color of Law: A Forgotten History on How Our Government Segregated America
Richard Rothstein (white author)

TEACHING

For All You White Folks Who Teach In The Hood...And The Rest Of Ya'll Too
Christopher Emdin

Not Light, But Fire: How To Lead Meaningful Race Conversations In The Classroom
Matthew R. Kay

Culturally Responsive School Leadership
Muhammad Khalifa

We Want To Do More Than Just Survive: Abolitionist Teaching And The Pursuit Of Educational Freedom
Bettina L. Love

Start Where You Are But Don't Stay There: Understanding Diversity, Opportunity Gaps, And Teaching In Today's Classroom
H Richard Milner IV

Cultivating Genius: An Equity Model for Culturally and Historically Responsive Literacy
Gholdy Muhammad

White Teachers Need Anti-racist Therapy (article)
Bettina L. Love

Everyday AntiRacism: Getting Real About Race In Schools
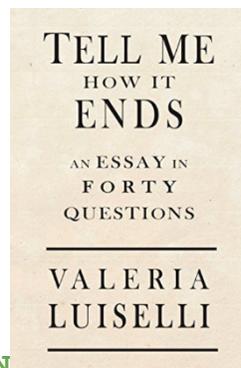Mica Pollock (white author)

"Why Are All The Black Kids Sitting Together In The Cafeteria" And Other Conversations On Race
Beverley Daniel Tatum, PhD

Conversation Starters with #schooltalking

A Framework For Teaching American Slavery

Teaching Tolerance Classroom Resources

Zinn Project Teaching Materials

IMMIGRATION

Create Dangerously:The Immigrant Artist At Work
Edwidge Danticat

My Family Divided
Diane Guerrero

Call Me American
Abdi Nor Iftir

Tell Me How It Ends: An Essay In Forty Questions
Valeria Luiselli

Enrique's Journey
Sonia Nazario

The Devil's Highway: A True Story
Luis Alberto Urrea

The Undocumented Americans
Karla Cornejo Villavicencio

VOTING

One Person, One Vote: How Voter Suppression Is Destroying Our Democracy
Carol Anderson

Give Us The Vote: The Modern Struggle For Voting Rights In America
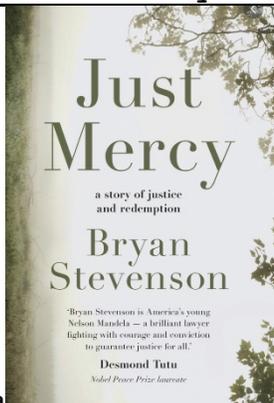Ari Berman

MASS INCARCERATION

The New Jim Crow
Michelle Alexander

Slavery By Another Name: The Re-enslavement Of Black Americans From The Civil War To World War II
Douglass A. Blackmon (white author)

Choke Hold: Policing Black Men
Paul Butler

Are Prisons Obsolete?
Angela Y. Davis

From The War On Poverty To The War On Crime: The Making Of Mass Incarceration

In America
Elizabeth Hinton

An American Marriage (Fiction)
Tayari Jones

Just Mercy: A Story Of Justice And Redemption
Bryan Stevenson

Just Mercy (Movie)
Directed by Destin Daniel Cretton

The Nickel Boys (Historical Fiction)
Colson Whitehead

Solitary: Unbroken By Four Decades In Solitary Confinement My Story of Transformation And Hope
Albert Woodfox

13th (Movie)
An American Documentary Directed by Ava Duvernay

When They See Us (Mini-Series)
Netflix Original Co-Written and Directed by Ava Duvernay

Ear Hustle (Podcast)

WHITE STUDIES

The Invention of The White Race: Volume 1: Racial Oppression and Social Control Theodore W. Allen (white author)

The Invention of The White Race: Volume 2: The Origin of Racial Oppression in Anglo-America Theodore W. Allen (white author)

White Rage Carol Anderson

What Does It Mean To Be White: Developing White Racial Literacy Robin DiAngelo (white author)

We Talk Different Episode #63-The 'What Does It Mean To Be White' Edition with Robin Di'Angelo (Podcast)

Black Like Me
John Howard Griffin

White Kids: Growing Up With Privilege In A Racially Divided America
Margaret A. Hagerman

Waking Up White
Deby Irving

The History of White People Nell Irvin Painter

Me And White Supremacy: Combat Racism, Change The World, and Become A Good Ancestor Layla F. Saad

White Like Me: Reflections On Race From A Privileged Son Tim Wise (white author)

HEALING AND RESTORATION

The Little Book on Race and Restorative Justice
Fania E. Davis

**The Innerwork of Racial Justice: Healing Ourselves and Transforming Our
Communities Through Mindfulness**   Rhonda V.
Magee

**My Grandmother's Hands: Racialized Trauma And The Pathway To Mending Our
Broken Hearts And Bodies**
Resmaa Menakem

**The Racial Healing Handbook: Practical Activities to Help You Challenge
Privilege, Confront Systematic Racism, and Engage in Collective Healing**
Annealiese A Singh, PhD, LPC

FOR THE CHURCH

The Cross and the Lynching Tree
James H. Cone

Unsettling Truths: The Ongoing, Dehumanizing Legacy Of The Doctrine Of Discovery
Mark Charles & Soong-Chan Rah

Divided By Faith: Evangelical Religion And The Problem Of Race In America
Michael O. Emerson & Christian Smith (white author)

Rethinking Incarceration: Advocating For Justice That Restores
Dominique Du Bois Gilliard

The Very Good Gospel
Lisa Sharon Harper

White Awake: An Honest Look At What It Means To Be White
Daniel Hill (white author)

Trouble I've Seen: Changing The Way The Church View Racism
Drew Hart

An Introduction to Womanist Biblical Interpretation
Nyasha Junior

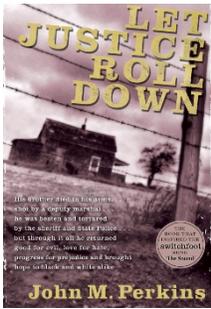**Recovering From Racism: City Ministry In "Post-Racial" America**
Larry Lloyd (white author)

Woke Church: An Urgent Call For Christians In America To Confront Racism And Injustice
Eric Mason

Road Map To Reconciliation: Moving Communities Into Unity, Wholeness and Justice
Brenda Salter McNeil

Introducing Womanist Theology
Stephanie V. Mitchem

The Long Repentance (Bible Study)
Mako Nagasawa

Let Justice Roll Down
John Perkins

Prophetic Lament: A Call For Justice In Troubled Times
Soong-Chan Rah

Beyond Colorblind: Redeeming Our Ethnic Journey
Sarah Shin

Urbana 1970: Racism & World Evangelism (Sermon)
Speech by Tom Skinner

Jesus And The Disinherited
Howard Thurman

The Color of Compromise
Jemar Tisby

Footnotes with Jemar Tisby (Podcast)

Reconstructing The Gospel: Finding Freedom From The Slaveholder Religion
Jonathan Wilson-Hartgrove (white author)

Centering: The Asian American Chrisian Podcast (Podcast)

Truth's Table (Podcast)

ARTICLES

On Being Comfortable with Discomfort: Tiffany Jewell Explains What It Means To Be Anti-racist
Vanessa Willoughby

The Case for Reparations
Ta-nehisi Coates

Why I Am No Longer Talking To White People About Race
Reni Eddo-Lodge

EJI Lynching In America Interactive Resource
Equal Justice Initiative

Are All White Americans Police Officers?
Andre Henry

White Privilege: Unpacking The Invisible Knapsack
Peggy McIntosh

America,The House That Slavery Built
Tasha Williams

Blacks And Jews Entangled
Edward S. Shapiro (white author)

MOVIES & CLIPS (Linked)

#1619 Project Interview with Hannah Jones

Campaign Zero Interview on MSNBC On Justice for Ahmaud Arbery

I Am Not Your Negro
Written by James Baldwin and Directed by Raoul Peck

Fruitvale Station
Directed by Ryan Coogle

Race: The Power Of Illusion
PBS

American Son
Directed by Kenny Leon

How Studying Privilege Systems Can Strengthen Compassion
Peggy McIntosh

Mudbound
Directed by Dee Rees

Black Feminism & The Movement For Black Lives
Barbara Smith, Reina Gossett, Charlene Carruthers

The Hate U Give
Directed by George Tillman Jr.

OTHER RESOURCE LISTS (Linked)

13 Lists Of Ways To Learn And Show Up As Anti-Racists In This World

30+ Resources To Help White Americans Learn About Race and Racism

75 Things White People Can Do For Racial Justice

A Running List Of Anti Racism Resources

Anti-Oppression Resource Guide

Anti-Racism Resource Guide for White People

Anti-Racism For White People: From Resource To Action

Anti-Racist Reading List

Educate Yourself: An Essential Anti-Racism Reading Guide

Jenna Arnold's Resources

Joe Truss's 40+ Books For Anti-Racist Teacher Book Club
Rachel Ricketts' Anti-Racism Resources

Resources For White People To Learn And Talk About Racism

Teaching While White Foundational Texts

PODCASTS (Linked)

1619

About Race

All My Relations

Antiracist Pod Squad

Code Switch

Combing The Roots

Healing Justice

Intersectionality Matters

Identity Politics

Momentum: A Race Forward Podcast

Pod For The Cause

Pod Save The People

Puestas Pa'l Problema

See Something Say Something

Seeing White

Speaking of Racism

Still Processing

The Nod

We Talk Different

What Would Our Ancestors Think

<u>**White Lies**</u>

FOLX TO FOLLOW

Rachel Cargle

Jelani Cobb

Mari Copeny

Sybrina Fulton

Elwing Suong Gonzalez

Britt Hawthorne

Ally Henny

Andre Henry

Myisha T. Hill

Bernice King

Rainer Maningding

Deray Mckesson

S. Lee Merritt, Esq.

Latasha Morrison

Brittany Packnett Cunningham

Sam Sinyangwe

Clint Smith

Tori Williams Douglass

Christina Xu

Jenny Yang

ORGANIZATIONS/PATREONS(Linked)

Asian American Justice Center

Asian Americans For Equality

Be the Bridge
Black Lives Matter

Campaign Zero

Color of Change

COPAL MN

Dignity In Schools

Equal Justice Initiative

NAACP

No White Saviors

Rethinking Schools

Showing Up For Racial Justice

Southern Poverty Law Center

the conscious kid

The Decolonial Atlas

The King Center

Zinn Education Project

Teaching Tolerance

The Great Unlearn

Access link here for most up-to-date info:
https://docs.google.com/document/d/1DJZVfgkz8tBfszdXmBHiiIIvQmY6vlnFveVChMtg94E/edit?ts=5ed6bfb

Executive Summary

Goals of this resource:
1. To serve as a collaborative document for students, faculty, and programs in mental health training. This document is meant to provide easy access to ideas and resources to self-educate about systemic barriers and diversity-related issues as they pertain to informed training.
2. To provide a platform for broad ideas about program-level initiatives that will improve mental health care provider training by addressing systemic issues as they pertain to clinical work, training programs, and academic departments at large, with the goal of beginning to dismantle systemic barriers that contribute to disparities in mental health treatment and outcomes.
3. To create conversations and encourage ideas, comments, and questions to be shared regarding the issues raised in this document. Please do not hesitate to make suggestions, edits, or comments in our Google form [https://forms.gle/Xwuf41egLTyyuH8V8].

Document Outline (with shortcuts to referenced sections):
Quick Mental Health Disparities Fact Sheets

Suggested Program Goals: ideas for program-level changes to provide training that is inclusive of all identities and informed by data about systemic barriers that have historically oppressed our students, faculty, and clients. The goals in this section are organized by category (outlined below), and sub-categorized as "short-term" and "long-term" goals.

Clinic
- *Clinic as culturally informed support for clients and therapists of various identities*
- *Increase cultural competency of student therapists and supervisors and their ability to speak to issues of culture and systemic barriers*

Groups/Committees
- *Clinical Diversity Committee with open opportunities, meeting drop-in, and feedback*
- *Faculty Ally for students*

Mentality
- *Increased communication, transparency, and visibility on these issues between faculty and students (without fear of repercussion for voicing ideas)*

Plan Creation by Leaders
- *Department Leaders to create concrete plans for increasing faculty and student diversity*
- *Resource of concrete ideas*

Program Modifications
- *Required anti-racist readings before and throughout program*
- *Ideas for required trainings throughout program*
- *Infusion of diversity issues into curriculum*

Recruitment
- *Funding for diverse students, diversity panels, diversity weekend*

Resources/Outreach
- *Easy access for students and faculty to informative resources (such as on this document)*
- *Increased communication and collaboration with local communities and/or schools*

Speakers
- *Required talks by diverse speakers about mental health disparities*

Trainings/Workshops
- *Departmental assistance in attendance of diversity-related workshops*

Resources for Training/Reading/Following: *a collection of resources (in the several forms below) to increase knowledge on mental health disparities, systemic problems, protective factors, and considerations for research and treatment with minority/marginalized groups.*

> ***Trainings/Workshops***
> ***Books/Manuals***
> ***Empirical Articles by Year***
> > ***Supplemental Articles***
> ***Empirical Articles: Marginalized Groups and Doctoral Programs***
> ***Videos***
> ***Researchers to Follow***

Resources for General Self-Education: *a selection of resources to self-educate on the broader issues acknowledged throughout the document. Ideally, programs would have these resources easily accessible to students and faculty for this purpose.*

> ***Anti-Racism Resource Guides***
> ***Understanding Racism and Talking about Race***
> ***Black Mental Health Resources***

Infographics: *visual representations of some of barriers and problems within our systems.*

_____

"Generally, there is a sense within institutions that it's the responsibility of the people who are bothered by those issues to raise them and promote change. But that's not effective. Issues with race or diversity are not handled well when they percolate from the bottom. The people who are responsible for an organization need to talk them up." - Robert T. Carter, Teacher's College

_____

For additional inquiries/suggestions regarding this document, feel free to contact the following:
Chloe Bryen [bryen@psy.fsu.edu], Carolyn Marsh [marsh@psy.fsu.edu],
Lushna Mehra [mehra@psy.fsu.edu], Jaisal Merchant [jaisalmerchant@wustl.edu]

QUICK FACT SHEETS (2017, numbers likely much higher now)

APA Fact Sheets on Mental Health Disparities in Minorities
Racial/Ethnic Minority Overview
LGBTQ Overview (see "Not Exclusively Race-Related Equity Considerations" for LGBTQIA+ resources)

SUGGESTED PROGRAM GOALS

Clinic
Short-Term
- Incorporate cultural interviews into initial treatment evaluation (and throughout treatment when possible) to understand norms and values for clients (some tools here)
- Are we able to accommodate requests for POC therapists? If not, at the very least, can we specify therapists who have extensive cultural training?
  - Can we support graduate students looking for their own POC therapists in the area?
  - Do we have a list of POC therapists to provide to clients as referrals if we cannot accommodate their requests?
- Trainings to think about:
  - *What are my own cultural values and biases to other backgrounds?*
  - *Do I feel competent in my knowledge of my clients' worldviews and experiences?*
    - *How can I get there?*
  - *Am I using strategies that are inclusive of my clients' backgrounds?*
  - *Am I generalizing my knowledge of a culture to how my client interprets their culture, or am I gathering information about how they work within their cultural standards?*
  - *How much do we know about the psychological impact of white supremacy/racism/oppression?*
- How can we discuss related identity/values/opinions with clients?
- When back in person: cover transportation costs, offer telehealth options

Long-Term
- Increase diversity among supervisors who can serve as a resource for (diverse) student-therapists who want support navigating therapy in general and/or with various clients within the framework of their identities
  - Perhaps payment for outside supervisors to encourage more POC supervisors who would otherwise be unable to volunteer their time for free
- Increase emphasis on integrative/collaborative healthcare approaches
  - Outreach to schools and primary care settings
  - Establish relationships with local hospitals/PCPs
- Increase provision of *pro bono* services to increase accessibility of mental health resources by our clinic

Groups/Committees
- Clinical Diversity Committee
  - Funding and support for this committee
  - Faculty and students serve active roles
    - Open ability to join committee/drop-in on meetings/ provide thoughts about change
- BRIDGE Clinical Psychology Network
  - Building Roads to Inclusion and Diversity in Graduate Education Clinical Psychology Network
  - Seems easy to request to join
- Faculty ally - someone available to help students navigate these issues and advocate on behalf of students
  - Possible office hours for this person during which time students can drop-in to relate concerns or suggestions

Mentality
- Encourage leaders to speak on these issues of diversity, be comfortable with related feedback, and work toward improving
  - Students should feel comfortable providing feedback about departmental improvements surrounding diversity
  - Access to an easy way for students to express (either anonymously or not) their ideas about these changes
- Encourage PIs to reach out to their students and offer support of non-research-related anti-racism efforts
  - Encourage PIs to reach out broadly about this
    - Not a political issue to be avoided in lab meeting; rather, it needs to be discussed in all spaces, especially all white ones
- Increase visibility and transparency of steps the department (or the diversity committee etc.) is taking regarding issues of diversity
  - Make results of APA site visits public
    - Specifically results of Domain D
- Increase recognition that not all identities are visible

Plan Creation by Leaders
- *Leaders* of departments should establish detailed plans for increasing diversity within clinical psychology departmental faculty and graduate students
  - Plans should be actionable and measurable
- See Concrete Steps for Recruiting, Supporting, and Advancing Underrepresented Minoritized Scientists for reference
- Can we hire diversity consultants?

Program Modifications
Short-Term
- Required readings prior to start of program AND prior to start of clinical work
  - Can focus on structural inequalities, barriers to treatment, protective factors, communication differences across cultures, etc.
  - At least *one* that is specific to these issues in the local community
- Required trainings continuous throughout program
  - Cultural competency (systemic barriers & cultural protective factors), inclusivity, bias, microaggressions, history of race in America, how to address racialized national events with clients
  - Some of these topics could be covered during prosem
Long-Term
- Infusion Model
  - Incorporate general anti-racist readings into curriculum of core courses
  - Incorporate material relating racial and ethnic mental health disparities, cultural competency, inclusivity, bias, access, and barriers to treatment into the syllabi of *all* clinical- and research-related courses
  - Encourage conversations about diversity and privilege within all classes
    - This should be written into the syllabus. Readings from diverse researchers, discussion of how diversity impacts each area of study
      - Perhaps work to include in accreditation requirements?
        - Example: NJ public schools must teach about the Holocaust each year K-12. We should have something

similar about Black history and diversity in clinical psychology- it should be included in X number of classes, annually, for all students

- o UNC Diversity Training Committee
  - ▪ Example of diversity training incorporated throughout all years in the program (also a diversifying clinical psychology weekend and success recruiting diverse students)

Recruitment
Short-Term
- Plan for diversity panels at interview weekend
  - o Could be added during a meal if there are time constraints
  - o No faculty present at this to increase opennesses and comfort of prospective students
- Introduce webinars/calls hosted by students or faculty regarding admission to programs for students from underrepresented groups
- Increase funding for application- and interview-associated costs for diverse students (e.g., underrepresented in sciences, low SES backgrounds)
- Examine data from various application stages of demographics of applicants, interviewees, accepted students, etc.
- Identify people from diversity-related societies who are participating the application cycle

Long-Term
- Actively recruit faculty
  - o Underrepresented people in positions of **power**
  - o Hire faculty whose research focuses on minority populations
  - o How do other programs recruit diverse faculty?
  - o Collaborate with people we might want to hire
  - o What has gotten in the way of these faculty members accepting our offers?
- Allocate extra funding/stipend for underrepresented individuals
- Increase diversity recruitment weekends
  - o Usually all costs for individuals are covered by the program
  - o Can use UNC's Diversifying Psychology weekend model

Research
- Incentivize diversity research within the department through grant funding
- Specific awards for diversity-related research at graduate student research days
- Build working relationships within the community to enhance recruitment of more diverse populations
- Encourage use of participatory action research, which brings community leaders in to help develop research protocols that better understand the barriers/effects of the community on mental health
- Examine alternative treatment modalities which offer comparable effectiveness but greater cultural sensitivity
- Conference travel/awards for diversity-related student research
- Use available research to adapt evidence-based protocols

Resources/Outreach
Short-Term

- Increase accessibility of anti-racist resources and resources on mental health disparities in minority populations
  - Make the resources on this document easily accessible to those in the program (e.g., added section to website)
- Increase collaboration between the psychology department and the school of social work (along with other local groups that examine these disparities on a local level)
  - This includes active awareness of the work coming out of these programs and thinking critically about them as they relate to changes we can make to support our client populations
- Build relationships with community groups to connect students/new faculty with other POC/minority/marginalized groups upon arrival
- Engage with community organizations to improve mental health literacy
- Offer to provide services or get involved with local neighborhoods/schools (those in low SES communities, those with large minority populations, or those that experience other barriers to receiving mental health care and/or resources)
-

Long-Term
- Use research relating to psychological well-being in response to chronic stressors to fight against policies that are disproportionately affecting the mental health of Black individuals and other POC
  - Making this research more widespread can help de-stigmatize utilization of mental health services in these communities
- Make psychological knowledge accessible via free platforms
  - See HGAPS for example of a group doing this via Wikipedia

Speakers
- Bring in speakers to talk about (mental) health disparities in our local communities and ways to conduct outreach to increase access to mental health resources
  - Could occur during orientation
  - Or once a year at the beginning of the year
  - Speaker could be current faculty member(s) who gather the data
  - Require that everyone (including all faculty members) attend this talk

Trainings/Workshops
Short-Term
- Bring in diverse leaders for workshops who can discuss treatment implementation strategies for conducting therapy with minority groups, continue conversations about diverse populations, and discuss their own research
- Fund students/faculty to attend workshops related to diversity/inclusion/disparities work
- Utilize webinars offered by organizations such as ABCT to supplement (*not substitute*) departmental cultural competency efforts
  - ABCT currently offers a recorded webinar entitled "Multicultural Competency in CBT"
    - If the department could help assist in our accessing this material, that would ensure our training is less cost-restrictive
Long-Term

- Pending availability of departmental resources, require faculty and graduate student attendance at 1 training/workshop/webinar per year that specifically addresses some cultural competency-related issue in a clinical setting

RESOURCES FOR TRAINING, READING, FOLLOWING

Trainings/Workshops
- [APAGS Multicultural Training Database](#)
- [Resources for diverse students and their mentors](#)
- [Diversity and health equity education](#)
- Inclusive Therapists Online [Training](#): Tending to Racial Trauma During Crisis
- Training Guides
  - [Implicit Bias Training facilitator guide](#)
  - [Race Matters: How to Talk Effectively About Race](#)
  - [A Guide to Discussing Identity, Power and Privilege (with activities)](#)
  -
- Children
  - [EmbraceRace](#)
  - [APA RESilience - Uplifting Youth through Healthy Communication about Race](#)
- [Psychological treatment of ethnic minority populations](#)
  - Brochure developed in response to concerns regarding cultural appropriateness
- [Stress & Trauma Toolkit](#)

Books/Manuals
- [Walker, R., & Akbar, N. I. (2020).](#) *The Unapologetic Guide to Black Mental Health: Navigate an Unequal System, Learn Tools for Emotional Wellness, and Get the Help You Deserve*. New Harbinger Publications.
- [Counseling the Culturally Diverse: Theory and Practice, 8th ed](#)
- Handbook of racial-cultural psychology and counseling
  - [Volume 1: Theory and research](#)
    - Carter, R. T. (2004). *Handbook of racial-cultural psychology and counseling, Vol 1: Theory and research.* John Wiley & Sons Inc.
  - [Volume 2: Training and practice](#)
    - Carter, R. T. (2004). *Handbook of Racial-Cultural Psychology and Counseling, Volume 2: Training and Practice*. John Wiley & Sons.
- [The influence of race and racial identity in psychotherapy: Toward a racially inclusive model](#)
  - Carter, R. T. (1995). *The influence of race and racial identity in psychotherapy: Toward a racially inclusive model* (Vol. 183). John Wiley & Sons.
- [Confronting Racism: Integrating mental health research into legal strategies and reforms](#)
  - Carter, R. T., & Scheuermann, T. D. (2019). *Confronting Racism: Integrating Mental Health Research Into Legal Strategies and Reforms*. Routledge.
- [Guide to Psychological Assessment with African Americans](#)
  - Benuto, L. & Leany, B. (2015). *Guide to psychological assessment with African Americans*. New York: Springer.
- [Handbook of Mental Health in African American Youth](#)

- o Noble, A., Mateen, C. & Singh, N. (2016). *Handbook of mental health in African American youth*. Cham: Springer Science + Business Media.
- [Multicultural Counseling Competencies: Individual and Organizational Development (Multicultural Aspects of Counseling And Psychotherapy)](#)
  - o Sue, D. (1998). *Multicultural counseling competencies : individual and organizational development*. Thousand Oaks, Calif: Sage.

- APA Publications
  - o [Dialogues on Difference: Studies of diversity in the therapeutic relationship](#)
    - ▪ Muran, J. (2007). *Dialogues on difference: Studies of diversity in the therapeutic relationship.* American Psychological Association.
  - o [APA Handbook of Intercultural Communication](#)
    - ▪ Matsumoto, D. E. (2010). *APA handbook of intercultural communication.* Walter de Gruyter & Co.
  - o [Studying ethnic minority and economically disadvantaged populations](#)
    - ▪ Knight, G. P., Roosa, M. W., & Umaña-Taylor, A. J. (2009). *Studying ethnic minority and economically disadvantaged populations: Methodological challenges and best practices.* American Psychological Association.
  - o [American Psychiatric Association Best Practices on Working with African American/Black Patients](#)

Empirical Articles by Year
2020
- [Eyongherok, A. I. (2019).](#) *Mental Health Disparities Among Minority Populations. Walden Dissertations and Doctoral Studies.*
- [French, B. H., … & Neville, H. A. (2020).](#) Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist, 48*(1), 14-46. https://doi.org/10.1177/0011000019843506
- [Metzger et al. (2020).](#) Healing Interpersonal and Racial Trauma: Integrating Racial Socialization Into Trauma-Focused Cognitive Behavioral Therapy for African American Youth. Child Maltreatment, 107755952092145. [https://doi.org/10.1177/1077559520921457](#)
- [Saleem, Anderson, & Williams (2020).](#) Addressing the "Myth" of Racial Trauma: Developmental and Ecological Considerations for Youth of Color. *Clinical Child and Family Psychology Review*, Vol. 23, pp. 1–14. [https://doi.org/10.1007/s10567-019-00304-1](#)

2019
- [Carter, R. T., Johnson, V. E., Kirkinis, K., Roberson, K., Muchow, C., Galgay, C. (2019).](#) A meta-analytic review of racial discrimination: Relationships to health and culture. *Race and Social Problems, 11,* 15-32.
- [Nadal, K. L. Erazo, T. & King R. (2019)](#). Challenging definitions of psychological trauma: Connecting racial microaggressions and traumatic stress. *Journal for Social Action in Counseling and Psychology*, *11*(2), 2–16. https://doi.org/10.33043/jsacp.11.2.2-16
- [Neblett , E. W.(2019)](#). Racism and health: Challenges and future directions in behavioral and psychological research. *Cultural Diversity and Ethnic Minority Psychology*, *25*(1), 12–20. [https://doi.org/10.1037/cdp0000253](#)
- [2019 American Psychologist, Special Issue: Racial Trauma:](#) Theory, Research, and Healing

2018
- 2018 Psychology of Violence Special Issue: Addressing discrimination based on race, ethnicity, religion, sexual orientation, and gender identity.
- Perrin, P. B. (2018). Academic Medicine's Responses to National Race-Related Events and Its Role in Civil Rights. Health equity, 2(1), 5–6. https://doi.org/10.1089/heq.2017.0052

2017
- Epstein, R., Blake, J., & González, T. (2017). Girlhood interrupted: The erasure of Black girls' childhood. Available at SSRN 3000695.
- FitzGerald, C., & Hurst, S. (2017). Implicit bias in healthcare professionals: A systematic review. *BMC Medical Ethics*, *18*(1), 19.

2016
- Comas-Díaz, L. (2016). *Racial trauma recovery: A race-informed therapeutic approach to racial wounds.* In A. N. Alvarez, C. T. H. Liang, & H. A. Neville (Eds.), *Cultural, racial, and ethnic psychology book series. The cost of racism for people of color: Contextualizing experiences of discrimination* (p. 249–272). American Psychological Association
- Noonan, A.S., Velasco-Mondragon, H.E. & Wagner, F.A. (2016). Improving the health of African Americans in the USA: an overdue opportunity for social justice. *Public Health Rev* 37. https://doi.org/10.1186/s40985-016-0025-4

2015
- Hope, E. C., Hoggard, L. S., & Thomas, A. (2015). Emerging into adulthood in the face of racial discrimination: Physiological, psychological, and sociopolitical consequences for african american youth. *Translational Issues in Psychological Science*, *1*(4), 342.
- Malott, K. M., & Schaefle, S. (2015). Addressing clients' experiences of racism: A model for clinical practice. *Journal of Counseling & Development, 93*, 361-369.

2014
- Owen, J., Tao, K. W., Imel, Z. E., Wampold, B. E., & Rodolfa, E. (2014). Addressing racial and ethnic microaggressions in therapy. *Professional Psychology: Research and Practice, 45(4),* 283-290.

2013
- Chapman, L. K., DeLapp, R. C. T., & Williams, M. T. (2013). Cognitive-behavioral treatment of social anxiety among ethnic minority patients, part 1: Understanding differences. *Directions in Psychiatry, 33*(3), 151-157.
- Chapman, L. K., DeLapp, R. C. T., & Williams, M. T. (2013). Cognitive-behavioral treatment of social anxiety among ethnic minority patients, part 2: Bridging the gap in treatment. *Directions in Psychiatry, 33*(3), 163-171.
- Neville, H. A., Awad, G. H., Brooks, J.E., Flores, M. P., & Bluemel, J. (2013). Color-blind racial ideology: Theory, training, and measurement implications in psychology. American Psychologist, 68(6), 455.
- Williams, M. T., Tellawi, G., Wetterneck, C. T., & Chapman, L. K. (2013). Recruitment of Ethnoracial Minorities for Mental Health Research. *The Behavior Therapist, 36*(6), 151-156.

2012
- Helms, J. E., Nicolas, G., & Green, C. E. (2012). Racism and ethnoviolence as trauma: Enhancing professional and research training. *Traumatology, 18*(1), 65–74.
- Pieterse, A. L., Todd, N. R., Neville, H. A., & Carter, R. T. (2012). Perceived racism and mental health among Black American adults: A meta-analytic review. *Journal of Counseling Psychology*, *59*(1), 1.
- Williams, M. T., Chapman, L. K., Wong, J., & Turkheimer, E. (2012). The role of ethnic identity in symptoms of anxiety and depression in African Americans. *Psychiatry Research, 199,* 31-36.

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- Sue, D. W., Nadal, K. L., Capodilupo, C. M., Lin, A. I., Torino, G. C., & Rivera, D. P. (2008). Racial microaggressions against Black Americans: Implications for counseling. *Journal of Counseling & Development*, *86*(3), 330–338.

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- Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist*, *35*(1), 13–105.
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist,* *62*(4), 271–286. https://doi.org/10.1037/0003-066X.62.4.271
- Whaley, A. L., & Davis, K. E. (2007). Cultural competence and evidence-based practice in mental health services: A complementary perspective. *American Psychologist*, *62*(6), 563.

2006

- Franklin, A. J., Boyd-Franklin, N., & Kelly, S. (2006). Racism and invisibility: Race-related stress, emotional abuse and psychological trauma for people of color. *Journal of Emotional Abuse*, *6*(2–3), 9–30.

2005

- Bryant-Davis, T., & Ocampo, C. (2005). Racist Incident–Based Trauma. *The Counseling Psychologist,* *33*(4), 479–500.

2001

- Whaley, A. L. (2001). Cultural mistrust: An important psychological construct for diagnosis and treatment of African Americans. Professional Psychology: Research and Practice, 32(6), 555.

2000

- Fukuyama, M.A., & Ferguson, A. D. (2000). Lesbian, gay, and bisexual people of color: Understanding cultural complexity and managing multiple oppressions. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.). Handbook of counseling and psychotherapy with Lesbian, Gay, and Bisexual clients (pp. 81-105). Washington, D.C.: American Psychological Association.

1996

- Richardson, T. Q., & Molinaro, K. L. (1996). White counselor self-awareness: A prerequisite for developing multicultural competence. *Journal of Counseling & Development*, *74*(3), 238-242.

Supplemental Articles
- Additional relevant articles can be found here
- Additional select readings on *treatment adaptations* for specific adult minority groups can be found here

Empirical Articles: Marginalized Groups and Doctoral Programs
- Hofstra, B. et al.. (2020). The diversity–innovation paradox in science. *Proceedings of the National Academy of Sciences*, *117*(17), 9284-9291.
- Perez, R. J. et al.. (2019). Graduate students' agency and resistance after oppressive experiences. *Studies in Graduate and Postdoctoral Education, 11*(1), 57-71.
- Slay, K. E., Reyes, K. A., & Posselt, J. R. (2019). Bait and switch: Representation, climate, and tensions of diversity work in graduate education. *The Review of Higher Education*, *42*(5), 255-286.

- Jones, H. A., Perrin, P. B., Heller, M. B., Hailu, S., & Barnett, C. (2018). Black psychology graduate students' lives matter: Using informal mentoring to create an inclusive climate amidst national race-related events. *Professional Psychology: Research and Practice*, *49*(1), 75.
- Truong, K., & Museus, S. (2012). Responding to racism and racial trauma in doctoral study: An inventory for coping and mediating relationships. *Harvard Educational Review*, *82*(2), 226-254.
- Gildersleeve, R. E., Croom, N. N., & Vasquez, P. L. (2011). "Am I going crazy?!": A critical race analysis of doctoral education. *Equity & Excellence in Education*, *44*(1), 93-114.
- Patton, L. D. (2009). My sister's keeper: A qualitative examination of mentoring experiences among African American women in graduate and professional schools. *The Journal of Higher Education*, *80*(5), 510-537.

Videos
- Acknowledging and Managing Implicit Bias
- Hidden Influencers: Tackling the social and behavioral determinants of health
- Social and Behavioral Determinants of Toxic Stress

Researchers to Follow: work on mental health disparities, BIPOC [mental] health)
- **Nicole Allen,** PhD: community psychologist; research to examine systems change processes in the response to social issues (namely, intimate partner violence, sexual assault, & juvenile delinquency) b) to explore the experiences of individuals as they navigate complex systems (e.g., criminal justice, sororities); c) to investigate the effectiveness of social interventions that aim to alter the contexts of individuals' lives to promote health and well-being. Website
- **Riana Anderson,** PhD: research on mental and physical health of Black youth, parenting programs centering on race-related stress; University of Michigan School of Public Health, Health Behavior and Health Education. Twitter: @rianaelyse
- **Sharetta Butler-Barnes**, PhD: how racism and using strength-based cultural assets impact on health and educational outcomes of Black American families. Wash U Brown School of Social Work. Twitter: @stbbarnes
- **Leopoldo J. Cabassa**, PhD: research on physical and mental health disparities among minorities (racial/ethnic) with serious mental illness (e.g., schizophrenia, bipolar disorder, major depression). Wash U Brown School of Social Work. Twitter: @LCabassa
- **William Elliot III**, PhD: work revolves around challenging individual beliefs and cultural values involved in educational justice - college funding, student debt, inequality, systemic patterns of poverty. Michigan School of Social work.
- **Darell Hudson,** PhD: research on racial/ethnic health disparities and influence of social determinants of health (e.g., SES and social context). Wash U Brown School of Social Work. Twitter: @DrDHud
- **Shabnam Javdani**, PhD: clinical/community psychologist. Research goal is to understand and reduce the development of inequality-related mental health and legal problems and study community and institutional responses to these complex challenges. Website
- **Husain Lateef**, PhD: research on the role of African-centered approaches in improving outcomes for African American youth of youth prevention programs. Wash U Brown School of Social Work.

- **Vickie Mays**, PhD: research on mental and physical health disparities in ethnic minority groups; the role of percieved and actual discrimination on health outcomes; access to and quality of mental health servies for racial, ethnic, and sexual minorities; also involved in policy work on factors surrounding HIV/AIDS in racial and ethic minorities.
- **Juliette McCleandon**, PhD: research on racial/ethnic health disparities with an emphasis on stress-related mechanisms that contribute to these disparities; examines impact of discriminatory stress on health of people of marginalized groups. Twitter: @DrJulietteM
- **Ethan Mereish**, PhD: His research focuses on understanding the effects of social, psychological, and cultural determinants of health for lesbian, gay, bisexual, and transgender (LGBT) individuals and racial/ethnic minorities as well as factors that promote their resilience. Website
- **Von Nebbitt**, PhD: research on urban African American children and youth, primarily focused on increasing empirical and theoretical knowledge of the effects of living in urban public housing on minority adolescents' health and well-being. Wash U Brown School of Social Work.
- **Enrique Neblett**, PhD: Research on racism related stress, Black/African American mental health, health disparities and health equity. Twitter: @DrNeblett
- **Jason Purnell**, PhD: research on the impact of sociocultural and socioeconomic factors on mobilizing community action to address the social determinants of health. Twitter: @jqjp1
- **Rheeda Walker**, PhD (Joiner student): Suicide Science and African American mental health; impact of cultural barriers on mental health initiatives, correlates of suicide as they pertain to the development of culturally relevant models of mental health and wellbeing Twitter: @rheedawalkerphd
- **Daphne C. Watkins**, PhD: work about the social determinants of health that explain within group differences among black men; evidence-based strategies to improve the health (physical and mental) of black men; increasing knowledge about the intersection of culture, ethnicity, age, and gender. @DrDaphneWatkins
- **David Williams**, MPH, PhD: research on the ways in which race, stress, racism, health behavior, and religious involvement affect health. Developed the Everyday Discrimination Scale which is one of the most widely used tools in studies on health discrimination. His 2017 TED MED Talk: "How Racism Makes Us Sick"
- **LaRicka Wingate,** PhD (Joiner student): Oklahoma State University, studies racial/ethnic minorities and suicide, specific focus on protective factors, positive psychology. Website.
- APA Work Group on Race Related Parental Stress

RESOURCES FOR GENERAL SELF-EDUCATION

Anti-Racism Resource Guides
- Anti-Racism for Beginners
- Anti-Racism Resources for White People
- Anti-Racist Allyship Starterpack
- Justice in June

Understanding Racism and Talking about Race
- Talking About Race - National Museum of African American History and Culture

- [Race - APA](#)
- [Social justice and liberation centered books, websites, and articles](#) - Inclusive Therapists
- [McIntosh, P. (2001).](#) White privilege and male privilege: A personal account of coming to see correspondences through work in women's studies (1988). *Race, class, and gender: An anthology*, 95-105.
- [McIntosh, P. (1990).](#) White privilege: Unpacking the invisible knapsack. In P. S. Rothenberg (Ed.), *White privilege* (pp. 97-101). New York, NY: Worth.
- [Helms, J. E., & Talleyrand, R. M. (1997).](#) Race is not ethnicity.

Black Mental Health Resources
- [Black Emotional and Mental Health Collective](#)
- [Black Men Heal](#)
- [Black Mental Health Alliance](#)
- [Black Women's Health Imperative](#)
- [The Boris Lawrence Henson Foundation](#)
- [Brother, You're on My Mind (NIMHD)](#)
- [POC Online Classroom: Self-care](#)
- [The Steve Fund](#)

Not Exclusively Race-Related Equity Considerations
- LGBTQ+
  - [APA guidelines for clinical practice with LGB clients](#)
  - Gender/sex [bias free language guide](#)

INFOGRAPHICS

1. **Purchase at https://alyseruriani.com/**

2.

IPAC
Task Force E
Telehealth Options for Student Clinical Education in Collaboration with RWJBH System

COMMITTEE MEMBERS: Joseph A. Barone (Facilitator), Denise Rodgers, Christin Traba, Alma Merians, Archana Pradhan, Maria Soto-Greene

ASSOCIATES: Lisa A. Mulé and Caroline Harris

The purpose of this working group is to provide a structured framework to teach students how to evaluate patients via Telemedicine, including identifying potential barriers that come with delivery of Telemedicine and patient access to this mode of care. The task force will also look at ways to sensitize learners to the impact of health disparities and problems with access to technology. This group will also see what best practices are in place at other institutions and see how we can best emulate and implement effective telemedicine teaching strategies at Rutgers University.

WHO Definition of Telemedicine: The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.

Four elements are germane to telemedicine:

1. Its purpose is to provide clinical support. 2. It is intended to overcome geographical barriers, connecting users who are not in the same physical location. 3. It involves the use of various types of ICT. 4. Its goal is to improve health outcomes.

* WHO uses the terms telehealth and telemedicine interchangeably.

* ICT = Information and Communication Technologies

WHO Definition of Interprofessional Education as adopted by RBHS:

Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

WHO Definition of Interprofessional Collaborative Practice as adopted by RBHS:
Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, careers and communities to deliver the highest quality of care. It allows health workers to engage any individual whose skills can help achieve local health goals.

Interdisciplinary/Multidisciplinary Education: These terms are frequently used to describe interprofessional educational activities or to describe educational offerings when students from different disciplines learn in parallel without learning from and about each other. At RBHS we prefer to use the term "Interprofessional Education" to describe health professions educational offerings that include two or more disciplines where all three requirements, students learning with, from, and about each other, are met. At RBHS we will use "interdisciplinary or multidisciplinary" education to describe educational settings where students from different disciplines learn with each other only. For example, if PA, APN and medical students were to take an anatomy class together, but small group or lab work is done in an uni-disciplinary way this would be considered inter- or multi-disciplinary education from an RBHS perspective.

Remote Learning is where the student and the educator, or information source, are not physically present in a traditional classroom environment. Information is relayed through technology, such as discussion boards, video conferencing, and online assessments. Remote Learning can occur synchronously with real-time peer-to-peer interaction and collaboration, or asynchronously, with self-paced learning activities that take place independently of the instructor. (Definition from the Top Hat higher education website https://tophat.com/glossary/)

PREAMBLE TO TELEHEALTH CARE

Telehealth has increasingly been recognized as an important mode of healthcare delivery; however, it will never completely replace in-person care and the need for the provider and patient to have contact. Before telehealth is initiated there are several cautionary steps a provider must take:

1) Obtain proper consent for the telehealth visit from the patient.
2) Ensure the platform being utilized is **SAFE and SECURE** (NEVER USE FREE ZOOM) – only utilize HIPAA complaint versions of Zoom or WebEx.
3) Fully consider the technology that the patient is using to see where it has the potential to limit correct evaluation (phone vs. laptop view). Is the patient in anan adequate space for the visit?
4) <u>Take</u> every precaution to ensure patient privacy. Confidentiality is key. Make sure the caregiver is needed and welcome on all telehealth visits.

5) Correctly document the type of visit (telehealth vs. in-person) that was conducted in the patient's chart or progress notes. For certain healthcare concerns, in-person follow-up is essential.

These guidelines are based on current protocols and have the potential to change as new information and updates become available.

In April 2020, the American Telemedicine Association (ATA) released a "Quick-Start Guide to Telehealth During a Health Crisis". This free resource was developed for healthcare providers faced with the challenge of rapidly establishing telehealth services during the COVID-19 Pandemic. The ATA lists the following key considerations to quickly begin offering telehealth services:

1) Technology – What technology does your organization have in place now that you can use for telehealth services?
2) Clinical – Which of your patients should be treated by telehealth? How will your practice or small hospital manage the workflow of telehealth visits?
3) Financial – How do you get paid? What about reimbursement?
4) Presentation – What guidelines should you establish for conducting clinical encounters via telehealth?
5) Communication – How should you communicate changes in services to your staff and your patients?
6) Metrics – How will you measure the effectiveness of your telehealth services?

COMPETENCY DEVELOPMENT FOR LEARNERS

- Key element is building trust
- Be cautious of inherent provider biases
- Teach-back challenge
- Need to rely on other healthcare and caregiver providers to fill in gaps.
- Respect the role of the caregiver

CLINICAL CARE

Greeting the Patient

1. Introduce yourself and your role
2. Confirm that you are speaking to the right patient
3. Confirm that the patient can hear and see you
4. Acknowledge use of new technology – "Thank you for meeting with us today via our Telemedicine platform, we're connecting with patients by video or phone to keep you safe…"

Telehealth Physical Aspects to Look at when connecting with a patient:

- General appearance
- Vital signs – heart rate, respiratory rate (after appropriate patient education)
- Potential for integration of Bluetooth enabled devices
- Ask if patient has blood pressure machine at home, thermometer.
- Mental status: orientation, assessment of affect, mood, thought process
- Inspection:
- Skin – erythema, rashes, edema, cyanosis
- Eyes – Jaundice, conjunctival injection
- Respiratory distress – use of accessory muscle use, nasal flaring
- Abdominal distension
- MSK – Neck range of motion
- Neuro – Facial asymmetry, extra-ocular move

Things to Keep In Mind with Telemedicine (from Christin Traba, MD)

Adapted from Jonas E, Durning SJ, Zebrowski C, Cimino F. An Interdisciplinary, Multi-Institution Telehealth Course for Third-year Medical Students. Acad Med. 2019; 94:833-837.

Provider-End Room Set Up
• Ensures provider-end environmental security and privacy.
• Ensures computer is on and camera is at the correct level.

Patient Connectivity
• Determine patient's ability to connect to telehealth platform is key.
• Important to have staff assure patient can access or download appropriate technology.

Barriers to Patient Care
• Ensures patient has video capable device (consider cost issue regarding data plans, etc.; be aware of resources to obtain access to phone service and/or data). https://www.safelinkwireless.com/Enrollment/Safelink/en/Web/www/default/index.html#!/newHome
• Hearing Impairment: Know availability of interpreter services for sign language (also consider limitations in elderly with hearing loss).
• Language Barrier: Utilize phone interpreter service as part of patient interview.

Patient Engagement
• Determines that provider and patient can see and hear each other adequately.
• Discusses environmental privacy with patient and recommends remedial actions (if necessary).
• Private and secure space to safeguard patient information & decrease distractions/noise.
• Discusses what to do in the event of technical difficulty (i.e. turn an audio into a phone visit).
• Obtains number to contact patient in case of disconnect.
• Conducts physical exam via telehealth as indicated by case presentation.

Provider Telehealth Behaviors
• Looks directly at camera, approx. every 30 seconds, to simulate eye contact with patient.
• Positions self wholly within camera frame. *(Body not cut off on top, left, or right.)*
• Gestures within camera frame.
• Balances attention appropriately between patient and documentation.
• Speaks naturally (does not raise voice).
• Avoids extraneous noise near mic (tapping, shuffling papers).
• Avoids carrying on side conversations unless microphone is muted.
• Maintains professional demeanor throughout.

The Good and Bad of Telemedicine

(from Telemedicine 101 Talk by Alfonso Waller, MD 5/18/2020)

GOOD- Telemedicine is a viable tool to address some healthcare delivery issues. Telemedicine can address shortages in clinical workforce, improve access to care, provide more patient and family centered care, increase efficiencies in practice, and enhance the quality of care.

BAD- Healthcare in our community can be challenging. Several issues can impact telehealth care such as patient understanding, language barriers, communications mishaps, and the need to do a better job of appropriately involving caregivers.

GOOD- Improved Continuity of Care with Doctors and Reduces No Shows or Cancellations with Doctors
GOOD – removes transportation barriers for patients and helps them manage conditions from the comfort of their home

GOOD- Reduces risk of spreading or contacting contagious diseases

BAD- Some barriers are computer and mobile technology connectivity issues, disruption of the visit due to low bandwidth or lack of minutes available on phone, provider resistance, inherent provider bias, security, cost/reimbursement

Getting Prepared to Conduct Telehealth

- Have a pre-visit screening conducted to assess any barriers that might be in place. (utilize students to conduct these to preemptively deal with barriers while building their own competency skills.)
- The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home.
- Ensure room is secure for HIPPA – Quiet, interruption-free private space
- Close open windows – Wear headphones –
- Angle screen so no one can walk by and see it
- Wear same level of professional attire as in-person care
- Adequate lighting
- Avoid visual distractions

- Test your speakers and mic before starting every visit
- Turn off other web applications and notifications (you can't seem distracted)
- High-speed internet connection • Consider using dual-monitors • Position webcam at eye level
- Remember that all of your actions become magnified on camera!

PHARMACY

The new role of the Pharmacist "TelePharmacy"

(Bonner, L. Telelehalth Basics for Pharmacists During COVID-19 and Beyond; Pharmacy Today, June 2020)

Telepharmacy refers to the delivery of care to patients in various locations who might not be able to have contact with a pharmacist. Pharmacists are a great resource for patients that have questions and concerns about drug interactions, vaccines, and testing, especially in light of the COVID-19 Pandemic. These telepharmacy consultations can take place in the comfort of the patient's home and give some much-needed ease to patients. Patients seem very pleased to have the interaction and be able to communicate with their pharmacist in this capacity. There are even HIPAA compliant phones that can be used for these calls which protect the information of the caller. For example, a pharmacist can have the phone show their clinic's number vs. their personal phone number.

Telepharmacy regulation is being established at the state level and currently around 2/3 of states have regulations or legislations in place. One hurdle of telepharmacist is reaching out to Rural Americans who have inept internet resources. For them successful care will rely on the expansion of broadband internet access to certain areas. Overall, this pandemic has allowed the pharmacist to engage in an enhanced healthcare provider role and expand their patient outreach.

PHYSICAL THERAPY/HEALTH PROFESSIONS

(Alma S. Merians, PT, Phd)

All physical therapy whether provided face to face or via telehealth is **RELATIONSHIP** centered. The therapeutic alliance is crucial to achieve patient engagement and maximize clinical outcomes. The following considerations will help therapists be successful and provide the best telehealth patient experience. Tips for Telehealth Success:

- Review the patient holistically in his or her home environment, family situation, daily activities, work, functional limitations, etc.
  - Ultimately patients want to know:
    1. What is wrong with me (diagnosis)?
    2. What can they do to help (home exercises, etc)?
    3. What can the therapist do to help (plan of care)?
    4. How long will therapy take (prognosis)?
    5. How much will it cost?

*If you can help answer these questions and establish trust through a solid therapeutic alliance during the initial evaluation, patient will likely improve ~25% (70% based on subjective interview process). Louw, A., et al. (2020). "

- Active listening skills require elevated awareness, especially in the virtual setting.
  - Use open ended questions such as:
    1. What is this condition preventing you from doing?
    2. What is the most important thing that I can help you with today?
    3. What would help you today make your life better?
    4. At the beginning of our time today you mentioned _____ as your biggest concern or worry. How do you feel about that now after this telehealth visit?

Subjective Evaluation Questions

1. **Kind of disorder**
   - The main problem from the patient's perspective:
     - Pain _____
     - Limited Movement _____
     - Limited ROM _____
     - Weakness _____
     - Numbness _____
     - Decreased Function _____

2. **History**
   - How and when did this start?
     - _____
   - What kind of symptoms were present when it started?
     - _____
   - Did any of the symptoms spread anywhere else? _____
   - How long did it take for the symptoms to come on? _____
   - What were you doing around the time of the onset?
     - _____
   - What do you think happened?
     - _____
   - Why do you think you hurt?
     - _____
   - Is it getting better, worse or the same? If so, in which way
     - _____
   - Have you had similar episodes in the past?
     - How often does it happen? _____
     - How long does it last? _____
   - Pharmaceutical (Past) _____
   - Surgical _____
   - Specialists _____
   - Other orthopedic issues _____
   - Other medical issues _____

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	More than one-half the days
Little interest or pleasure in doing things	0	2
Feeling down, depressed, or hopeless	0	2

a score of ≥3 on the PHQ-2 prompts a PHQ-9 to be administered. A score of ≥10 on the PHQ-9 is considered a positive depression screening and warrants an intervention (e.g., diagnosis, referral, pharmacotherapy).

3. **Site of Symptoms**
   a. Review body chart: dermatomal vs myofascial, prioritize the symptoms= P1, P2, P3, etc.

   _____
   b. Description of the symptoms in patient's language

   _____
   c. Constant vs. Intermittent
      i. Constant: variable vs non-variable

      _____

4. **Behavior of Symptoms**
   - Increases with

   - Decreases with

   - Positions

   - Mechanical Loading

   - Duration

   - Frequency

   - Latency ("I will pay for it tomorrow")

   - Immune responses

   - Weather/ temperature changes

   - Time of day (morning vs noon vs night)

5. **Special Questions**
   o Medications (5 key ones for spinal pain)
      - Pain medication

      _____
      - Anti-inflammatories

      _____
      - Muscle Relaxers

      _____
      - Anti-depressants

      _____
      - Anti-seizure

      _____

   o Imaging

- **What tests**
  _____

- **When**
  _____

- **Results**
  _____

  o Cancer screen:
    o Age >55
    o Personal History
    o Family History
    o Sudden Unexpected weight loss or gain
  o Inflammation:
    o Daily pattern (AM and PM increase)
    o Effects movement
    o Night pain

The RBHS Interprofessional Faculty Advisory Council (IPEFAC) was surveyed to gain an understanding of the telehealth educational offerings available for health professions students at Rutgers, with a specific focus on whether and how each school has incorporated telehealth into the curriculum. Members of the IPEFAC represent Ernest Mario School of Pharmacy, New Jersey Medical School, Robert Wood Johnson Medical School, Rutgers School of Dental Medicine, School of Health Professions, School of Nursing, School of Public Health, School of Social Work, and Graduate School of Applied and Professional Psychology.

The majority of schools have adapted to the changed education landscape and reduced access to clinical sites due to the pandemic by incorporating telehealth into courses and clinical training across multiple student levels.

<u>Courses and Lectures</u>

- Telehealth has been incorporated into a Social Work Practice course slated for the fall. It is an elective open to all graduate students at the School of Social Work.

- A telehealth unit has been included as part of an Advanced Patient Management course for rising year three students in the Doctor of Physical Therapy Program at the School of Health Professions.

- A telemedicine lecture has been incorporated into the New Jersey Medical School curriculum for year one and year three students in the spring. Telemedicine small group discussions have been added for year three and year four students in the spring.

- Robert Wood Johnson Medical School offers telemedicine electives in the departments of Medicine, Family Medicine, and Pediatrics. These non-credit electives primarily include pre-clerkship students. Primary responsibilities include orienting patients to remote visits and doing preliminary history taking. Pre-clerkship students may also participate in a non-credit

Outreach to Geriatric Patient elective in which the students call to check in on older patients during the pandemic.

- As part of the PharmD curriculum, the Ernest Mario School of Pharmacy faculty have recently rolled out a required five semester course sequence, *Integrated Pharmacotherapy Assessment Skills Series (iPASS),* to provide students with strong training in the point-of-care skills of the pharmacist. Coordinators plan to incorporate telehealth throughout the overall course sequence beginning in spring of the P1 year. An introduction to telehealth and associated practice model examples will be discussed with students early in the pharmacy program. Key concepts will be integrated and reinforced throughout the series. Available technologies such as EHR Go (a mock EHR), Learning Space, and Webex/Zoom will be incorporated into students' learning, practice sessions, and assessments. Potential telehealth opportunities to be implemented in the iPASS course series include counseling; medication review, reconciliation, and management; and interprofessional education and communication. As faculty use telemedicine increasingly at their clinical sites, they will focus on developing the appropriate understanding and skills that students will need for success in telehealth.

Clinical Training and Objective Structured Clinical Examinations (OSCEs):

- Telemedicine has been variably integrated into Family Medicine and Medicine clerkships for Robert Wood Johnson Medical School students. As part of the Family Medicine clerkship, most students practice telemedicine. All students in the Medicine clerkship practice limited telemedicine as part of introductory week.

- All OSCEs for pre-clerkship and clerkship Robert Wood Johnson Medical School students are being delivered remotely, many as telemedicine visits.

- A telemedicine OSCE (TeleOSCE) has been incorporated into the New Jersey Medical School curriculum for year one students in the spring.

- An OSCE focused on a telehealth case was delivered remotely to rising year three Doctor of Physical Therapy students at the end of the Spring Semester.
-
- Telehealth training is mandated for all students seeing clients in the Psychological Services Clinic at the Graduate School of Applied and Professional Psychology (most year one and year two GSAPP students). Advertised telehealth trainings are also emailed to students.

- As a result of limited access to clinical sites due to the pandemic, Ernest Mario School of Pharmacy developed a Remote Ambulatory Care Rotation. This advanced pharmacy practice experience (APPE) is a five-week experiential rotation designed to enhance the students' clinical knowledge and to develop the skills necessary to provide clinical pharmacy services to a medically underserved and culturally diverse group of ambulatory patients. Although the experience is provided remotely, students participate in patient care by telemedicine, develop assessments and plans, and implement and monitor treatment plans. Students are exposed to the medical, cultural, and financial needs of an urban minority population with limited

economic resources. Exposure to the issues confronting this population provides the students with a broad understanding of the factors that affect medication compliance and therapeutic outcomes. The students learn how to evaluate and overcome barriers to care and achieve the desired therapeutic goals crucial during the COVID19 pandemic. As the current circumstances require, communication skills are enhanced by interacting with patients and health care professionals remotely.

The rotation consists of participation in shared large-group activities with faculty and students completing different APPE rotations around the state, and participation in small group activities with the preceptor. The resources for the large-group shared activities are available on Canvas. The small group activities with the preceptor include providing patient care through telemedicine, completing a journal club and a formal case presentation, answering drug information questions, and attending case discussions with the preceptor. With student input, the preceptor may tailor the assigned activities to take advantage of the local opportunities at each clinical site.

Rotation objectives:
- Enhance the student understanding of the disease states commonly found in ambulatory settings, including the pathophysiology, diagnosis, and medical management of these conditions.
- Develop the skills necessary to provide direct patient care to a culturally diverse, financially distress ambulatory patient population.
- Develop the skills required to assess patients' drug therapy and develop and implement therapeutic plans.
- Present a formal case
- Complete drug information questions or cases posted on Canvas or on Google drive.
- Enhance the student's ability to identify, evaluate, interpret medical literature, and apply this information to optimize patient care.
- Enhance the student's communication skills by counseling patients and presenting formal and informal discussions
- Complete a weekly activity log / reflection

Evaluations:

The student will receive a mid-point evaluation and a final evaluation. The mid-point evaluation will describe the student performance with emphasis on areas for improvement. If required competencies are below the required level, the student will be notified and will develop a remediation plan.

The Physician Assistant and Nutrition programs at the School of Health Professions intend to add telehealth into their curricula but have not yet done so. Neither have the School of Public Health or the School of Nursing. However, the School of Nursing does offer a video, synchronous meet and reading assignments focused on telehealth for students in the graduate program.

Although the Rutgers School of Dental Medicine has not incorporated teledentistry into the curriculum, rising year four dental students have been back on the clinic floor since mid-June, treating patients for emergency and routine care. Students work in pairs so that one is available to assist especially in aerosolized procedures. Around the same time, postgraduate students (DMDs now specializing) also came back and began treating patients. At the height of the pandemic while students were out due to "stay at home" orders, rotating clinical faculty manned all teledentistry inquiries for emergencies/urgent care only. If a patient had an emergency that needed to be seen and he or she was approved through teledentistry screening and again on arrival at the school, the patient would go to the emergency clinic and be treated. If the patient was COVID positive by self-disclosure or was showing any symptoms, he or she was referred to Unit 1 with the Oral and Maxillofacial Surgery faculty and residents to be treated in a negative pressure room. Faculty will continue to do all teledentistry with no student involvement at this time.

An increasing number of clinical faculty in the School of Pharmacy are using telehealth to reach individual patients and patient groups. In each case, faculty include PharmD students on rotations, as feasible:

For example:

- Dr. Christine Dimaculangan, an ambulatory care specialist at the Center for Comprehensive Care in Jersey City, uses telephone calls to individual patients and virtual group diabetes seminars for patients in the community; patient responses have been very positive. While doxy.me is available for virtual visits, she notes that her patients are more receptive to telephonic communication.

- Dr. Ammie Patel, at the RWJMH medical group office in Eatontown and Shrewsbuy, has also been conducting telemedicine visits via telephone and doxy.me since mid-March. For patients with limited or no access to data or internet on their cellphones, telephone follow up is the primary form of communication. For patients who have a data plan and webcam access, doxy.me is preferred. For population health communication, Dr. Patel uses telephone follow up. She also leads community Parkinson's Disease support groups via Webex. Dr. Patel documents and accesses patient medical records via a web-based ambulatory care EHR: Cerner Powerchart. She and her students on pharmacy rotations have remote access to conduct telemedicine.

- Drs. Caitlin McCarthy and Tom Bateman practice at the Henry J. Austin Health Center, an FQHC in Trenton. Since mid-March, they have been using Doxy.me for video calls and phone calls with patients and typically use Doximity to conduct phone encounters with patients. McCarthy and Bateman use AthenaHealth, a web based Electronic Health Record, to document their telemedicine encounters. Using surface tablets, they log-on to Athena from home as easily as from on-site. Their advanced pharmacy practice experience (APPE) students also have access to the EHR.

- In a developing project, Dr. Mary Wagner from EMSOP and faculty from the School of Nursing practice at the Rutgers Community Health Center in Newark. PharmD students and residents, social work students and students in the School of Health Professions will

contribute to the team's work at the clinic. If the project succeeds as planned, patient group education will take place virtually and students will be trained virtually on EMR basics. The model calls for providing all faculty and students with access to the Centricity electronic medical record (both on- and off-site). The goal is to make it possible for the students to be trained and use telehealth technology with remote access to the EMR to provide healthcare directly to patients in their homes or in community settings.

Among the schools represented by the IPEFAC there is interest in working collaboratively to provide interprofessional telehealth experiences, but most schools have not yet started developing them. The School of Social Work is planning interprofessional telehealth for the coming year through a HRSA grant with the School of Nursing that will also involve the Department of Psychiatric Rehabilitation and Counseling Professions at the School of Health Professions. During the pandemic, the Ernest Mario School of Pharmacy is using pre-recorded simulations to demonstrate interprofessional collaboration, primarily in the hospital setting. An important next step for EMSOP is to use simulation to enhance training in communications, including preparation for telehealth practice in community healthcare.

<u>SUMMARY</u>

The goal of telemedicine is to stay connected even when we are forced to stay apart. Continuity of care and the relationship of patient to healthcare provider is key to success. Barriers that impact vulnerable populations need to be considered and mitigated to the extent possible. Many aspects of telehealth were developed in response to a crisis. We now have more tools and have gained more knowledge to improve this aspect of patient care and expand our reach. Telehealth is an evolving part of our healthcare industry. Even with some barriers, it has the potential to allow us to reach more patients, communicate more regularly with patients, and help students expand their competency and build upon their education and their enhanced technology skills.

MENTAL HEALTH SUPPORT SERVICES	
NAME (WITH HYPERLINKS)	**DESCRIPTION**
Rutgers University Human Resources Wellness Resources	COVID-19 PSYCHOLOGICAL SERVICES NETWORK In response to COVID-19, the Graduate School of Applied and Professional Psychology (GSAPP) will offer phone and telepsychology services to help members of our community obtain short term supportive therapy or facilitate referral to therapists in our network. If you need to speak with someone about how the COVID-19 crisis has impacted you, please go to the COVID-19 Psychological Services Network website and complete an online referral form.
"Healing Ourselves While Healing Others" led by Dr. Donna Gaffney	A series of 8 self-care webinars offered on-demand with Joint Accreditation CE by the Rutgers School of Nursing.
Stress.Anxiety@NJMS.Rutgers.edu	Rutgers NJMS Psychiatry has launched a telephone support service for NJMS-UH-UPA faculty & staff. To get support and guidance, email your name, telephone number, and the best time to call
NJ Mental Health Cares	State supported live help line for addressing COVID-19 stress: 866-202-HELP(4357), help@njmentalhealthcares.org
SAMHSA Disaster Distress Helpline	A 24/7, 365-day-a-year, national hotline dedicated to providing immediate crisis counseling for people who are experiencing emotional distress. This toll-free, multilingual, and confidential crisis support service is available by calling 1-800-985-5990 or texting TalkWithUs to 66746 to connect with a trained crisis counselor.
Zero to Thrive	Mental Health and Coping During a Pandemic for Parents, Perinatal Women, and Kids
Care for Your Coronavirus Anxiety	"Resources for anxiety and your mental health in a global climate of uncertainty." This site has vetted and compiled a wealth of research-backed and helpful tools—articles, meditations, access to mental health experts, anxiety screenings, and more. See the "Take a Break" section for simple resources and skills to refocus and refresh.
Self-Compassion and COVID-19 by Drs. Chris Germer and Kristin Neff	"Self-compassion can help if the virus is causing you unnecessary anxiety, limiting your ability to work or travel, reducing your income, or if you or someone you know has already contracted the virus... Self-compassion boosts the immune system, it reduces anxiety, and it's the easiest way to keep our hearts open to others. Some measure of fear is a healthy response to a contagious virus, of course. We want to respond to the contagion in a wise manner – with preventive measures that benefit ourselves and others." For self-compassion guided activities: https://self-compassion.org/category/exercises/
American Psychological Association	5 Tips to View Coverage of the Coronavirus
CDC Manage Anxiety and Stress	Resources for coping with stress
National Academy of Medicine	In the face of the unprecedented challenges created by the COVID-19 pandemic and the accompanying global public health emergency, the National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience is giving its attention to this issue. Even before the COVID-19 outbreak, many clinicians already faced burnout, as well as stress, anxiety, depression, substance abuse, and even suicidality. Now this crisis is presenting clinicians with even greater workplace hardships and moral dilemmas that are very likely to exacerbate existing levels of burnout and related mental health problems. Resources offer more information on how to support the health and well-being of clinicians during public health emergencies, including the COVID-19 response.
SAMHSA Tips – Taking Care of Your Behavioral Health	Tips for Social Distancing, Quarantine, and Isolation During an Infectious Disease Outbreak
Resilience in Challenging Times	This special digital care package helps navigate the challenging times with mindfulness, compassion, and presence.
American Nurse Foundation Well-Being Initiative	Partnership with the nation's leading nursing organizations to develop comprehensive, online resources to support your mental health and well-being.

FREE MOBILE FOR MEDITATION	
NAME (WITH HYPERLINKS)	**DESCRIPTION**
Insight Timer	Download for free for iPhone or Android. Thousands of free guided meditations by category, length, etc. Pay extra for courses, but not necessary.
Headspace	Smartphone app for mindfulness, emotional health, physical health, and sleep exercises. Offered free to all US healthcare professionals who work in public health settings through 2020. Redeem your subscription using your National Provider Identifier (NPI) and email address. If you don't know your NPI number, type your name, city, and state into this website: https://npiregistry.cms.hhs.gov/ Additional resources are available for workplaces, educators, and families. Learn more about stress and anxiety.

FITNESS	
Name (WITH HYPERLINKS)	**DESCRIPTION**
American Council on Exercise – Online Fitness Library	Offers a variety of movements to choose from. Browse through total-body exercises or movements that target more specific areas of the body. Each comes with a detailed description and photos to help ensure proper form.
Yoga with Adrienne	Videos for varying levels and meditation videos
PopSugar Fitness	Many cardio, weight, barre, Pilates, dance workouts that are easy to do at home and range from 10 minutes to 1 hour.
Consumer Reports	Tips for obtaining groceries and more

NATIONAL LEAGUE FOR NURSING	
RESOURCE	**HYPERLINK**
Creating Community to Build a Civil and Healthy Academic Work Environment	http://www.nln.org/docs/default-source/professional-development-programs/vision-statement-a-vision-for-creating-community-to-build-a-civil-and-healthy.pdf?sfvrsn=8http://www.nln.org/docs/default-source/professional-development-programs/vision-statement-a-vision-for-creating-community-to-build-a-civil-and-healthy.pdf?sfvrsn=10&pdf=VisionSeries-CreatingCommunity
Courageous Conversations to Promote and Sustain Academic Civility In Nursing Programs	http://www.nln.org/docs/default-source/professional-development-programs/courageous-conversations-civility.pdf?sfvrsn=2
Achieving Diversity and Meaningful Inclusion in Nursing Education	http://www.nln.org/docs/default-source/about/vision-statement-achieving-diversity.pdf?sfvrsn=2
A VISION FOR Integration of the Social Determinants of Health into Nursing Education Curricula	http://www.nln.org/docs/default-source/default-document-library/social-determinants-of-health.pdf?sfvrsn=2
National League for Nursing Healthful Work Environment Toolkit	http://www.nln.org/docs/default-source/professional-development-programs/healthful-work-environment-toolkit.pdf?sfvrsn=20

RACIAL EQUITY TOOLS	
RESOURCE	**HYPERLINK**
Racial Equity Tools	https://www.racialequitytools.org/home
The Steve Fund Offers Task Force Resources to Address COVID-19's Impact on the Mental Health of Young People of Color	https://www.stevefund.org/

The White Ally Toolkit/Ally Conversation Toolkit helps white anti-racism allies do their part in the fight against racism-there are paid opportunities

Guidance for Providers Addressing Community Trauma (VA Resource)

Anti-Racist Info Kit for White People
https://drive.google.com/file/d/1usDtz7LBTnEUv_cmnkyK3R6RbI00bk84/view

Anti-Racist Resources from Greater Good

Resources to support anti-racist learning-for educators & the psychological roots of racism

Anti-Racist Resources from Greater Good
https://ggie.berkeley.edu/school-challenges/anti-racist-resources-for-educators/?_ga=2.213101908.1701333222.1595196498-381424571.1595196498#tab__2

The case for reparations-Ta-Nehisi Coates

White Fragility by Robin Diangelo

White Fragility Readers Guide

The Case for Reparations

White Fragility by Robin Diangelo
https://www.beacon.org/assets/pdfs/whitefragilityreadingguide.pdf

WELL BEING RESOUCES FOR RUTGERS UNIVERSITY/RWJ BARNABAS HEALTH STUDENTS

STRESS MANAGEMENT BY PHONE TELEPHONE SUPPORT BY MENTAL HEALTH PROFESSIONALS		
RESOURCE	**DESCRIPTION**	**CONTACT**
Rutgers4U	Emotional & therapeutic support by professionals to Rutgers & RWJBH Staff, Faculty members & their families	855-652-6819
GSAPP Psyhological Services Network - COVID	Offers telepsychology & phone volunteer services (no or low fee and insurances accepted)	On-line Request
NJ HopeLine	Confidential telephone counseling & support 24/7	855-654-6735
Let's Tele-talk	Individual, confidential support from a counselor	848-932-7884

STRESS MANAGEMENT RESILIENCY TOOLS		
RESOURCE	**DESCRIPTION**	**CONTACT**
90 Seconds of Resiliency	Quick resiliency tools on YouTube	Available on Website
Therapist Assisted On-line Program (TAO)	An online self-help platform to support well-being	Available on Website

MENTAL HEALTH SUPPORT & COACHING		
RESOURCE	**DESCRIPTION**	**CONTACT**
COVID Coordinating Entity - (CCE)	August start, statewide access to behavioral health & substance abuse real time, live call line support & warm transfer to clinical services across a statewide provider network	833-416-8773
Rutgers Student Wellness Center	Short-term individual psychotherapy, psychological and psychiatric evaluation for use of supportive medications	856-255-6005
Rutgers Newark Counseling Center	Short-term individual psychotherapy, psychological and psychiatric evaluation for use of supportive medications	973-353-5805
Rutgers CAPS	(Counseling, ADAP and Psychiatric Services) Individual/group counseling, Alcohol/Drug counseling, Medication management. Wide variety of virtual workshops	848-932-7884
Office for Violence Prevention & Victim Assistance	Text line for students for victim assistance	848-932-1181
GSAPP Center for Psychological Services	In-person and telepsychology Services	(848) 445-6111; https://gsapp.rutgers.edu/centers-clinical-services/CPS/clinical-services

ADDITIONAL RESOURCES		
RESOURCE	**DESCRIPTION**	**CONTACT**
Good Grief	A free grief support program for grieving families	908-522-1999
Rutgers School of Health Professions	On-line nutrition tools	Available on Website
Rutgers & RBHS	Repository of on-line resources	Available on Website
HOPE (Health Outreach, Prevention & Education)	Workshops Facilitated by Peer Educators, Suicide Prevention, Connect Gatekeeping Training, Online screening and other selfhelp resources	848-932-1965
Oaks Crisis Screening & Stabilization Services	Emergency assessment & interventions	858-428-HELP
The Trevor Project	Support for LGBTQI youth	866-488-7836
U-Lifeline Resources	On-line resources for college mental health	
ANSWER- GSAPP	Resource for sex education and sexualy identity	http://answer.rutgers.ed

PEER SUPPORT TELEPHONE SUPPORT BY PEERS		
RESOURCE	**DESCRIPTION**	**CONTACT**
MOM2MOM	Moms & caregivers of special needs children	877-914-6662
VET2VET	New Jersey National Guard members, active military personnel, veterans, their families, & caregivers, statewide 24/7	866-838-7654
VETS4WARRIORS	Any veterans, service members, family members, or caregivers 24/7	855-838-8255
CARE2CAREGIVER	Individuals serving as caregivers	800-424-2494

Rutgers Access 800-969-5300
RWJBarnabas Health Access 800-300-0628

WELL BEING RESOUCES FOR RUTGERS UNIVERSITY/RWJ BARNABAS HEALTH
FACULTY, STAFF, HEALTH PROFESSIONALS, AND TRAINEES

STRESS MANAGEMENT BY PHONE TELEPHONE SUPPORT BY MENTAL HEALTH PROFESSIONALS		
RESOURCE	**DESCRIPTION**	**CONTACT**
Rutgers4U	Emotional & therapeutic support by professionals to Rutgers & RWJBH Staff, Faculty members & their families	855-652-6819
GSAPP Psyhological Services Network - COVID	Offers telepsychology & phone volunteer services (no or low fee and insurances accepted)	On-line Request
NJ HopeLine	Confidential telephone counseling & support 24/7	855-654-6735

STRESS MANAGEMENT RESILIENCY TOOLS		
RESOURCE	**DESCRIPTION**	**CONTACT**
90 Seconds of Resiliency	Quick resiliency tools on YouTube	Available on Website
The Calm Collection	Video guided stress relief	Available on Website
BeHealthy portal	Workout videos & mindfulness	Available on Website
Wellness Video Library	At home zumba, yoga fitness & resilience seminars	Available on Website

MENTAL HEALTH SUPPORT & COACHING		
RESOURCE	**DESCRIPTION**	**CONTACT**
COVID Coordinating Entity - (CCE)	August start, statewide access to behavioral health & substance abuse real time, live call line support & warm transfer to clinical services across a statewide provider network	833-416-8773
Joyable app and Able to app	Virtual cognitive therapy services for anxiety & depression either with counselor or coach	Available on Website
Health Coaching	Virtual or in person, by national certified health coach for physical & emotional health	Available on Website
GSAPP Center for Psychological Services	In-person and telepsychology Services	Available on Website

EMPLOYEE ASSISTANCE PROGRAMS (EAP)		
RESOURCE	**DESCRIPTION**	**CONTACT**
RWJ Barnabas Health and Rugters UBHC	Comprehensive emotional support by mental health professionals, 24/7	RWJBH EAP 800-300-0628 Rutgers UBHC 800-327-3678
Rutgers Faculty Staff & Assistance Program	Comprehensive counseling & referral services to the university community	848-932-3956

ADDITIONAL RESOURCES		
RESOURCE	**DESCRIPTION**	**CONTACT**
Schwartz Rounds	Multidisciplinary hospital rounds for caregiver to share experiences	Available on Website
Good Grief	A free grief support program for grieving families	908-522-1999
Rutgers School of Health Professions	On-line nutrition tools	Available on Website
Rutgers & RBHS	Repository of on-line resources	Available on Website

PEER SUPPORT TELEPHONE SUPPORT BY PEERS		
RESOURCE	**DESCRIPTION**	**CONTACT**
Doc to Doc Together	Emotional peer support for physicians by physicians	973-283-SAFE
MOM2MOM	Moms & caregivers of special needs children	877-914-6662
VET2VET	New Jersey National Guard members, active military personnel, veterans, their families, & caregivers, statewide 24/7	866-838-7654
VETS4WARRIORS	Any veterans, service members, family members, or caregivers 24/7	855-838-8255
CARE2CAREGIVER	Individuals serving as caregivers	800-424-2494

Rutgers Access 800-969-5300
RWJBarnabas Health Access 800-300-0628