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### **Questions Regarding a Safe Return Pledge**

Since the beginning of the University of Arizona's remote operations in mid-March due to the COVID-19 pandemic, the University of Arizona Cooperative Extension System (CES) has been transitioning to new modes of remote and virtual program operations and delivery. The CES has remained open and functional but we have been conducting our business in many new ways.

We are now beginning the preparations for the process of an organizational transition to more traditional, face-to-face methods of operation and program delivery. This must be a managed process in the CES that will take place in phases.

To assist unit heads (county, academic, and experiment station units) in the management of this process, we have developed a "University of Arizona Cooperative Extension Safe Return Pledge". ***Insert link to Safe Return Pledge here....***

This pledge is intended to make sure everyone is well-informed and working with a full understanding of the new policies and guidelines that are being employed in these times of COVID-19 mitigation.

Some common questions that have arisen in relation to the Safe Return Pledge are listed below with responses.

1. Has the legal department at the UA looked at the Pledge? Did they give it their approval?

*This "Extension Safe Return Pledge" has been adopted directly from a similar document being used in the UA College of Law.*

*It is not expected to serve as a "contract" but rather an acknowledgement of the UA and CES policies associated with the implementation of the best public health practices (BPHPs) being employed by the UA and followed by the CES. It was not necessary for the UA Office of General Counsel (OGC) to review this document.*

2. Will "current CDC guidelines" change over time? It might be better to spell them out at the beginning. We had some concerns about guidelines changing. Then the expectations of the Pledge change midstream. I think it's a consistency issue.

*As new information regarding the virus and BPHPs associated with mitigating COVID-19 become available, the CDC may alter their recommendations in accordance to scientific*

*information developed. If so, the UA may adjust policies accordingly, which the CES will of course be expected to follow and support.*

3. When can volunteers come back into our offices?

*We will start the review process for the CES operations in each unit on regular two-week intervals beginning on 17 August 2020.*

4. How will supervisors know if the Pledge has been signed if confidentiality only allows the CED to know who signed the Pledge and who didn't?

*This will be managed by the unit heads (county, academic, experiment station, etc.).*

5. What are "extended periods of time" as per the Pledge?

*Per the current CDC guidelines on COVID-19 mitigation:*

*"Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure, but 15 minutes of close exposure can be used as an operational definition. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the infected person cough directly into the face of the exposed individual) remain important."*

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

6. How do we handle new hires as to the Pledge and testing? (before hire, after hire, during interviews?)

*All UA and CES employees must comply with UA and CES policies. That should always be made clear before and during the time of employment for all employees.*

7. Can we further define "mission essential"?

*That is determined at the unit level, e.g. unit heads, in concert with the Extension Director.*

8. What if an employee is not comfortable with a nasal swab-based test? Are there alternatives, such as saliva testing?

*First, all testing is voluntary.*

*There are three tests currently available for various forms of COVID-19 testing: antigen, PCR (polymerase chain reaction), and antibody. The antibody test is done with a blood sample and*

*determines the presence or absence of antibodies, which would indicate exposure to COVID-19. But, it is not a direct diagnostic test for the presence of the disease.*

9. What are the best sources of county-specific COVID-19 information regarding community spread? ADHS and the County Health Departments seem to be the only data available.

*The ADHS data provides the best available information on the spread of this disease in Arizona, including county-level data.*

10. How long will the COVID-19 mitigation practices be maintained?

*The time it takes to bring this disease under control, which is determined by appropriate public health organizations, the UA administration, and the CES administration based on data reviews on a weekly basis.*

I appreciate the questions and the efforts of all CES personnel to adhere to the UA and CES policies and guidelines associated with the process of successful mitigation of COVID-19 in our state. Our collective participation is essential in the process of regaining a more “normal” way of life and operation. This is a public health issue and we are all in this together.

Keep up the great work, stay healthy, take care of yourselves, and each other.