

HEI HEI DEPEW: Good afternoon. Welcome, everyone, to the Employee Assembly Cornell Health staff forum. Before we begin today, I want to advise that the Employee Assembly priorities poll is still open. If you have not done so already, please fill out the priorities polls so that the employee assembly can get a better understanding of what you as staff members think the top priorities for the employee assembly should be.

The Employee Assembly acts as a voice for the staff community. Our work is driven by the staff. And one way for us to get a better understanding of this is through the priorities poll.

I am now going to provide a link in the chat to the priorities poll. If you have not done so, feel free to fill that out. With that said, I hope you all had a warm and happy Thanksgiving.

For me, Thanksgiving has always been a good time to reflect and show gratitude. On that note, recently, the employee assembly voted unanimously to pass a resolution to recognize and thank Cornell students for their adherence to behavioral expectations. Without the efforts of the larger student population to adhere to the appropriate measures, this would have been a much different semester.

I also want to note that cases here in Tompkins County, surrounding counties, and nationally have increased in recent days. I hope this serves as a reminder that our success is fragile. We all have to remain vigilant. Our ability to combat this disease relies on the efforts of everyone, students, faculty, and staff alike to make the difficult decisions and undertake the appropriate actions to keep ourselves and our community safe.

As we face an increasing number of new cases both locally and nationally, I think the staff forum allows us a timely opportunity to discuss the current status of COVID, how to stay safe as we begin to prepare for winter break, and provide more information on COVID testing. With this said, we were joined today by an esteemed panel to discuss these issues. We'll begin today with opening remarks followed by live Q&A. If you have any questions, feel free to submit using the Q&A segment of the webinar.

With that said I want to welcome Director of Medical Services Anne Jones, Director of Occupational Medicine Dr. John Clarke, and VP and Chief Human Resource officer Mary Opperman today. Now let's begin with opening remarks. I will turn this over to Dr. Anne Jones now.

ANNE JONES: Thank you, Hei Hei, and it's great to have everybody here on this employee assembly. And agree, an important time to discuss together the recent events of COVID in our nation and locally as well. And we know both from national news, local news, and reports from our local health department and surrounding health departments that cases are now on the rise.

In fact, it's been quoted that the rise in cases is more than has been seen since the start of the pandemic in the spring. And so it's an important time to really focus in on what this means for

us as a community and how we should be focusing our efforts. As Hei Hei said, it's important to remain vigilant and cognizant of the risk factors and actions that are within all of our control. And that's what we wanted to focus on today.

So I think when we think about the large number of cases that are surrounding us, what this means is that there is more virus all around us. There's exposures to virus that are in opportunities that are all around us both at home and in the workplace. And so it means that redoubling efforts are that resting in public health guidance are very, very important.

What we know from the recent cases and from our examination of recent surges in our own community is that we know that there are two factors that have been related to a higher likelihood of actually contracting the virus, and those two factors are travel and social gatherings. And so we wanted to focus in a little bit on that today. Travel, we know coming back from the Thanksgiving holiday, may have created opportunities-- that cause individuals to potentially travel may have opportunities-- may have caused opportunities for individuals to connect with others in a way that we hadn't been quite doing before.

Some people talk about the idea of a bubble or a pod. And you know, recently, we know that that possibility may have occurred. So what does it mean to have a bubble or a pod?

And what that means is that the individuals who were associating with, whether that's in our single household or within a small group of individuals, are basically assuming the risk of COVID for both themselves and each other. And so it's important to be thoughtful about what we're doing in our daily lives that might create additional risk for both ourselves and the people who are closest to us. And so that's what comes back to travel and social gatherings. It's important, if anyone has been in the situation of traveling recently for any reason, we know that there are important reasons that travel may be warranted.

And if that's a situation for you, it is important to make sure that everyone is following quarantine guidance related to travel. The statewide guidance actually recently changed in which there are requirements for quarantine as well as requirements for testing. And we want to make sure that everybody is aware of those things and doing the best they can to get appropriate quarantine in place and appropriate testing in place if you're returning from travel.

Secondly, social gatherings-- you know, it's wonderful to be seeing people in person. And sometimes, the workplace is actually the opportunity that we have to do that. We want to make sure that the message is reinforced, how important it is to be wearing masks while in the workplace, and also to be making sure that we're focusing in on appropriate social gatherings that really reduce the risk of COVID. So to focus more in on the workplace and the specific guidance and expertise there, I want to turn over to my colleague Dr. John Clark, director of occupational medicine, to focus more on that area.

JOHN CLARKE: Hi. Well, thank you, Dr. Jones, and thank you, Hei Hei, and Mary Opperman for inviting me to speak today, and thank you for coming as well. So yes, we do have some

practices that we have at Cornell. So if you are working on campus, make sure that you complete your daily check every day that you're going to be on campus.

Don't proceed to work until you have been given a green status. If you're given a red status, follow up with CHS by contacting them for a telehealth visit. And be honest, you know?

Now is not the time to tough it out. There are provisions for pay and to sustain you if you're out because of a COVID-related case. But it's important to be clear on your symptoms because we have had a couple of cases where folks have returned or have come to campus, and it was later discovered that, yes, they were symptomatic, and you know, they really shouldn't have come. So it's important that if you do have symptoms or you have any reason where you need to answer yes on the questionnaire that you do so.

Adhere to your surveillance testing schedule. However, if you do have symptoms or if you have a positive test or you somehow feel you may have been exposed and may have the virus, do not go to the surveillance testing site. Do not use the supplemental testing if you're having symptoms. And go to the mall or another diagnostic test site if you do have symptoms.

Do not come to campus if you've been directed to quarantine or isolate or if you've been directed to stay out of the workplace by CHS or local HR or your supervisor. And if you were around someone who had symptoms or has had symptoms or had symptoms, you should also not come to campus.

And there is a long list of symptoms, and it grows. So since the beginning of the virus, a lot of new information has emerged. But the common symptoms of fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, diarrhea. There's also abdominal pain, back pain. And you can have one of these symptoms or a combination of them. So don't assume that if you experience something that it's not COVID because you don't have the full litany of symptoms.

Now one thing to remember, and Dr. Jones touched on this, is that it's important to maintain the social distancing as well as wearing masks. One of the ways I like to describe it, and it's similar to how we handle HIV in the medical profession where we assume everyone has it. So we have what's called universal precautions where any time we deal with blood or body fluid, we assume that it could be contaminated with HIV.

So I recommend a similar approach to COVID. You know, assume anybody that you come into contact with is potentially spreading it. The estimates are that 40% of folks who are actually spreading the virus don't have symptoms.

So don't just think about, OK, if I'm around someone who's coughing or sneezing or has a runny nose that I'm at risk. No. Like, currently, you're at risk from pretty much anyone unless they know their status or you somehow know their status.

One thing I would say is take advantage of the outdoors. So if you're at work and you want to socialize with co-workers, if you can, go outside because the sun, the ultraviolet rays from the sun, can kill the virus within minutes. And also, when you're outside, it's less of an ability for you to come into contact with the virus because you're in open air.

So that's one of the things because I know we aren't social people. So we've had some cases among employees where it was, yes, the folks did gather. They had lunch or they took a break together.

And what occurs is if one of the individuals is positive, it means that once the contact tracing is done, anyone who may have come in contact with them to eat or socialize now become someone who may have contracted the virus and now has to go in isolation or quarantine and could potentially catch the virus. And you could take it home to your families or spread it to others. So those are some insights that I have, and I'm sure some of you may have questions, but we'll move on to the next portion.

HEI HEI DEPEW: Thank you, Dr. John Clarke. We're now going to have Mary provide opening statements. Mary?

MARY OPPERMAN: So I'm only going to say a few things because you have the medical experts here, and that's the purpose of today. But I want to reinforce something that Dr. Jones and Dr. Clarke both referred to. If you are symptomatic, and it is important to recognize that some of the symptoms you hear the most about may not be the symptoms that you have-- so using your daily check and being completely honest in that daily check if you have symptoms allows you to then follow up with a telehealth visit to learn more about it. And so my one addition to all the wonderful professional advice you're going to get today is that if you are symptomatic, if you become positive, if you test positive, try as best you can to not feel guilty about that or to think that you've done something wrong because the virus is all around us right now, and you may have adhered to all of the practices that you knew and still come in contact with someone who may have also thought they've done that and may be completely asymptomatic.

As Dr. Clarke said, a lot of people carry the virus and no symptoms. So it's most important that you are completely honest that you err on the side, when you talk to the health professionals, of just telling them everything. They know how to sort that out.

That's what we have. We have a wonderful, wonderful health safety net here at Cornell. We're very lucky. And there's no judgment involved in this.

Our goal is to keep people safe. I do also want to say that while we focus a lot on the workplace safety because that's where you are here, if you are remote, these are really, really important pieces of information for you as well. We want you to be safe too. So this is for everyone even if you're not on the campus. So with that, I'm going to turn it back over to Hei Hei, and we'll get to your questions.

HEI HEI DEPEW: Thank you all for those opening remarks and for joining us today. For those tuning in, if you have any questions, please submit via the Q&A segment of the webinar. With this said, I will now turn this over to our Vice Chair of the Employee Assembly, Michelle LoParco, and the Employee Assembly Division of Alumni Affairs and Development Representative Lisa Zacharias for questions.

MICHELLE LOPARCO: Good afternoon, everyone. Thank you for joining, and thank you, Mary and Dr. Jones and Clarke, for joining us as well. We're going to kick it off with a question that was submitted online, and I'm going to turn it over to my colleague Lisa for that question.

LISA ZACHARIAS: Here I am just talking away. So I said thank you all, Dr. Anne Jones and Dr. John Clarke, Hei Hei, and Mary for being with us today. The first question we received was regarding the surveillance testing that became available to non-campus staff yesterday November 30, are tests only available for us alone, you know, Cornell colleagues, or are spouses and children eligible for that?

MARY OPPERMAN: Yep, so that's the supplemental testing. And at this point, that is just for our own employees. So just a quick note on the supplemental testing, and Dr. Clarke mentioned this, that is only available if you are asymptomatic. Please do not go to the supplemental testing if you have symptoms.

If you are symptomatic, you need to go to diagnostic testing. The surveillance testing is not set up to handle symptomatic individuals. But right now, those are for our Cornell employees.

MICHELLE LOPARCO: Great. Thank you. I'm going to go to a question that just came in from Wendy Treat. She asks, do you recommend that staff who are still working remotely and live outside of Tompkins County get a surveillance test? If so, is it still covered by our insurance?

MARY OPPERMAN: So let me take the second part of the question, and then I'll turn it over to Dr. Clarke and Anne for how to think about whether to use supplemental testing. So the supplemental testing provides an additional check. And again, the doctors are the pros here, but the test, you get, the test result you get, is for when you took it, right?

So if you're asymptomatic and you want to check in, it's good that day, right? And then our actions after that determine whether we stay in that hopefully negative space. If you come for supplemental testing to the University, it is covered completely.

If you go for diagno-- we cover it. And if you go for diagnostic testing, your health insurance will cover. But I think I want to turn to Anne or John about really the core of the question, which is, should they?

JOHN CLARKE: As far as getting tests, as you said, Mary, it's really a snapshot at that moment. So if you do have a reason to believe you may have come into contact with the virus or

somehow may have been exposed, it would be advised to get a test and know your status and whether or not you've come into contact. The incubation period is believed to be about six days.

So let's say today, you would have come into contact with someone. Your test, even though you get it today, may not reveal the positive because it's too soon. So your body has to build up sort of the infection to a certain degree. It takes a few days before your test will be positive.

So if you're going to do a test, I would say do it strategically from the standpoint of if it's necessary but then do it when you think it may have been enough days for your system to have built up. And it's always good to contact your health care provider with specific questions because your individual health history and underlying conditions all play into it.

So I would say, if there's any question about exposure, to talk to a health professional, but also to get tested. But if you get tested that same day, you may get a false sense of hope if you get a negative. You may still end up being positive days later.

ANNE JONES: You know, another thought to add to this discussion about surveillance testing is that surveillance testing, as differentiating from diagnostic testing or testing for cause, is a method of doing continuous screening in the population among asymptomatic individuals. And the approach to surveillance testing that we've been using here on campus has shown us some early promising results in that we've been able to detect illness early and then get our understanding around surges and potential clusters that have been on campus due to the surveillance testing. But the idea about offering surveillance testing to expanded populations is something that's in the works, and we're considering in what ways that can be done for populations that aren't within the on-campus or student community at this time. And so more to come as that is explored both in terms of the potential successes and next steps for surveillance testing broadly.

LISA ZACHARIAS: OK the next question previously sent in-- can surveillance tests be scheduled in advance?

MARY OPPERMAN: So let me just-- there's a lot of words we're using for the first time. And so I want to make sure I'm answering the question that was intended. So there's two types of testing. One is surveillance testing, and one is supplemental testing.

Surveillance testing is always scheduled in advance. And so if you are-- and surveillance testing is for the people who are working on campus. And so they have been given a testing frequency. And the day before they are scheduled to have their test, so we have two times a week and one time a week and a population that's rarely on campus that gets tested every other week. When it's time for you to schedule your test, you get a note in your daily check, and you go in and you schedule your test.

Supplemental testing is the testing that you can decide you want to take in addition, and that's what Dr. Clark and Dr. Jones were just talking about. You still need to use the supplemental testing button that you got and go in. And you have to put an appointment on because we are really trying not to have any lines at our testing sites. And so if you do want to get a supplemental test, you do have to schedule it in advance.

MICHELLE LOPARCO: Great. This sort of piggybacks on that from Ruth Katz. The site where you can sign up for the new supplemental testing for remote employees only allows you to sign up for the day you log on. Is it possible to sign up for the next day or days later that week? If so, can the program be fixed to allow us to do so?

MARY OPPERMAN: No. I'm sorry, it can't. We're doing the best we can building and responding to changes, but that's the best we can do. So I'm sure I have total confidence in our folks who are interested in it to use it with that limitation, but thanks for the question.

LISA ZACHARIAS: When people-- students, faculty, and staff-- are tested twice in one week and those numbers go to the county health department for reporting, are they counted as one individual although the person was tested two times, or as two individual tests for that week, which doubles the number of people tested?

MARY OPPERMAN: So I'll give this a shot and then ask maybe Anne or John too. There are two things that the health department tracks. One is the number of tests and the other is the number of negatives and positives.

So the number of tests is the number of tests. So if you tests every week, you're going to show-- that number shows up every week. The number of positives is a singular.

So if you're positive, you're positive once. But I'm going to turn it over and make sure. I just would prefer the pros answer the rest of this.

So yes, my understanding is that the data that the health department collects has numerator and denominators that are constructed around both of those variables. And so there are ways that the health department can stratify the information separating by individual as well as separating by test. And both of those are looked at in assessing the community spread and assessing rate of infection prevalence and percent positivity rate in the county. Certainly, every county does have different numerator and denominators based on availability of testing in that area as well as frequency of testing that might be implemented by different entities, different employers, or hospital systems. So it does vary, but all of those different variables are taken into account when the health departments and the public health officials are looking at incidents and prevalence.

MICHELLE LOPARCO: Great. Moving on to another question, there's a couple of people or a couple questions that are about the sort of results for testing supplemental testing as well as surveillance testing. Some are concerned about maybe the lag time in the patient portal. But

also, will the supplemental testing results have the same duration as the surveillance testing results?

ANNE JONES: I can start to speak to this, and maybe we can look at the issues each one by one. I guess in general, the process for surveillance testing on campus is that those tests are collected at multiple sites all over campus. And we've been hearing from different staff and students. Everybody has their favorite place to go to get their swabs done, to get their samples collected.

But at the end of the day, all of those samples are collected and sent to the CCTL, which is the Cornell COVID Testing Lab, which is at the animal health diagnostic center at the vet school. And so thousands of samples collected all over campus that day are run at the Cornell COVID Testing Lab. And that approach using a pooled strategy which many people may have been seeing some of the great media attention and success stories that have been coming from that approach, that has yielded, in most cases, a next day turnaround of results.

Now depending on the volume of testing that's coming from each of the different sites as well as from Cornell Health, who also sends samples there, there can be variable time deliveries, some coming back a little bit sooner, some coming back a little bit later. But in general, there is a goal of having those results kind of be resulted within next day results. And we're refining those systems all the time, trying our best to make sure that we're getting results back as quickly as possible.

And then those are being uploaded to the Cayuga Health Systems portal as quickly as possible. We have actually been hearing that some folks have been having some trouble with accessing test results from the portal. There are hyperlinks in many of the websites around a help desk option that everybody can use if there is problems with accessing the portal. But in general, that's the overall process. That's kind of daily turnaround and the goals that we have of trying to keep our large volume of testing going for the community so that we can actively provide that surveillance for the entire population.

LISA ZACHARIAS: Great. Thank you. It is great that Pfizer has developed a vaccine. Do you have any concerns about the speed of vaccine development? Do you think it will be safe to receive?

JOHN CLARKE: As far as safety on the vaccine, I mean, once it's available, I guess they will also release some of the safety information. It is faster than you traditionally see, so I can understand why there may be questions and concerns. But at this stage, it's difficult to say and comment on safety because we don't have-- or at least I haven't seen enough information. And once the vaccines are released, perhaps they'll also have information where we could determine what is the safest vaccine.

ANNE JONES: Yes, absolutely. I would also say that Cornell is-- we're really analyzing all of the vaccine options and looking into what is going to be the most safe, the most effective, the type of vaccine that can be most actively and quickly distributed. And those considerations are

starting, and we're taking in all of the information coming from the national public health authorities as vaccines are being distributed as well.

MARY OPPERMAN: So can I just add one thing here? The points that Doctors Clarke and Jones are making about what happens next related to the-- we're all anxious for a vaccine, right? We all want this to be done.

Point to the fact that it isn't a magic answer-- that even if these vaccines, assuming these vaccines are as effective as they appear to be, they have to be distributed. There's time. And you know, there's a lot of people for it to get to. So as tired as many of us are about these safety precautions, of using our masks and keeping our distance and washing our hands and all the things we know to do, it is just so essential right now that we not let our guard down on the promise of that vaccine because we don't know when that is actually going to be distributed and fully effective. So our best strategies are the ones we have today.

JOHN CLARKE: And I'll just add in on that-- that one of the things that we are hearing a lot about is how to avoid coming into contact with the virus. But the actual cure to the virus is your immune system. Even if we have a vaccine, your immune system has to be healthy in order for the vaccine to work.

So one of the things I like to stress is that the components or the ways that you can maintain a healthy immune system is aerobic exercise, drink plenty of water, eat fruits and vegetables, and get adequate rest and sleep. And I would say that I would focus on that regardless of anything else is make sure that, yes, there's a possibility that all of us could potentially come into contact with the virus. And if we do, it's really important that our bodies are able to handle it because there's no treatment

there's no specific medication like an antibiotic where you could say if you take this, it's going to kill the virus. What helps us to get over it is our immune system. And what you see is that there are folks who don't get symptoms at all, but there are folks who have very severe illness and even death.

So you know, when you look at, well, what are the factors that influence that, what you see is that, yes, folks who have underlying conditions-- obesity, being above a certain age-- are all risks. And even when you look at the professional athletes, many of them have gotten positive, but you really don't hear about them getting very sick. And part of that is, yes, when you're physically fit and maintaining a healthy diet and doing the things to stay physically well, it does help your immune system to be strong. So I would say for everyone to consider that and really look at the ways that you can make sure your immune system is intact so that if you get contact with the virus or even once you get the vaccine once it's available that your body will be able to adequately fight the virus.

MICHELLE LOPARCO: So I'm going to try to fold in about three questions on the live questions that touch on the vaccine. One is, will Cornell be administering the vaccine at some point, and will Cornell make this mandatory?

MARY OPPERMAN: So there haven't been any decisions in terms of the vaccine. I think-- and again, I'm going to turn to Doctors Jones and Clarke for more of this. But I think that we are waiting. We need to understand the federal response, the state response, what role the university might play.

And as you've heard, more needs to be understood about the vaccine in terms of how we would recommend or more strongly by taking it. So again, I want to turn to them, but I don't think we are at those decision points yet. Anne or John?

ANNE JONES: Yep, I would say each time there is a new vaccine or any vaccine that is developed, there are processes that unfold both, as you said, Mary, at the national level and at the state level where we watch to understand the extent to which our national and state and local authorities will be creating guidelines or recommendations or, in some cases, mandatory requirements. And each of those will be watching for. We'll be analyzing.

We'll be synthesizing and summarizing and come up with a recommendation for how we can ensure the best equitable access to all of this health care at Cornell. And I think that we do all together have a shared goal of making sure that the campus is safe. And how exactly that's done regarding the vaccine I think will remain to be seen as more of this unfolds but certainly at the top of our minds and a highest priority is ensuring that our community and we as Cornellians are kept safe and are protected from the virus.

JOHN CLARKE: Yeah, and I would say as far as mandatory, I mean, it will be difficult. I highly doubt that it's going to be a mandatory. I doubt Cornell would take that position or even on a federal or national level that they will force folks to get the vaccine.

But that remains to be seen. I know that's a concern, and it's often debated every year in health care systems whether health care providers should have a mandatory flu shot. But typically, it's not made mandatory. So I know there are certain fears about that.

Are we going to have laws that you must get the vaccine? But I doubt that that'll occur. But you know, we don't know at this point what the focus will be once the vaccine is available.

LISA ZACHARIAS: It is clear that Cornell's plan for containment of transmission this fall has worked so far. We are grateful for the planning and participation has made this such a success. In particular, student engagement and compliance have, for the most part, been inspirational. As we turn towards colder months that naturally bring us indoors, both at home and at work, what changes might the University be contemplating for its staff to ensure that we also do all we can to contain the spread of the virus?

MARY OPPERMAN: Anne, do you want to get us started?

ANNE JONES: Sure. You know, this is-- first of all, it's a great sentiment to share of the success of our student population and definitely a point well taken and a time for gratitude, for sure. The student experience that we had over the fall semester did create an opportunity for us to see the things that worked well, also created an opportunity for us to look at a few areas where there might be places to build on or areas for improvement.

And so the point of being noted here about going into the winter months, going into colder season, is a major part of that. I mean, here we are where Cornellians, snow is starting anytime soon. And so the points about finding time outdoors and having that be a protective factor really change when we come into the colder seasons. You know, I think in general, it does come down to thinking about how we need to modify our own actions in response to what's going on around us.

And what that means is thinking through each of our actions really purposefully as it comes down to travel and social interactions, which is kind of where we started this conversation of the two main risks of contracting COVID as we've seen them evolve in the community. And the two of those factors can be interrelated. They can be related to each other.

Folks might travel to actually engage socially and then might engage socially related to travel in either direction. So it kind of goes back to that guidance as we've been saying in wherever you are, whether that's in the workplace or in your home environments, it's important to keep in mind, OK, let's think through how does the Colder weather change as it relates to mask wearing? How might the colder weather change as it relates to six foot distancing?

What does that mean for the type of social interactions that I can or can't have? And I think that collectively as a community, one of the main forms of guidance that we're aiming to give here is to really be very careful and cognizant about the social gatherings and the interactions that are happening between us, especially those who we don't share a living arrangement with. And so a few things to keep in mind, as Dr. Clark emphasized earlier, is keep your interactions to a short period of time. You know, keep interactions to a few minutes at most and not for long periods of time.

As we know, the definition of a close contact is anyone who has come in contact with another person, a COVID positive person, within six feet for a cumulative time of 10 to 15 minutes depending on the health department. And so recognizing that, if you keep your interactions at a short period of time-- a few seconds, a few minutes tops, that's one protective factor. Another is mask wearing.

Remember that every time an individual takes their mask off, that increases the risk for COVID. So if you are interacting with someone else, make sure that there is a face covering. And it's OK to say to another person, we have to hold off until I can get a mask on or until you can get a mask on. And we have to hold our social interactions until that can happen.

And then another thing that I think is just a reality of daily life is sharing food. So sharing food often comes with social gatherings and does require removal of a mask. So it's important to remember that if food is being shared, you know, if at all possible, individuals should be eating by themselves or should only be eating with people in their immediate household and should limit those types of interactions whether that's at work or in other social situations, really keeping that to a minimum.

Again, the COVID rates being high locally and nationally are reminding us how important those things are. These same ideas of really limiting those social interactions that we put into place earlier in the pandemic are becoming much more important now. And so I think that those are the key points about keeping that in mind.

I know that we all together, I know I will my family will be trying to figure out new ways, new forms of social connection as the weather gets colder and more difficult to sustain. Certainly it's also a key reminder to make sure that we have mental health supports in place because those things can also come in into play. But those are I think some of the key points, things to keep in mind that we'll all learn together as we go into this next season.

MICHELLE LOPARCO: Great. So in the same sort of genre of contact, I have a question here. What do you suggest houses that have shared parenting arrangements do? Should all household members wear masks when the child is in a house that isn't there full time? Should they eat in different rooms?

A lot of questions are coming in in that same vein is a multigenerational, what should we do? Should we-- socially, what if a middle school child comes home, test positive? What should happen to everyone else in the household? And I think this is kind of a repeat question throughout as well.

JOHN CLARKE: I would say the Department of Health typically would get involved when they do contact tracing as far as some of those elements. But what I would say in general is as much as you can, create ventilation in the house if you can open windows, creating a breeze, if you have the bathroom window, the vent. Because part of the issue with the virus that it's aerosolized.

So the particles can float around the room. So by having ways to keep the air flowing and get air out of the house is one way. Also washing hands.

And the house is difficult with a family to social distance or say you have to wear a mask. And actually, if someone in the house has COVID, there's a high likelihood regardless of doing mask and so forth that you may come into contact with it. So it's important to sanitize surfaces, and the virus can live on some surfaces up to nine days.

So you want to sani-clean handles, doorknobs, and so forth. Hand sanitizer-- I know my family, when we go out, we have a bottle of hand sanitizer in the car. We're always making sure-- that's when we go out, you know? It's not that often.

So I would say that staying at home as much as possible, especially vulnerable folks-- so if you have elderly relatives or people with underlying conditions, if you can have them stay in the house-- and I'm not saying stay in the house itself, but go outside. Get air. Walk around the house but not go into the public.

For example, you can purchase groceries, bring them to the home, or have it delivered to have them not go out because the best way to avoid contact is to avoid going around other people who may be spreading it. So those are some tips. But definitely understand the way the virus gets into your body as through your mouth, your nose, and your eyes.

Those that are mucous membranes. So that's why hand washing is important. And in general, I make this a practice even before the pandemic is as a doctor, because I'm aware of a lot of other germs that you can come into contact with, is washing hands frequently, using hand sanitizer, being aware.

And part of the advantages of wearing a mask is that when people wear masks, it helps to remind you not to touch your face. So people are less likely to touch their face in a mask. But it is, yes. At home, it's very difficult. So what you want to do is with your family, minimize the opportunities for folks to go out in spaces where they could potentially come into contact with it.

LISA ZACHARIAS: So we have one last question that was submitted previously, and I think it's a really good question. How can employees stay productive and engaged throughout December? With Thanksgiving providing a much needed break, this person fears it will be hard to return to the same depressing pandemic work from home routines in December with the anticipation and longing for the long winter break looming.

MARY OPPERMAN: That's a great point, and I do think that all of the safety precautions that we're talking about, everything that we've been saying, when we started in March-- and maybe the doctors were in different places. But certainly, I was not imagining that in December, we would be talking about really having very little respite from these strategies and looking into the future for more.

It is tiring, and it's lonely. And we understand that. And I think part of getting from here to where we will ultimately get ahead of this-- we will-- is to acknowledge those feelings and be OK and kind with yourself if that's what you're feeling. I mean, it's hard to be this vigilant for this long. And if you are isolated and you're away from your family and in your home and the social interactions that sustain you seem dangerous, that's a lot for you to handle as a person.

And it's OK that you feel that way. It's, I think, healthy to say it. It's healthy to find somebody that you can pick up the telephone and call or Zoom with or FaceTime with and just be OK being kind of sad and maybe a little mad that we're still doing this. It's all right because then once you get that out and sort of feel that, then it allows you some renewed vigor to do some of the things that Dr. Clarke was saying, which is get outside, take a walk, be careful what you eat, try to get rest.

But if we just build all that stuff up inside of ourselves and somehow think we're not supposed to say it or feel it, that actually isn't good for our bodies. It's not good for ourselves. So I think acknowledging it-- whoever asked that question, thank you, because a lot of people feel that way.

There's just a weariness to all of this. And so getting it out and kind of talking it through with someone helps us to kind of reset, you know, have that feeling, and then try to figure out how you're going to get a little bit farther along. And the other thing I would say is chunk out how you think about this.

We're through Thanksgiving. We've got to figure out what happens in December. I will remind people that-- and someone will tell me which. It's either December 22 or December 23.

The days start getting longer again. So chunk out how you think about it. Instead of looking at the expanse and saying, oh my goodness, you know, we're going to be in this until who knows when, take it piece by piece.

I think-- it certainly helps me. I can't look too far in the future, you know? I just try to go from what are the right things for me to do right now are, what are the right things to do in the next few weeks are

Some of you I know. I still haven't met one of my grandsons, and you know, it's very difficult for me as a grandma to potentially know that it will be longer than-- it's already been too long, and it will be longer. So I don't think about that too long. I kind of stay where I am, and then I tend to chunk it out to the next piece because that's the way I keep myself from feeling too sad. I don't know. Anne or John, add to that?

JOHN CLARKE: Yeah, I'll weigh in that optimism is actually linked to being healthier. So I always recommend that. And it's tough.

I mean, this pandemic has been stressful for many of us. I've had personal loss in my family members who died from coronavirus. So it's sometimes tough to be optimistic.

But there's a value to that. Instead of focusing on the bad and negative, try to find good things, things that you could focus your mind on. So now may be a time to look into a hobby you may have thought about doing in the past or catch up on reading.

But those are ways to occupy your mind with certain things to keep you from thinking about the negative aspects of the pandemic. You know and then there's light at the end of the tunnel. I mean, in 1918-- so historically, there was a pandemic in 1918, the Spanish flu. And it was similar to a coronavirus while we're going through now.

And you know, the nation recovered from that. So there is light at the end of the tunnel where we will eventually be beyond this. But in this current period, we have to take measures to avoid becoming ill or becoming susceptible to it. So my advice is to try to focus on positive things and optimism, and that should help to keep your spirits up.

ANNE JONES: I think another thing to add-- I believe there is medical literature to show that the quality of finding hope is also helpful and that and that finding an opportunity for that for hope is where we develop resilience and how we can get through times that are hard in the future. And I always think about, when I think about hope, I think about the story of the Pandora's box, you know, as we're all talking about here that we start to open up Pandora's box, which is this magical, mystical story of the box opening and all of the demons and horrible feelings and negative emotions kind of coming out as we begin to kind of-- as the mind thinks about, what if?

What if this? What if that? What if that? What if that?

And at the very bottom of Pandora's box, as the story goes, is a glimmer of hope. And so once all of that comes out, it's an opportunity to see what can actually emerge from this experience and where can we find resilience in the future. What things might we find that get us through this experience that could get us through the next and, in that same vein, thinking what got us through bad experiences in the past that could help us get through this one too. And so I think that mental health and our psychology and our emotional stability and resilience is so important and as important here. And we know it's hard and important to remain optimistic and hopeful.

MICHELLE LOPARCO: Let's take just one last quick question, and this person wants to know how true is it that once someone has recovered from COVID, is there really a 90 day period where they can't get it again?

ANNE JONES: So there has been some initial research to show that a 90 day period is seen as a window of potential protection. And that has been shown in the initial scientific literature, and that's also been incorporated into the public health protocols and guidance around screening and test positivity. That said, there is also emerging literature about the potential for secondary COVID infection and the possibility for getting COVID another time or to develop prolonged symptoms-- as Dr. Clark was mentioning, long haulers symptoms.

And so there's actually a lot of unknowns here, probably more unknowns than there are. Knowns but in terms of the public health guidance that we have at this time and what we use to operate our protocols at this time is that once someone tests positive, there is that 90 day

window between when their test positivity is and when they're considered sort of protected during that period of time. But the national and state/local authorities say if someone is developing symptoms, additional symptoms, worse symptoms, or maybe even symptoms that might be ill-defined or you're not quite sure is this COVID or something else, it's always important to get re-evaluated and not make a determination or an assumption that this might be nothing to worry about or that it's not possible to get COVID again.

It's possible that it would be, and so it's important to get re-evaluated. And as we learn more about the scientific literature, we'll know more about how to create those protocols. But for now, I would say as a practicing physician, if I see somebody who has symptoms that we can't otherwise attribute to anything else, then we have to be thinking about that possibility, and we always do our duty to make sure that people are protected.

The other last thing to say on this is that we're going into flu season now. And so symptoms coming up in that 90 day window could be the flu. And so that's the other thing. It's important. If new symptoms do emerge, that's another reason to make sure that you're getting re-evaluated, speaking with health care providers to make sure that we really figure out what the diagnosis is in follow up.

HEI HEI DEPEW: Thank you. Now I want to provide a moment for brief closing statements. I want to start with Mary Opperman.

MARY OPPERMAN: So I'll make this as brief as I can, but Dr. Jones mentioned the importance of hope. So I have and I've always had an incredible admiration for the people who work at Cornell. It's a complicated place. Jobs can be pretty difficult.

I've always felt really honored to be part of the team but probably no more so than I do right now. In March, we had not done any of this. We hadn't all of a sudden in like a week sent everybody home and said, do your best. And we then, after that, hadn't really imagined how we were going to keep ourselves safe through a pandemic.

We had no daily check system. We had no testing lab. We had no test sites. We had nothing. And we had no playbook.

And yet people from all over campus have stepped up to make those things happen and so much more. I always worry about picking out a few people. We have medical professionals-- Dr. Jones, Dr. Clarke, the whole Cayuga, the whole Cornell Health team, people that had different jobs, Gary Koretsky, who has been a sort of fearless leader of this who has a very different job-- you know, have all stepped up and done things that we couldn't have imagined before this. And we have incredible partners in our county.

We are so lucky to have the health department that we have in Cayuga Health Systems. They are amazing, and if you have a family in other places, you know just how privileged we are to

have them. So I get a lot of hope from seeing what we as a community have done and I think what we've learned in terms of our inter-dependency.

So as you go forward from here, please care that hope. Find it somewhere. Find it at the bottom of your Pandora's box and know that we're all here for you, and we are going to get through this. We will.

HEI HEI DEPEW: Thank you. Anne Jones or John Clarke?

ANNE JONES: I would say thank you. It's a time of gratitude, a time of thinking about how to move forward. And when we do think about moving forward I think a question that has come up quite a lot is a concern, a question, around because of all that we discussed today about asymptomatic spread of the virus, a concern about how can I make sure that I don't give the virus to somebody else unknowingly or unwittingly? And I think that it comes down to that mindset of now more than ever, that community spirit, that community mindset, is important, recognizing that each of our actions have an effect on others no matter we think it might be true or not. Places that we go and the actions that we take, we should keep in our minds how important it is for us to have that community spirit now and to remember that if we think of ourselves as not just protecting ourselves but protecting each other, then those will be ways that we can get through this next season and this next period of time and find new ways of pulling through.

JOHN CLARKE: Yeah, I'd just add that at this time, I'm proud to be part of Cornell because Cornell actually is serving as an example. Just earlier this week, there was an article in the CBC where folks in Canada are looking at what's been done at Cornell. There was a piece from "Good Morning America."

So you know, we are actually doing a pretty good job. I mean, we've heard about other colleges that had to shut down, but we actually didn't have to shut down. And part of it is everybody, you know, everyone on this call doing their part.

And I think if we continue in that vein and if we all do our part and follow the guidelines, the recommendations-- they exist, it's true. The virus is real. The ways you catch it are real. And the ways you prevent it are real as well.

And I would say if we all continue to do our part, we could continue to see small numbers relative in compared-- even though we've seen an upsurge recently, it's still small compared to what other organizations and areas have seen. So I would say continue to do your best, to follow the daily check, monitor for symptoms, wear your mask, maintain social distancing, and do those things to keep your immune system strong. And I say I'm optimistic again about the coming year and that we can still continue to do well.

HEI HEI DEPEW: Thank you all. In viewing the responses from the webinar, staff members have voiced their appreciation to the panelists for coming to the table, spending time with staff,

sharing information and tips. So thank you on behalf of the staff, on behalf of the employee assembly, to Dr. Anne Jones, Dr. John Clarke, and Mary Opperman.

This video and transcript will be available online for future viewing. If you want to get involved with employee assembly, feel free to join a committee or join an employee assembly meeting, which is open to the general public. If you have any suggestions for future forums or comments, feel free to get in touch with the employer assembly.

Take care of yourselves. Take care of your families, of your communities. Thank you all. Take care.