The Lincoln University Fall 2020 Reopening Plan

LINCOLN UNIVERSITY

Office of the President

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Dear Lincoln University Family:

The COVID-19 Pandemic that hit our nation in Spring 2020 has greatly affected every aspect of our daily lives. Since March, the Lincoln University campus has been missing the lifeline of the University, our students. As we work to being our new normal, our first priority is promoting the health and safety of our students, faculty and staff. We have been working in phases toward holding in-person classes in Fall 2020. Here is a quick synopsis of the past, current and future reopening phases.

Phase 1 (May 4, 2020-July 26, 2020): The University reopened to employees only. Classes for the Summer 2020 session are offered remotely and students are asked to complete any University business via phone or electronic communication. Campus buildings are secured with only one entry/exit point and office doors are locked to alleviate the amount of traffic into and out of the buildings and work spaces. Social distancing is strongly encouraged.

Phase 2 (July 27, 2020-August 23, 2020): The University will begin a phased reopening to the public. Students will be able to complete University business in person. Masks/face coverings **are required** (*unless accommodations have been requested and granted) and social distancing of six-feet or more **must be** maintained.

Phase 3 (August 24, 2020 and beyond): In-person coursework resumes. Masks/face coverings **are required** (*unless accommodations have been requested and granted) and social distancing of six-feet or more **must be** maintained.

The following pages will address **THE BLUE TIGER COMEBACK PLAN** for the various members of the Lincoln University Family and our community. Each unit will have a more detailed and specific plan to address the unique needs of their area. Please note, this is a living document that will likely require revision as we as a university, city, state and nation respond to the fluid nature of the COVID-19 Pandemic. The University draws upon the guidance of all these entities, as well as the guidelines set forth by the Centers for Disease Control *(Appendix A)* in its decision-making process.

We are promoting good health. We are moving toward our new normal. We are in this together. We are Lincoln.

Sincerely,

President Jerald Jones Woolfolk

PERSONAL SAFETY TAKES ALL OF US

While the University has plans in place to promote the health and safety of our students, faculty and staff, it is important that each individual understand their role in preventing the spread of COVID-19. The following are safety measures that are in effect University-wide, including our satellite academic spaces, offices, farms and other properties.

Masks/Face Coverings: Masks/face coverings **are required** in classrooms, labs, common areas (including restrooms), meeting rooms, shared work and other communal spaces (*unless accommodations have been requested and granted). If a person is the only individual within a work space, the mask/face covering may be removed, but must be worn if another person enters that space.

*To request accommodations:
● *Students*
The Office of Access and Abilities
Mr. Greg Holtmeyer
573-681-5167
holtmeyerg@lincolnu.edu
● *Employees*
Human Resources
Mr. Stephen Mincke
573-681-5020
minckes@lincolnu.edu

According to Johns Hopkins Medicine, masks/face coverings are cover from the bridge of the nose to under the chin to prevent the aerial release of respiratory droplets from the nose or mouth. Masks should not cover the eyes or forehead.

Social Distancing: Six-feet of space **must be** maintained where possible in classrooms, labs, common areas (including restrooms), meeting rooms, shared work and other communal spaces. Signage, floor markers, the installation of plexiglass and other tools will be used to reinforce distancing.

Clean Hands: Proper handwashing with soap for 20 seconds or using a hand sanitizer that is at least 60% alcohol helps stops the spread of germs.

Clean Spaces: Safety remains the primary concern. Custodial staff are focused on disinfecting commonly touched surfaces including light switches; door handles/push plates; elevator buttons; tables/desks/chairs; cabinets; wall moldings; window sills; faucets/shower fixtures and curtains/toilet handles; and railings. Disinfecting is done using guidelines from the CDC (*Appendix B*).

Keep Your Health to Yourself: Cover your coughs and sneeze with your elbow or a tissue, and dispose of the tissue in the trash. Most imperative at this time, if you are not feeling well, stay home.

STUDENTS

Coming Home to Campus: As much as possible, students are asked to limit contact with others in the two weeks prior to their reporting to campus and to monitor themselves for any possible changes in health during that time. Please contact your local health provider with any health concerns before arriving on campus.

Learning on Campus: Coursework will be offered on campus beginning August 24, 2020, with the understanding that the delivery method could change with short notice due to the COVID-19 conditions on a local, state or national level. Masks/face coverings **are required** in classrooms, labs and other academic spaces, including offices (*unless accommodations have been requested and granted). Social distancing will also be maintained in classrooms. Means to ensure social distancing will include: limiting the number of available spots for enrollment in a particular course; clearly marked prohibited seating in classrooms; and/or avoiding small group work that requires close contact with classmates.

Students who display symptoms of COVID-19 (shortness of breath; cough, fever; body aches; fatigue; sore throat; headache; congestion or runny nose; loss of taste or smell; nausea or vomiting; or diarrhea) **must not** attend class and should contact their local healthcare provider (or their Residential Director if living on campus). Students should stay in communication with their instructors during their time of absence.

Living on Campus: The Office of Residential Life will communicate a schedule for moving into campus housing for Fall 2020, which will require students to make an appointment. In addition to the **required face masks/coverings**, students are asked to bring cleaning/disinfecting supplies to maintain their personal space. Room checks will be done weekly to monitor for cleanliness.

Students living in campus housing who display symptoms of COVID-19 (shortness of breath; cough, fever; body aches; fatigue; sore throat; headache; congestion or runny nose; loss of taste or smell; nausea or vomiting; or diarrhea) should contact their Residential Director who will ensure the student is housed in Yates Hall, a campus facility designated to quarantine students to prevent the potential spread of the virus. Students **must not** report to Thompkins Health Center without scheduling an appointment by phone at 573-681-5870 or by email at kirbyt@lincolnu.edu. Students who meet specific criteria will be referred for testing. A positive test result will require a student to vacate the campus, if possible. If a student is unable to leave campus, the student will be housed in Hoard Hall, a campus facility designated for isolation.

Dining on Campus: Masks/face coverings **are required** (*unless accommodations have been requested and granted) in the campus dining hall while being served and/or getting drinks and when picking up carryout options. Social distancing will be maintained. Means to ensure social distancing include: take out service; limiting the number of students allowed in the dining hall to 100; floor markers to keep distance while waiting in line; plexiglass in the cashier and food service areas; and spacing tables at least six-feet apart. Student IDs (with a loaded meal plan), credit and debit cards are the only acceptable forms of payment. Cash **will not be** accepted.

**Requesting Accommodations:* The Office of Access and Abilities-Mr. Greg Holtmeyer; 573-681-5167; holtmeyerg@lincolnu.edu

FACULTY

Classroom: Coursework will be offered on campus beginning August 24, 2020, with the understanding that the delivery method could change with short notice due to the COVID-19 conditions on a local, state or national level. Masks/face coverings **are required** in classrooms, labs and other academic spaces, including offices (*unless accommodations have been requested and granted). Face shields, which are preferable to ease communication, **will be** provided for faculty.

Social distancing **will be** maintained in classrooms. Means to ensure social distancing will include: limiting the number of available spots for enrollment in a particular course; clearly marked prohibited seating in classrooms; and/or avoiding small group work that requires close contact. While classroom setup will be based on individual needs of the instructor and students, guidance can be drawn from *Appendix C*.

Student Absences: Faculty are asked to maintain open communication with students who are absent from class due to illness. In addition, flexibility may be required to provide students who are quarantined or isolated access to course materials.

Office Hours: Regular office hours **must be** maintained, but can be offered online or by phone to further promote social distancing.

Illness: Faculty who display symptoms of COVID-19 (shortness of breath; cough, fever; body aches; fatigue; sore throat; headache; congestion or runny nose; loss of taste or smell; nausea or vomiting; or diarrhea) **must** contact their supervisor and **must not** report to work. Faculty should contact their local healthcare provider for further instruction on whether testing, quarantine or isolation is necessary.

**Requesting Accommodations: Human Resources-Mr. Stephen Mincke; 573-681-5020; minckes@lincolnu.edu*

EMPLOYEES

Work Spaces: Masks/face coverings **are required** in offices, computer labs and academic and student support spaces (*unless accommodations have been requested and granted). If a person is the only individual within a work space, the mask/face covering may be removed, but must be worn if another person enters that space.

Social distancing **will be** maintained. Means to ensure social distancing will include: scheduling appointments to limit the number of individuals waiting in a space; clearly marked areas to denote six-feet of distance for those waiting for service; offering services online or by telephone or email; and the installation of plexiglass in some service areas.

Office Hours: Regular office hours **must be** maintained, but services can be offered online or by phone to further promote social distancing.

Illness: Employees who display symptoms of COVID-19 (shortness of breath; cough, fever; body aches; fatigue; sore throat; headache; congestion or runny nose; loss of taste or smell; nausea or vomiting; or diarrhea) **must** contact their supervisor and **must not** report to work. Employees should contact their local healthcare provider for further instruction on whether testing, quarantine or isolation is necessary.

**Requesting Accommodations: Human Resources-Mr. Stephen Mincke; 573-681-5020; minckes@lincolnu.edu*

ATHLETICS

Masks/face coverings **are required** (*unless accommodations have been requested and granted) for both staff (including student staff) and student-athletes during treatments in athletic training facilities. Staff (including student staff) **are required** to wear gloves during treatments.

Social distancing **will be** maintained. Means to ensure social distancing will include: limited staff-to-student ratio in training facilities; scheduled appointments for non-emergency treatments and rehabilitation; and virtual team meetings.

Screening: Symptom screenings **will be** performed before athletic activities (practices or competitions) for both staff (including student staff) and student-athletes.

Illness: Students (including student staff) who display symptoms of COVID-19 (shortness of breath; cough, fever; body aches; fatigue; sore throat; headache; congestion or runny nose; loss of taste or smell; nausea or vomiting; or diarrhea) **must not** attend practice or competition.

Employees who display symptoms of COVID-19 (shortness of breath; cough, fever; body aches; fatigue; sore throat; headache; congestion or runny nose; loss of taste or smell; nausea or vomiting; or diarrhea) **must** contact their supervisor and **must not** report to work.

Blue Tiger Athletics draws upon the guidance of the NCAA *(Appendix D)* for maintaining the safety of our student-athletes, student staff and employees.

**Requesting Accommodations for Students:* The Office of Access and Abilities-Mr. Greg Holtmeyer; 573-681-5167; holtmeyerg@lincolnu.edu

**Requesting Accommodations for Employees: Human Resources-Mr. Stephen Mincke; 573-681-5020; minckes@lincolnu.edu*

COVID-19 TASK FORCE

The COVID-19 Task Force was created in late February 2020 to address the ever changing effects of COVID-19 on our University, the community, state, nation and world. This task force consists of representatives from across the campus to ensure full consideration of the interests of the various members of the University family.

Gary Hill
Chief, Lincoln University Police Department
Co-Chair

Carlos Graham
Chief of Staff

Dr. Alphonso Sanders
Provost
Vice President for Academic Affairs

Dr. Marcus Chanay
Vice President for Student Affairs

John Moseley
Director, Athletics

Dr. Majed El-Dweik
Dean, College of Agriculture,
Environmental and Human Sciences

Dr. Eric Burgess
Dean, School of Business

Dr. Ann McSwain
Dean, School of Nursing

Stephen Mincke
Director, Human Resources

Earnest Washington
Assistant Dean, Campus Life
Director, Campus Wellness

Misty Young
Director, Communications and Marketing
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Jacqueline Shipma
In-House Legal Counsel

Sandy Koetting
Vice President for Administration/Finance

Andre Grinston
Vice President for Institutional Advancement

Dr. Benjamin Arnold
Assistant Vice President for Academic Affairs

Dr. Jennifer Benne
Dean, College of Arts and Sciences

Dr. Marrix Seymore
Dean, School of Education

Jeffrey Turner
Director, Facilities and Planning

Dr. Sonja Jackson
Director, Admissions

Leasa Weghorst
Director, Thompkins Health Center

APPENDIX A

Interim Guidance for Administrators of U.S. Institutions of Higher Education

Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19)

Summary of Recent Changes

Revisions were made on March 18 to reflect the following:

- Clarification of appropriate mitigation strategies, based on level of community transmission of COVID-19 and presence of COVID-19 cases within the IHE.

- Institutions of higher education (IHE), working together with local health departments, have an important role in slowing the spread of diseases, and protecting vulnerable students, staff, and faculty to help ensure a safe and healthy learning environment.
- Guidance for IHE is organized into three categories based on the level of community transmission: 1) when there is no community transmission (preparedness phase), 2) when there is minimal to moderate community transmission, and 3) when there is substantial community transmission. Consult with your local health department to determine what level of transmission is currently occurring in your community.
- Guidance is also provided for when a confirmed case has entered an IHE, regardless of community transmission.
- All decisions about implementing IHE-based strategies (e.g., class suspensions, event cancellations, other social distancing measures) should be made in collaboration with local health officials.

Older adults and persons with severe underlying health conditions are at increased risk of more serious illness after contracting COVID-19. Priority should be given to ensuring the safety of these groups of people. For more information on those at increased risk of more serious illness due to COVID-19, go to: https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html.

CS 316111-A 03/23/2020

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19).

The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the following CDC website periodically for updated interim guidance: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

Health officials are currently taking steps to prevent the introduction and spread of COVID-19 into US communities. IHE play an important role in this effort. Through collaboration and coordination with local health departments, IHE should take steps to disseminate information about the disease and its potential transmission within their IHE community. IHE should prepare to take steps to prevent the spread of COVID-19 among their students and staff should local health officials identify community transmission.

IHE should continue to collaborate, share information, and review plans with local health officials to help protect the whole IHE community, including those with special health needs. IHE plans should be designed to complement other community mitigation strategies to protect high risk populations and the healthcare system and minimize disruption to teaching and learning and protect students, staff, and faculty from social stigma and discrimination. Plans should build on everyday practices (e.g., encouraging hand hygiene, monitoring absenteeism, communicating routinely) that include strategies for before, during, and after a possible outbreak.

Who is this guidance for?

This interim guidance is intended for administrators of public and private institutions of higher education (IHE). IHE include a diverse set of American colleges and universities: 2- or 4-year; public, private non-profit, or private for-profit; and comprehensive, research-focused, or special mission. IHE administrators (e.g., presidents, deans, provosts) are individuals who make policies and procedures, set educational aims and standards, and direct programming of institutions of higher education.

Why is this guidance being issued?

This guidance will help IHE and their partners understand how to help prevent the transmission of COVID-19 among students, faculty, and staff. It also aims to help IHE react quickly should a case be identified in the IHE or if there is spread within the community in which the IHE is located. The guidance includes considerations to help administrators plan for the continuity of teaching, learning, and research if there is community spread of COVID-19 and address concerns related to COVID-19 associated stigma.

What is the role of IHE in responding to COVID-19?

IHE, working together with local health departments, have an important role in slowing the spread of disease. IHE's efforts will help ensure students, staff, and faculty have safe and healthy environments in which to learn and work. IHE welcome students, staff, faculty, and visitors from throughout the community. All of these people may have close contact in IHE settings, often sharing spaces, equipment, and supplies.

Some individuals are experiencing stigma and discrimination in the United States related to COVID-19. This includes people of Chinese and Asian descent, as well as some returning travelers and emergency responders who may have been exposed to the virus. It is important for IHE to provide accurate and timely information about COVID-19 to students, staff, and faculty to minimize the potential for stigma on college and university campuses. It is also important to provide mental health support to promote resilience among those groups affected by stigma regarding COVID-19. CDC has information IHE can share to reduce COVID-19 associated fear and stigma.

How should IHEs prepare for, and respond to, COVID-19?

IHE should be prepared for COVID-19 outbreaks in their local communities and for individual exposure events to occur in facilities, regardless of the level of community transmission, for example, a case associated with travel. The following decision tree can be used to help IHE administrators determine which set of mitigation strategies may be most appropriate for their current situation.

Institutions of Higher Education (IHE) Decision Tree

Regardless of Community Spread

Confirmed person with COVID-19 on campus? → Assess Risk → *Short (potential 2-5 Day) Class Suspension, Building and Facility Closure to Clean/Disinfect/ Contact Trace in consultation with local health officials*

No Community Spread

- Update Emergency Operation Plan
- Healthy hygiene and cleaning/ disinfection
- Monitor absenteeism
- Assess group gatherings/events
- Require sick individuals to stay home
- Establish procedures for individuals who are sick on campus
- Ensure health clinics prepare for COVID-19
- Communicate regularly with student, staff, faculty

→ *Monitor changes in community spread*

Minimal to Moderate OR Substantial Community Spread

Is community spread Minimal to Moderate or Substantial?

M/M

- Social distancing
- Consider accommodations for children and families at high risk
- Ensure continuity of safe housing

S

- Continue to coordinate with local health officials
- Consider extended in-person class suspension

When a confirmed case has been on campus, regardless of community transmission

Any IHE in any community might need to implement short-term building closure procedures regardless of community spread **if an infected person has been on campus**. If this happens, CDC recommends the following procedures, regardless of level of community spread:

√ **Coordinate with local health officials**. Once learning of a COVID-19 case in someone who has been on the campus, immediately reach out to local public health officials. These officials will help administrators determine a course of action for their IHE.

√ **Work with local public health officials to determine cancellation of classes and closure of buildings and facilities.** IHE administrators should work closely with their local health

officials to determine if a short-term closure (for 2-5 days) of all campus buildings and facilities is needed. In some cases, IHE administrators, working with local health officials, may choose to only close buildings and facilities that had been entered by the individual(s) with COVID-19. This initial short-term class suspension and event and activity (e.g., club meetings; on-campus sport, theater, and music events) cancellation allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the IHE. This allows the local health officials to help the IHE determine appropriate next steps, including whether an extended duration is needed to stop or slow further spread of COVID-19.

- Local health officials' recommendations for the duration and extent of class suspensions, building and facility closures, and event and activity cancellations should be made on a case-by-case basis using the most up-to-date information about COVID-19 and the specific cases in the community.
- Discourage students, staff, and faculty from gathering or socializing anywhere. This includes group childcare arrangements, as well as gathering at places like a friend's house, a favorite restaurant, or the local coffee shop.

√ **Communicate with students, staff, and faculty**. Coordinate with local health officials to communicate dismissal decisions and the possible COVID-19 exposure.

- This communication to the IHE community should align with the communication plan in the emergency operations plan.
- Plan to include messages to counter potential stigma and discrimination.
- In a circumstance where there is a confirmed COVID-19 case that has been on campus, it is critical to maintain confidentiality of the student or staff member as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act, as applicable.

√ **Clean and disinfect thoroughly.**

- Close off areas used by the patient. Open outside doors and windows to increase air circulation in the area and then begin cleaning and disinfection.
- Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the COVID-19 patient focusing especially on frequently touched surfaces.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available here. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
- Additional information on cleaning and disinfection of community facilities such as schools can be found on CDC's website.

• **Make decisions about extending the class suspension and event and activity cancellation**. Temporarily suspending classes is a strategy to stop or slow the further spread of COVID-19 in communities.

- When classes are suspended, IHE administrators should work closely with local public health officials to determine if some buildings and facilities may stay open for staff or faculty that are not ill while students temporarily stop attending in-person classes.
- **IHE administrators should work in close collaboration with local public health officials and the IHE's university system to make class suspension** and large event and activity cancellation decisions. IHE are not expected to make decisions about suspending classes or canceling events on their own. IHE can seek specific guidance from local health officials to determine if, when, and for how long to take these steps. The nature of these actions (e.g., geographic scope, duration) may change as the local outbreak situation evolves.

- Administrators should seek guidance from local health officials to determine when students, staff, and faculty should return to campus and what additional steps are needed for the IHE community. In addition, students, staff, and faculty who are well but are taking care of or share a home with someone with a case of COVID-19 should follow instructions from local health officials to determine when to return to campus.

√ **Implement strategies to continue education and other related supports for students.**

- **Ensure continuity of education and research.**
  - Review continuity plans, including plans for the continuity of teaching, learning, and research. Implement e-learning plans and distance learning options as feasible and appropriate.
  - Ensure continuity plans address how to temporarily postpone, limit, or adapt research-related activities (e.g., study recruitment or participation, access to labs) in a manner that protects the safety of researchers, participants, facilities, and equipment.
  - Consider the following approaches:
    - Use of existing infrastructure and services (e.g., Blackboard, Skype, Zoom) to support efficient transition of classes from in-person to distance-based formats. This may include using strategies such as faculty check-ins, recorded class meetings or lectures, and live class meetings.
    - Other student support services such as online library services, print materials available online, phone- or internet-based counseling support, or study groups enabled through digital media.
  - IHE will need to determine, in consultation with their university system:
    - How to convert face-to-face lessons into online lessons and how to train faculty to do so.
    - How to triage technical issues if faced with limited IT support and staff.
    - How to deal with the potential lack of students' access to computers and the Internet at home or in temporary housing.
- **Ensure continuity of safe housing.**
  - **Work in close collaboration with local public health officials to make all decisions related to on-campus housing.**
  - **If cases of COVID-19 have not been identified among residents of on-campus community housing**, students may be allowed to remain in on-campus housing. In this situation, educate housing residents on the precautions they should take to help protect themselves when there is community spread of COVID-19. Residents should follow any more specific recommendations provided by local health officials. Any on-campus resident who may have been in close contact with a confirmed case of COVID-19 should follow instructions provided by local public health officials, including possible temporary relocation to alternate housing for self-quarantine and monitoring for symptoms.
  - **If cases of COVID-19 have been identified among residents of on-campus community housing, work with local public health officials to take additional precautions.** Individuals with COVID-19 may need to be moved to temporary housing locations. These individuals will need to self-isolate and monitor for worsening symptoms according to the guidance of local health officials. Close contacts of the individuals with COVID-19 may also need temporary housing so that they can self-quarantine and monitor for symptoms. Consult with local health officials to determine when, how, and where to move ill residents. Information on providing home care to individuals with COVID-19 who do not require hospitalization is available on CDC's website.
  - **Residents identified with COVID-19 or identified as contacts of individuals with COVID-19 should not necessarily be sent to their permanent homes off-campus.**

Sending sick residents to their permanent homes could be unfeasible, pose logistical challenges, or pose risk of transmission to others either on the way to the home or once there. IHE should work with local public health officials to determine appropriate housing for the period in which they need to self-isolate and monitor for symptoms or worsening symptoms.

- **Remember to consider all types of IHE-affiliated housing when making response plans.** Distinct housing types (e.g., residence halls, apartments, fraternity and sorority houses) and situations (e.g., housing owned and run by the IHE, housing on the IHE campus but not run by the IHE) may require tailored approaches.
- **Ensure any staff remaining to support students in on-campus housing receive necessary training to protect themselves and residents from spread of COVID-19.** Staff should also be trained on how to respond if a resident becomes ill. Adequate cleaning and personal hygiene supplies should be made available.

o **Ensure continuity of meal programs.**

- Consult with local health officials to determine strategies for modifying food service offerings to the IHE community.
- Consider ways to distribute food to students, particularly those who may remain on campus, while classes or other events and activities are dismissed.
- If there is minimal to moderate or substantial community spread of COVID-19, design strategies to avoid food distribution in settings where people might gather in a group or crowd. Consider options such as "grab-and-go" bagged lunches or meal delivery.
- If on-campus housing residents have been relocated to temporary alternative housing, consider how meals can be provided to these students. Work with local public health officials to determine strategies for providing meals to residents with COVID-19 or who are being monitored because of contact with persons with COVID-19.
- Ensure any staff remaining on campus to support food services receive necessary training to protect themselves and those they serve from spread of COVID-19.

o **Consider if, and when, to stop, scale back, or modify other support services on campus.**

- Consider alternatives for providing students with essential medical, social, and mental health services. Identify ways to ensure these services are provided while classes are dismissed or students are in temporary housing.
- Identify other types of services provided to students, staff, and faculty (e.g., library services, cleaning services). Consider ways to adapt these to minimize risk of COVID-19 transmission while maintaining services deemed necessary.

When there is no community transmission (preparedness phase)

The most important thing to do now is **plan and prepare**. IHE administrators should reinforce healthy practices among their students, staff, and faculty. As the global outbreak evolves, IHE should prepare for the possibility of community-level outbreaks in their communities. IHE need to **be ready** in the event COVID-19 does appear in their communities. Here are some strategies:

√ **Review, update, and implement emergency operations plans (EOPs).** This should be done in collaboration with local public health departments, the IHE's university system, and other relevant partners. Focus on components, or annexes, of the plans that address infectious disease outbreaks.

o Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza). This includes strategies for social distancing and IHE dismissal that may be used to stop or slow the spread of infectious disease. The plan should also include strategies for continuing education, meal programs, and other related services in the event of IHE dismissal.

o Ensure the plan emphasizes preventive actions for students and staff. Emphasize actions individuals

can take, including staying home when sick, appropriately covering coughs and sneezes, cleaning frequently touched surfaces, and washing hands often.

- CDC has workplace resources including guidance posters with messages for staff about staying home when sick and how to avoid spreading germs at work.

o Include procedures in the EOP for how to ensure safe housing for students.

o Reference key resources while reviewing, updating, and implementing the EOP.

- Multiple federal agencies have developed resources on school planning principles and a 6-step process for creating plans to build and continually foster safe and healthy school communities before, during, and after possible emergencies. IHE may find this guidance for developing high-quality emergency operations plans helpful.
- Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center's website contains free resources, trainings, and TA for schools, including IHE, and their community partners, including many tools and resources on emergency planning and response to infectious disease outbreaks.

√ **Develop information-sharing systems with partners.**

o Institutional information systems should be used for day-to-day reporting on information such as absenteeism or changes in student health center traffic to detect and respond to an outbreak. Remember that IHE are not expected to screen students, staff, or faculty to identify cases of COVID-19.. If a community (or more specifically, an IHE) has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps.

o Local health officials should be a key partner in information sharing.

√ **Reinforce healthy hygiene practices.**

o Ensure handwashing strategies include washing with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

o CDC offers several free handwashing resources that include health promotion materials and information on proper handwashing technique.

o Ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.

√ **Intensify cleaning and disinfection efforts.**

o Routinely clean and disinfect surfaces and objects that are frequently touched. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, classroom sink handles, countertops). Clean with the cleaners typically used. Use all cleaning products according to the directions on the label. For disinfection most common EPA-registered household disinfectants should be effective.

- A list of products that are EPA-approved for use against the virus that causes COVID-19 is available here. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

o Provide disposable wipes to staff and faculty so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be wiped down before use.

o Ensure adequate supplies to support cleaning and disinfection practices.

√ **Monitor and plan for absenteeism.**

o Review attendance and sick leave policies. Students, staff, and faculty should not attend class or work when sick. Allow them to stay home to care for sick household members. Make accommodations

(e.g., extended due dates, electronic submission of assignments), as possible, for individuals who may be temporarily unable to attend class due to restrictions placed on them related to possible exposure to the virus that causes COVID-19.

- o Identify critical job functions and positions, and plan for alternative coverage by cross-training staff and faculty.
- o Review the usual absenteeism patterns at your institution and on your campus among students, staff, and faculty. Consider identifying and implementing processes for faculty and IHE leadership to report noticeable changes in absenteeism, even if subjective, to a designated administrator.
- o Alert local health officials about large increases in student, staff, and faculty absenteeism or substantial increases in student health center traffic due to respiratory illnesses (like the common cold or the "flu," which have symptoms similar to symptoms of COVID-19).
- o Determine what level of absenteeism will disrupt continuity of teaching, learning, and research.

√ **Assess group gatherings and events. Consider postponing non-critical gatherings and events.**

- o Ensure you have a clear understanding of all upcoming gatherings and large events for your IHE (e.g., special performances, athletic events, award banquets). Give special consideration to events that might put students, staff, or their families in close proximity to others from communities that may have identified cases of COVID-19 or include populations at increased risk of severe illness with COVID-19.
- o Consider whether any of these events should be canceled. Speak with local health officials to help determine the best approach.

√ **Require sick students, staff, and faculty to stay home. Establish procedures for students, staff, and faculty who are sick (with any illness) on campus.**

- o Establish procedures to ensure students, staff, and faculty who become sick (with any illness) on campus or arrive on campus sick are sent to their place of residence (e.g., on-campus room or apartment, off-campus housing) as soon as possible. Keep sick individuals separate from well individuals until they can leave. Sick residents of on-campus housing in communities with no identified COVID-19 and who are not believed to have been exposed to COVID-19 should avoid contact with well individuals while sick.
- o Establish procedures for how to re-house roommates of those that are sick.

√ **Ensure IHE health clinics prepare for COVID-19.**

- o Review CDC guidance to help healthcare facilities prepare for COVID-19. Guidance includes steps to take now and strategies for preparing for community transmission of COVID-19.

√ **Create plans to communicate accurate and timely information to the IHE community.**

- o Include strategies for sharing information with staff, students, and faculty without increasing fear and stigma. Keeping the community informed with accurate information can counter the spread of misinformation and reduce the potential for fear and stigma.
- o Include strategies to communicate steps being taken by the IHE to prepare and how additional information will be shared.
- o Include strategies to communicate changes to usual campus schedules or functions.
- o Include strategies to communicate information IHE community members can use to protect themselves from infectious disease, including COVID-19.

√ **Review CDC's guidance for businesses and employers.**

- o Review this CDC guidance to identify any additional strategies the IHE can use, given its role as an employer.

IHE administrators can support their IHE community by sharing COVID-19 informational resources with students, staff, and faculty. Coordinate with local health officials to determine what type of information is best to share with the IHE community. Consider sharing the following fact sheets and information sources:

- √ Information about COVID-19 available through state and local health departments
- √ General fact sheets to help students, staff, faculty, and their families understand COVID-19 and the steps they can take to protect themselves:
  - o What you need to know about coronavirus disease 2019 (COVID-19)
  - o What to do if you are sick with coronavirus disease 2019 (COVID-19)
  - o Stop the spread of germs – help prevent the spread of respiratory viruses like COVID-19
  - o Share facts about COVID-19 to help prevent stigma
- √ CDC information for students, staff, and faculty who have recently traveled back to the United States from areas where CDC has identified community spread of COVID-19:
  - o A list of countries where community spread of COVID-19 is occurring can be found on the CDC webpage: Coronavirus Disease 2019 Information for Travel

For guidance for students, staff, or faculty who plan to travel, or have recently traveled, to areas with community spread of COVID-19, refer to CDC's FAQ for travelers and COVID-19 travel website. Students returning from travel to areas with community spread of COVID-19 must follow guidance they have received from health officials. For specific guidance on foreign exchange and study abroad programs, see CDC's guidance on student foreign travel for IHE. IHE can also consult with state and local public health officials. IHE may need to postpone or cancel trips that could expose students and staff to potential community spread of COVID-19.

When there is minimal to moderate community transmission

If local health officials report that there are multiple cases in the community, IHE may need to implement additional strategies in response to prevent spread in the IHE, but they should continue using the strategies they implemented when there was no community transmission. These additional strategies include:

- √ Coordinate with local public health officials. This should be a first step in making decisions about responses to the presence of COVID-19 in the community. Health officials can help an IHE determine which set of strategies might be most appropriate for their specific community's situation.
- √ Implement multiple social distancing strategies. Select strategies based on feasibility given the unique space and needs on IHE campuses. Not all strategies will be feasible for all IHE. IHE administrators are encouraged to think creatively about all opportunities to increase the physical space between students and limit interactions in large group settings. IHE may consider strategies such as:
  - o Cancel large gatherings. Cancel activities and events such as athletic events or practices, or special performances for groups of 250 people or more. Cancel events for groups of 20 people or more if attendees are at increased risk for severe illness from COVID-19
  - o Cancel or modify courses where students are likely to be in very close contact, such as lecture courses with close seating, or music or physical activity classes where students are likely to be in close proximity.
  - o Increase space between desks. Where possible, rearrange desks to maximize the space between students. Turn desks to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).
  - o Reduce congestion in the health clinic. For example, consider using the health clinic for students with flu-like symptoms and a satellite location for routine clinic visits (e.g., preventive screenings or annual exams).

- Consider if and how existing dining services should be scaled back or adapted. For example, an IHE may close some of or all its cafeterias/cafes, offering meal delivery or grab-and-go options to discourage students, staff, and faculty from gathering in group settings. Self-serve stations that require multiple students to touch the same equipment (e.g. cereal dispensers, ice cream dispensers) may be scaled back.

√ **Consider ways to accommodate the needs of students and staff** at higher risk of severe illness with COVID-19. Consider if and how to honor requests of students or staff who may have concerns about being on campus due to underlying medical conditions or those of others in their home.

√ **Ensure continuity of safe housing.**

- **Work in close collaboration with local health officials to make all decisions related to on-campus housing.**
- **If cases of COVID-19 have not been identified among residents of on-campus community housing**, students may be allowed to remain in on-campus housing. In this situation, educate housing residents on the precautions they should take to help protect themselves when there is community spread of COVID-19. Residents should follow any more specific recommendations provided by local health officials.

√ Help counter stigma and promote resilience on campus.

- Share facts about COVID-19 through trusted dissemination channels to counter the spread of misinformation and mitigate fear.
- Speak out against negative behaviors, including negative statements on social media about groups of people.
- Develop plans to support students, staff, and faculty who may feel overwhelmed by COVID-19 and associated events on campus.
  - Ensure continuity of mental health services, such as offering remote counseling. Encourage students to call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255) if they are feeling overwhelmed with emotions such as sadness, depression, anxiety, or feel like wanting to harm themselves or others.

When there is substantial community transmission

Additional strategies should be considered when there is substantial transmission in the local community in addition to those implemented when there is no, minimal, or moderate transmission. These strategies include:

√ Continue to coordinate with local public health officials. If local health officials have determined there is substantial transmission of COVID-19 within the community, they will provide guidance to administrators on the best course of action for IHE. Mitigation strategies are expected to extend across organizations (e.g., K-12 schools, business, community and faith-based organizations) within the community, as they are not necessarily tied to cases within IHE.

√ Consider extended in-person class suspension. In collaboration with local public health officials, implement extended class suspension and event/activity cancellations (e.g., suspension/cancellations for longer than two weeks). This longer-term, and likely broader-reaching, strategy is intended to slow transmission rates of COVID-19 in the community. During extended class suspensions, also cancel extracurricular group activities and large events. Remember to implement strategies to ensure the continuity of education, research, and housing as well as meal programs and other essential services for students.

GUIDANCE FOR CLEANING AND DISINFECTING

PUBLIC SPACES, WORKPLACES, BUSINESSES, SCHOOLS, AND HOMES

SCAN HERE FOR MORE INFORMATION

This guidance is intended for all Americans, whether you own a business, run a school, or want to ensure the cleanliness and safety of your home. Reopening America requires all of us to move forward together by practicing social distancing and other daily habits to reduce our risk of exposure to the virus that causes COVID-19. Reopening the country also strongly relies on public health strategies, including increased testing of people for the virus, social distancing, isolation, and keeping track of how someone infected might have infected other people. This plan is part of the larger United States Government plan and focuses on cleaning and disinfecting public spaces, workplaces, businesses, schools, and can also be applied to your home.

Cleaning and disinfecting public spaces including your workplace, school, home, and business will require you to:

- Develop your plan
- Implement your plan
- Maintain and revise your plan

Reducing the risk of exposure to COVID-19 by cleaning and disinfection is an important part of reopening public spaces that will require careful planning. Every American has been called upon to slow the spread of the virus through social distancing and prevention hygiene, such as frequently washing your hands and wearing face coverings. Everyone also has a role in making sure our communities are as safe as possible to reopen and remain open.

The virus that causes COVID-19 can be killed if you use the right products. EPA has compiled a list of disinfectant products that can be used against COVID-19, including ready-to-use sprays, concentrates, and wipes. Each product has been shown to be effective against viruses that are harder to kill than viruses like the one that causes COVID-19.

This document provides a general framework for cleaning and disinfection practices. The framework is based on doing the following:

1. Normal routine cleaning with soap and water will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure.
2. Disinfection using EPA-approved disinfectants against COVID-19 can also help reduce the risk. Frequent disinfection of surfaces and objects touched by multiple people is important.
3. When EPA-approved disinfectants are not available, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Do not mix bleach or other cleaning and disinfection products together--this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.

Links to specific recommendations for many public spaces that use this framework, can be found at the end of this document.
It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America.

A Few Important Reminders about Coronaviruses and Reducing the Risk of Exposure:

- Coronaviruses on surfaces and objects naturally die within hours to days. Warmer temperatures and exposure to sunlight will reduce the time the virus survives on surfaces and objects.
- Normal routine cleaning with soap and water removes germs and dirt from surfaces. It lowers the risk of spreading COVID-19 infection.
- Disinfectants kill germs on surfaces. By killing germs on a surface after cleaning, you can further lower the risk of spreading infection. EPA-approved disinfectants are an important part of reducing the risk of exposure to COVID-19. If disinfectants on this list are in short supply, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions).
- Store and use disinfectants in a responsible and appropriate manner according to the label. Do not mix bleach or other cleaning and disinfection products together--this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.
- Do not overuse or stockpile disinfectants or other supplies. This can result in shortages of appropriate products for others to use in critical situations.
- Always wear gloves appropriate for the chemicals being used when you are cleaning and disinfecting. Additional personal protective equipment (PPE) may be needed based on setting and product. For more information, see CDC's website on Cleaning and Disinfection for Community Facilities.
- Practice social distancing, wear facial coverings, and follow proper prevention hygiene, such as washing your hands frequently and using alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available.

> If you oversee staff in a workplace, your plan should include considerations about the safety of custodial staff and other people who are carrying out the cleaning or disinfecting. These people are at increased risk of being exposed to the virus and to any toxic effects of the cleaning chemicals. These staff should wear appropriate PPE for cleaning and disinfecting. To protect your staff and to ensure that the products are used effectively, staff should be instructed on how to apply the disinfectants according to the label. For more information on concerns related to cleaning staff, visit the Occupational Safety and Health Administration's website on Control and Prevention.

DEVELOP YOUR PLAN

Evaluate your workplace, school, home, or business to determine what kinds of surfaces and materials make up that area. Most surfaces and objects will just need normal routine cleaning. Frequently touched surfaces and objects like light switches and doorknobs will need to be cleaned and then disinfected to further reduce the risk of germs on surfaces and objects.

- First, clean the surface or object with soap and water.
- Then, disinfect using an EPA-approved disinfectant.
- If an EPA-approved disinfectant is unavailable, you can use 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions to disinfect. Do not mix bleach or other cleaning and disinfection products together. Find additional information at CDC's website on Cleaning and Disinfecting Your Facility.

You should also consider what items can be moved or removed completely to reduce frequent handling or contact from multiple people. Soft and porous materials, such as area rugs and seating, may be removed or stored to reduce the challenges with cleaning and disinfecting them. Find additional reopening guidance for cleaning and disinfecting in the Reopening Decision Tool.

It is critical that your plan includes how to maintain a cleaning and disinfecting strategy after reopening. Develop a flexible plan with your staff or family, adjusting the plan as federal, state, tribal, territorial, or local guidance is updated and if your specific circumstances change.

Determine what needs to be cleaned

Some surfaces only need to be cleaned with soap and water. For example, surfaces and objects that are not frequently touched should be cleaned and do not require additional disinfection. Additionally, disinfectants should typically not be applied on items used by children, especially any items that children might put in their mouths. Many disinfectants are toxic when swallowed. In a household setting, cleaning toys and other items used by children with soap and water is usually sufficient. Find more information on cleaning and disinfection toys and other surfaces in the childcare program setting at CDC's Guidance for Childcare Programs that Remain Open.

These questions will help you decide which surfaces and objects will need normal routine cleaning.

Is the area outdoors?

Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on sidewalks and in parks is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. You should maintain existing cleaning and hygiene practices for outdoor areas.

The targeted use of disinfectants can be done effectively, efficiently and safely on outdoor hard surfaces and objects frequently touched by multiple people. Certain outdoor areas and facilities, such as bars and restaurants, may have additional requirements. More information can be found on CDC's website on Food Safety and the Coronavirus Disease 2019 (COVID-19).

There is no evidence that the virus that causes COVID-19 can spread directly to humans from water in pools, hot tubs or spas, or water play areas. Proper operation, maintenance, and disinfection (for example, with chlorine or bromine) of pools, hot tubs or spas, and water playgrounds should kill the virus that causes COVID-19. However, there are additional concerns with outdoor areas that may be maintained less frequently, including playgrounds, or other facilities located within local, state, or national parks. For more information, visit CDC's website on Visiting Parks & Recreational Facilities.

Has the area been unoccupied for the last 7 days?

If your workplace, school, or business has been unoccupied for 7 days or more, it will only need your normal routine cleaning to reopen the area. This is because the virus that causes COVID-19 has not been shown to survive on surfaces longer than this time.

There are many public health considerations, not just COVID-19 related, when reopening public buildings and spaces that have been closed for extended periods. For example, take measures to ensure the safety of your building water system. It is not necessary to clean ventilation systems, other than routine maintenance, as part of reducing risk of coronaviruses. For healthcare facilities, additional guidance is provided on CDC's Guidelines for Environmental Infection Control in Health-Care Facilities.

Determine what needs to be disinfected

Following your normal routine cleaning, you can disinfect frequently touched surfaces and objects using a product from EPA's list of approved products that are effective against COVID-19.

These questions will help you choose appropriate disinfectants.

Are you cleaning or disinfecting a hard and non-porous material or item like glass, metal, or plastic?

Consult EPA's list of approved products for use against COVID-19. This list will help you determine the most appropriate disinfectant for the surface or object. You can use diluted household bleach solutions if appropriate for the surface. Pay special attention to the personal protective equipment (PPE) that may be needed to safely apply the disinfectant and the manufacturer's recommendations concerning any additional hazards. Keep all disinfectants out of the reach of children. Please visit CDC's website on How to Clean and Disinfect for additional details and warnings.

Examples of frequently touched surfaces and objects that will need routine disinfection following reopening are:

- tables,
- doorknobs,
- light switches,
- countertops,
- handles,
- desks,
- phones,
- keyboards,
- toilets,
- faucets and sinks,
- gas pump handles,
- touch screens, and
- ATM machines.

Each business or facility will have different surfaces and objects that are frequently touched by multiple people. Appropriately disinfect these surfaces and objects. For example, transit stations have specific guidance for application of cleaning and disinfection.

Are you cleaning or disinfecting a soft and porous material or items like carpet, rugs, or seating in areas?

Soft and porous materials are generally not as easy to disinfect as hard and non-porous surfaces. EPA has listed a limited number of products approved for disinfection for use on soft and porous materials. Soft and porous materials that are not frequently touched should only be cleaned or laundered, following the directions on the item's label, using the warmest appropriate water setting. Find more information on CDC's website on Cleaning and Disinfecting Your Facility for developing strategies for dealing with soft and porous materials.

Consider the resources and equipment needed

Keep in mind the availability of cleaning and disinfection products and appropriate PPE. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. In specific instances, personnel with specialized training and equipment may be required to apply certain disinfectants such as fumigants or fogs. For more information on appropriate PPE for cleaning and disinfection, see CDC's website on Cleaning and Disinfection for Community Facilities.

IMPLEMENT YOUR PLAN

Once you have a plan, it's time to take action. Read all manufacturer's instructions for the cleaning and disinfection products you will use. Put on your gloves and other required personal protective equipment (PPE) to begin the process of cleaning and disinfecting.

Clean visibly dirty surfaces with soap and water

Clean surfaces and objects using soap and water prior to disinfection. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. When you finish cleaning, remember to wash hands thoroughly with soap and water.

Clean or launder soft and porous materials like seating in an office or coffee shop, area rugs, and carpets. Launder items according to the manufacturer's instructions, using the warmest temperature setting possible and dry items completely.

Use the appropriate cleaning or disinfectant product

EPA approved disinfectants, when applied according to the manufacturer's label, are effective for use against COVID-19. Follow the instructions on the label for all cleaning and disinfection products for concentration, dilution, application method, contact time and any other special considerations when applying.

Always follow the directions on the label

Follow the instructions on the label to ensure safe and effective use of the product. Many product labels recommend keeping the surface wet for a specific amount of time. The label will also list precautions such as wearing gloves and making sure you have good ventilation during use of the product. Keep all disinfectants out of the reach of children.

MAINTAIN AND REVISE YOUR PLAN

Take steps to reduce your risk of exposure to the virus that causes COVID-19 during daily activities. CDC provides tips to reduce your exposure and risk of acquiring COVID-19. Reducing exposure to yourself and others is a shared responsibility. Continue to update your plan based on updated guidance and your current circumstances.

Continue routine cleaning and disinfecting

Routine cleaning and disinfecting are an important part of reducing the risk of exposure to COVID-19. Normal routine cleaning with soap and water alone can reduce risk of exposure and is a necessary step before you disinfect dirty surfaces.

Surfaces frequently touched by multiple people, such as door handles, desks, phones, light switches, and faucets, should be cleaned and disinfected at least daily. More frequent cleaning and disinfection may be required based on level of use. For example, certain surfaces and objects in public spaces, such as shopping carts and point of sale keypads, should be cleaned and disinfected before each use.

Consider choosing a different disinfectant if your first choice is in short supply. Make sure there is enough supply of gloves and appropriate personal protective equipment (PPE) based on the label, the amount of product you will need to apply, and the size of the surface you are treating.

Maintain safe behavioral practices

We have all had to make significant behavioral changes to reduce the spread of COVID-19. To reopen America, we will need to continue these practices:

- social distancing (specifically, staying 6 feet away from others when you must go into a shared space)
- frequently washing hands or use alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available
- wearing cloth face coverings
- avoiding touching eyes, nose, and mouth
- staying home when sick
- cleaning and disinfecting frequently touched objects and surfaces

It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America. Check this resource for updates on COVID-19. This will help you change your plan when situations are updated.

Consider practices that reduce the potential for exposure

It is also essential to change the ways we use public spaces to work, live, and play. We should continue thinking about our safety and the safety of others.

To reduce your exposure to or the risk of spreading COVID-19 after reopening your business or facility, consider whether you need to touch certain surfaces or materials. Consider wiping public surfaces before and after you touch them. These types of behavioral adjustments can help reduce the spread of COVID-19. There are other resources for more information on COVID-19 and how to Prevent Getting Sick.

Another way to reduce the risk of exposure is to make long-term changes to practices and procedures. These could include reducing the use of porous materials used for seating, leaving some doors open to reduce touching by multiple people, opening windows to improve ventilation, or removing objects in your common areas, like coffee creamer containers. There are many other steps that businesses and institutions can put into place to help reduce the spread of COVID-19 and protect their staff and the public. More information can be found at CDC's Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission.

CONCLUSION

Reopening America requires all of us to move forward together using recommended best practices and maintaining safe daily habits in order to reduce our risk of exposure to COVID-19. Remember: We're all in this together!

Additional resources with more specific recommendations.

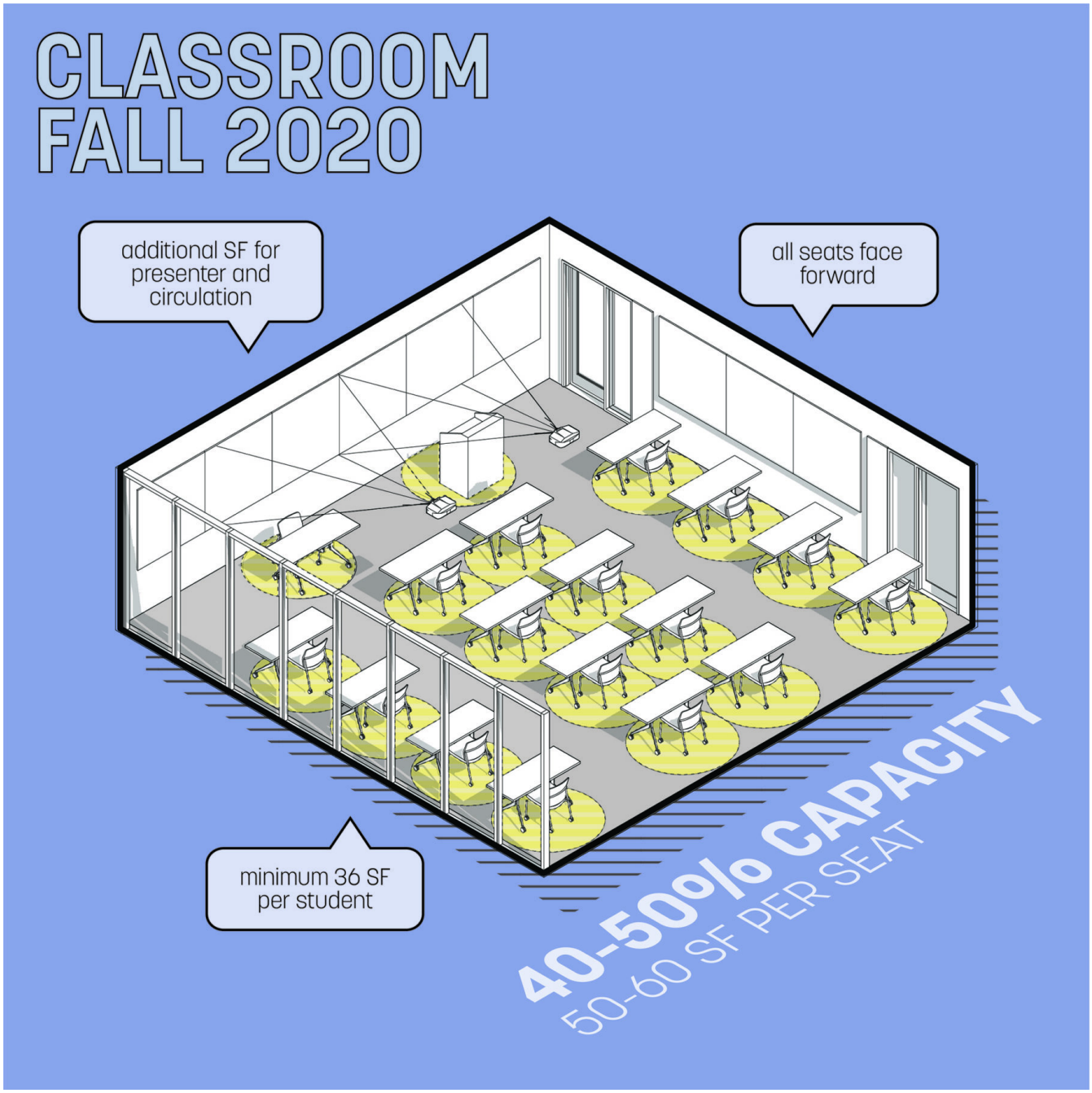
HEALTHCARE SETTINGS	**Long-term Care Facilities, Nursing Homes**	Infection Control in Healthcare Settings
		Using Personal Protective Equipment
		Hand Hygiene
		Interim Guidance for Infection Prevention
		Preparedness Checklist
		Things Facilities Should Do Now to Prepare for COVID-19
		When there are Cases in the Facility
	Dialysis Facilities	Infection Control in Healthcare Settings
		Using Personal Protective Equipment
		Hand Hygiene
		Interim guidance for Outpatient Hemodialysis Facilities
		Patient Screening
	Blood and Plasma Facilities	Infection control in Healthcare Settings
		Infection Control and Environmental Management
		Using Personal Protective Equipment
		Hand Hygiene
		Interim Guidance for Blood and Plasma Collection Facilities
	Alternate Care Sites	Infection Prevention and Control
	Dental Settings	Infection Control in Healthcare Settings
		Using Personal Protective Equipment
		Hand Hygiene
		Interim Guidance for Dental Settings
	Pharmacies	Infection Control in Healthcare Settings
		Using Personal Protective Equipment
		Hand Hygiene
		Interim Guidance for Pharmacies
		Risk-Reduction During Close-Contact Services
	Outpatient and ambulatory care facilities	Infection Control in Healthcare Settings
		Using Personal Protective Equipment
		Hand Hygiene
		Interim Guidance for Outpatient & Ambulatory Care Settings
	Postmortem Care	Using Personal Protective Equipment
		Hand Hygiene
		Collection and Submission of Postmortem Samples
		Cleaning and Waste Disposal
		Transportation of Human Remains

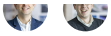
COMMUNITY LOCATIONS	**Critical Infrastructure Employees**	Interim Guidance for Critical Infrastructure Employees
		Cleaning and Disinfecting your Facility
	Schools and childcare programs	K-12 and Childcare Interim Guidance
		Cleaning and Disinfecting your Facility
		FAQ for Administrators
		Parent and Teacher Checklist
	Colleges and universities	Interim Guidance for Colleges & Universities
		Cleaning and Disinfecting your Facility
		Guidance for Student Foreign Travel
		FAQ for Administrators
	Gatherings and community events	Interim Guidance for Mass Gatherings and Events
		Election Polling Location Guidance
		Events FAQ
	Community- and faith-based organizations	Interim Guidance for Organizations
		Cleaning and Disinfecting your Facility
	Businesses	Interim Guidance for Businesses
	Parks & Rec Facilities	Guidance for Administrators of Parks
	Law Enforcement	What Law Enforcement Personnel Need to Know about COVID-19
	Homeless Service Providers	Interim Guidance for Homeless Service Providers
	Retirement Homes	Interim Guidance for Retirement Communities
		FAQ for Administrators
	Correction & Detention Facilities	Interim Guidance for Correction & Detention Facilities
		FAQ for Administrators
HOME SETTING	**Preventing Getting Sick**	How to Protect Yourself and Others
		How to Safely Sterilize/Clean a Cloth Face Covering
		Cleaning and Disinfecting your Home
		Tribal - How to Prevent the Spread of Coronavirus (COVID-19) in Your Home
		Tribal - How to Care for Yourself at Home During Covid-19
	Running Errands	Shopping for Food and Other Essential Items
		Accepting Deliveries and Takeout
		Banking
		Getting Gasoline
		Going to the Doctor and Pharmacy
	If you are sick	Steps to Help Prevent the Spread of COVID19 if You are Sick

TRANSPORTATION	**Ships**	Interim Guidance for Ships on Managing Suspected COVID-19
	Airlines	Cleaning Aircraft Carriers
		Airline Agents Interim Guidance
	Buses	Bus Transit Operator
	Rail	Rail Transit Operators
		Transit Station Workers
	EMS Transport Vehicles	Interim Guidance for EMS
	Taxis and Rideshares	Keeping Commercial Establishments Safe
RESTAURANTS & BARS		Best Practices from FDA

Ideas
May 19, 2020

How to Transform Your Learning Environments for COVID-19





by Tyler Patrick and Robert Sugar

COVID-19 has turned the world of higher education upside down. After years of wondering if online learning would ever upend place-based learning, it suddenly did…literally overnight! Yet, for all the creativity and engagement we've managed to squeeze out of Zoom and other online platforms, many students and faculty long for a return to the physical classroom. Will anyone ever complain about an 8:00 a.m. or Friday class again?

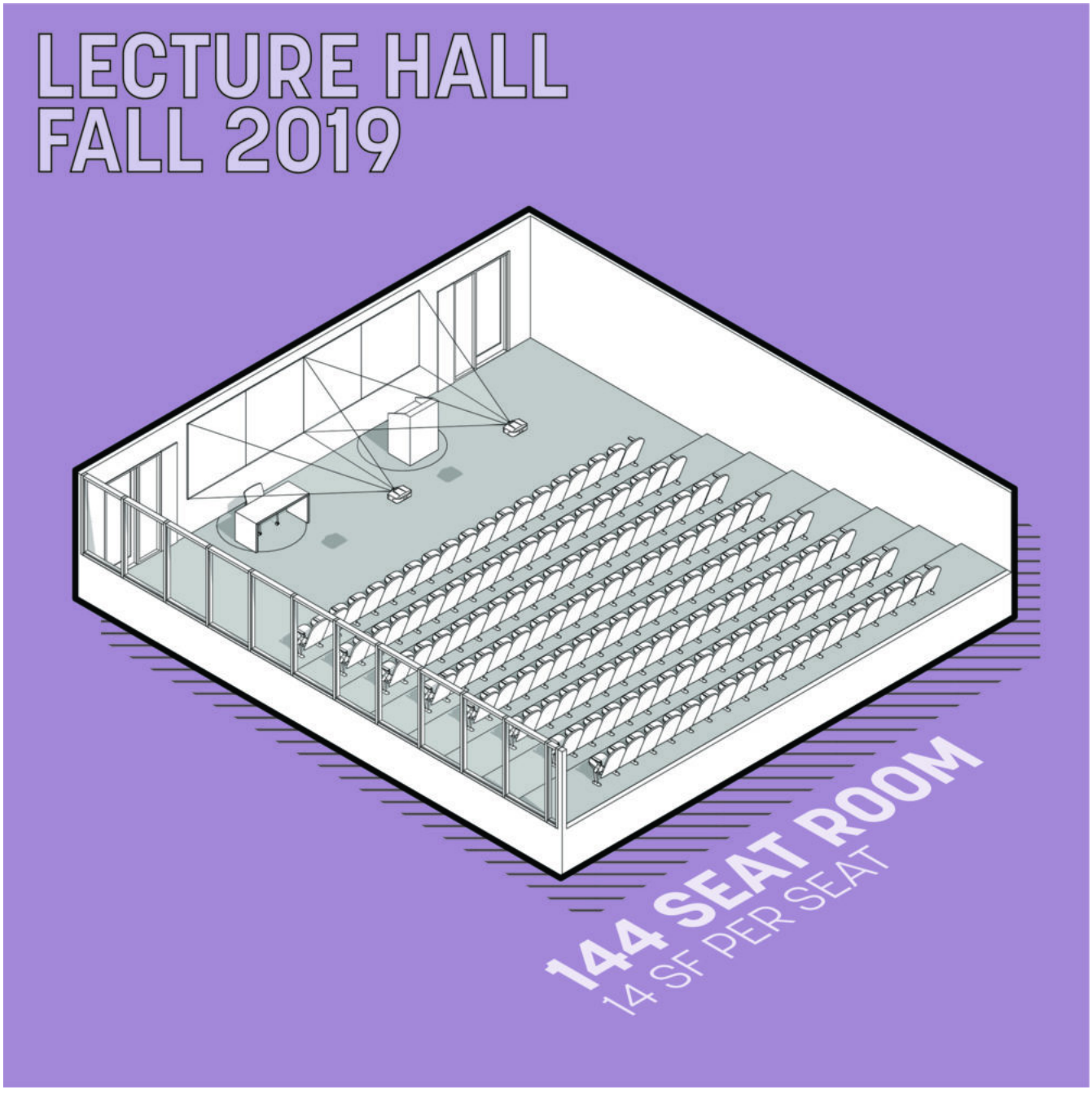
In her recent op-ed, Brown University President Christina Paxon addressed this yearning by saying "… students will still benefit from all that makes in-person education so valuable: the fierce intellectual debates that just aren't the same on Zoom, the research opportunities in university laboratories and libraries, and the personal interaction among students with different perspectives and life experiences." Yet even if a return to campus is inevitable, we can all recognize it will look quite different, at least in the near term.

In the 1960s and prior, the preponderance of classrooms had students seated at individual desks, spaced apart, or in lecture halls with seats separated by tiers and all facing the same direction. Class sizes were much larger and space per seat much less than today's standards. But since the 1970s, learning space design has emphasized smaller section cohorts, active learning, and more space per seat to enable hands-on-activity and project-based learning. This approach presents both an opportunity and a challenge amid COVID-19 concerns.

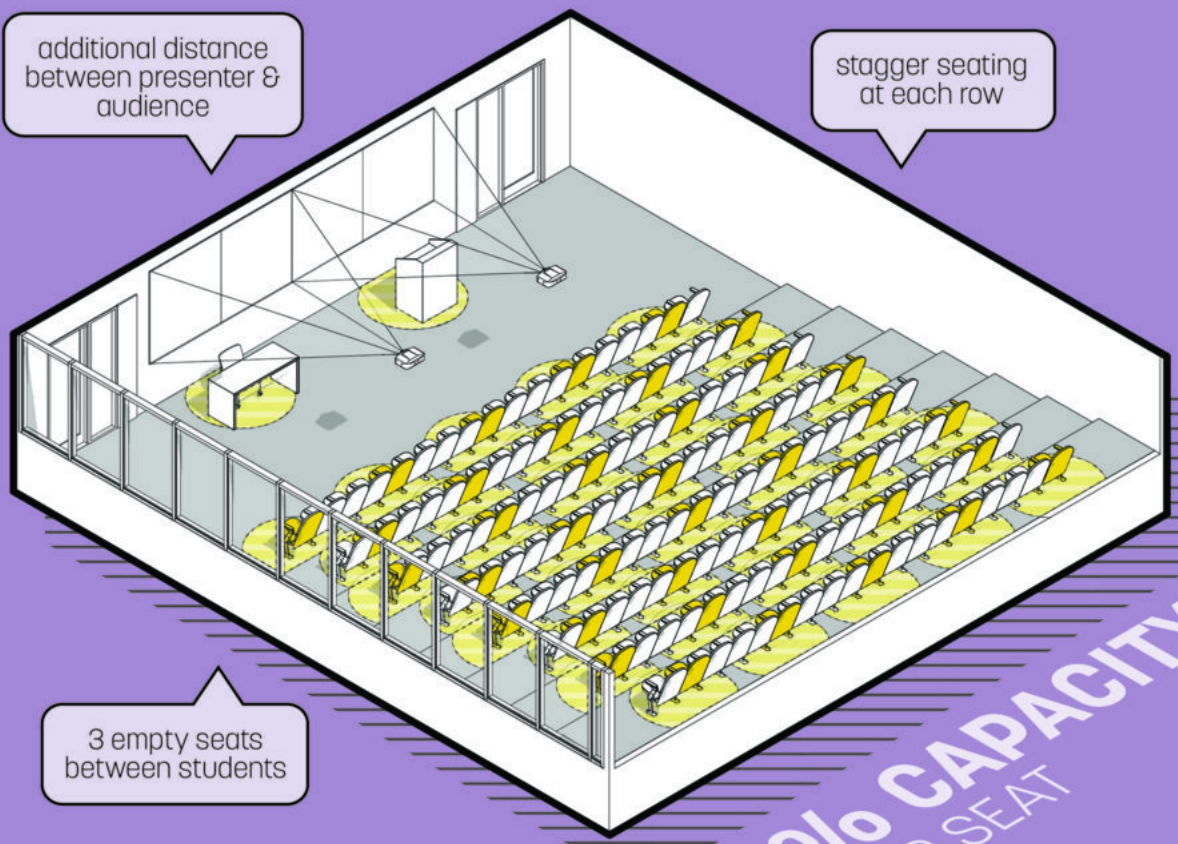
The trend of general classroom de-densification aligns with social distance requirements, yet current classroom standards do not go far enough. Social distancing suggests a minimum of six feet of separation between individuals in all directions. This equates to 36 square feet per person, however it does not account for things like circulation, which will only increase this space demand above the typical active learning space standards of 25-35 square feet per seat. Moreover, social distancing suggests that desks should all be turned in the same direction, rather than facing each other, to reduce transmission from virus-containing droplets. This, of course, directly contradicts the intent behind project-based learning whereby students sit and work together in the classroom, or even seminar-style discussions that favor face-to-face discourse.

In order to understand the impacts on learning environments, as well as consider how institutions might adapt their learning environments for the fall semester, we took a deep dive into our institutional database. When we examine a range of classroom prototypes, we can identify how adjustments to general use classrooms and lecture halls can be made to accommodate social distancing requirements:

In the case of a lecture hall, a prototypical 144-seat room with an average of 14 square feet per seat would maintain only 25-35 percent of its total capacity if you were to stagger seating at each row and leave three empty seats between students. This approach would result in triple the amount of space per seat, roughly 40-50 square feet. Meanwhile, a typical 40-seat flat-floor classroom with 25 square feet per seat could expect to retain only 40-50 percent of its capacity when rearranging and de-densifying to meet COVID-19 requirements.



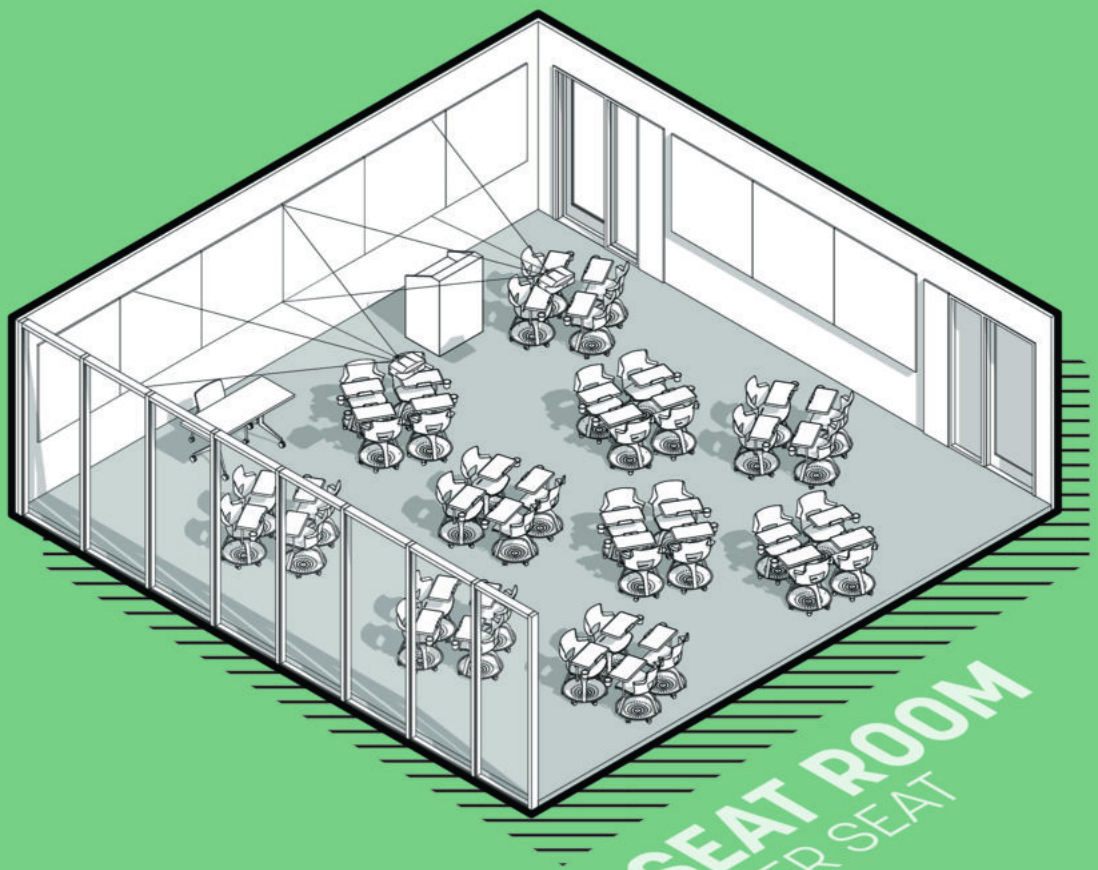
LECTURE HALL
FALL 2020



25-35% CAPACITY

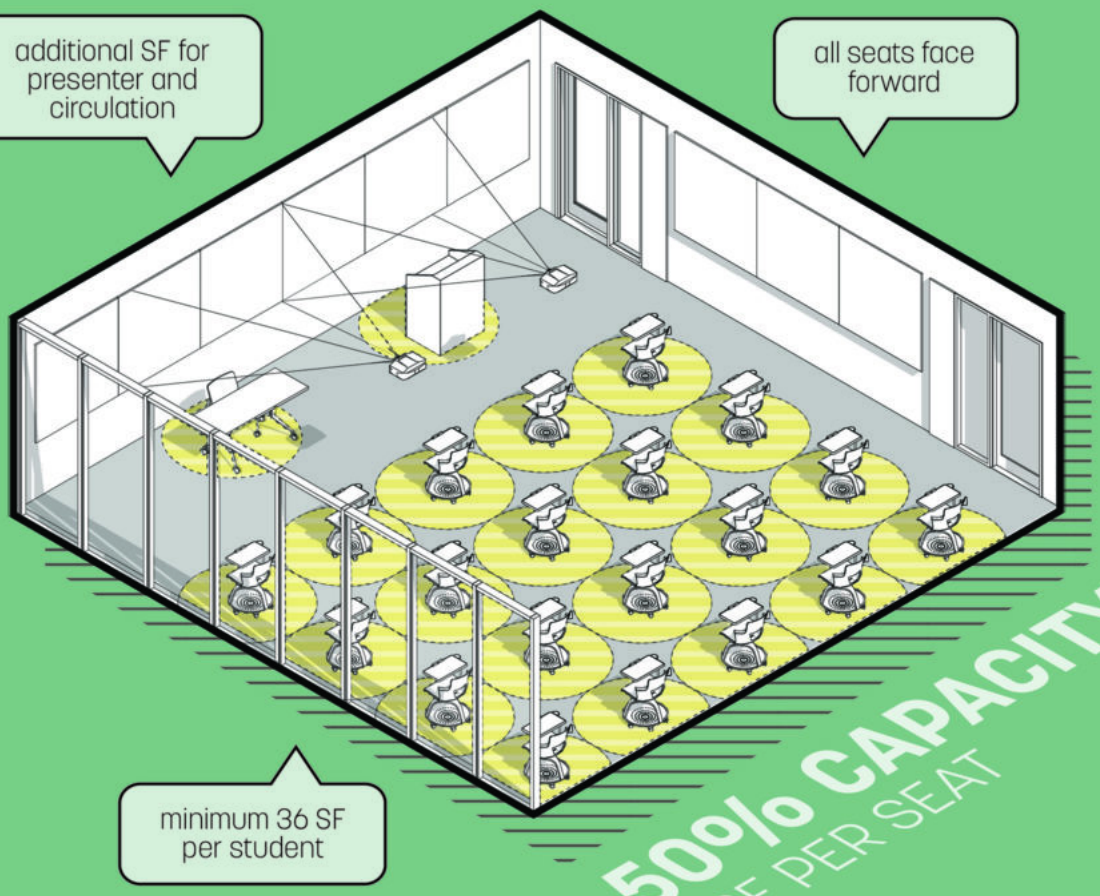
45-50 SF PER SEAT

CLASSROOM
FALL 2019



40 SEAT ROOM
25 SF PER SEAT

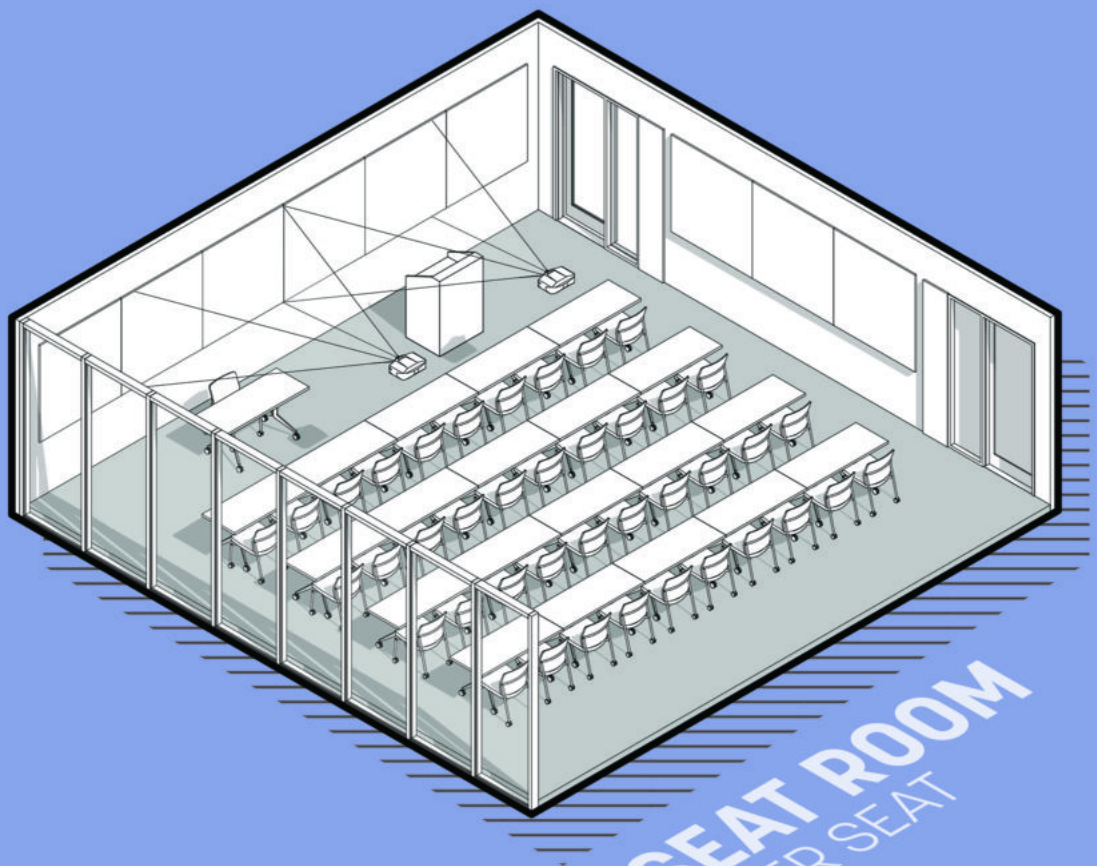
CLASSROOM FALL 2020



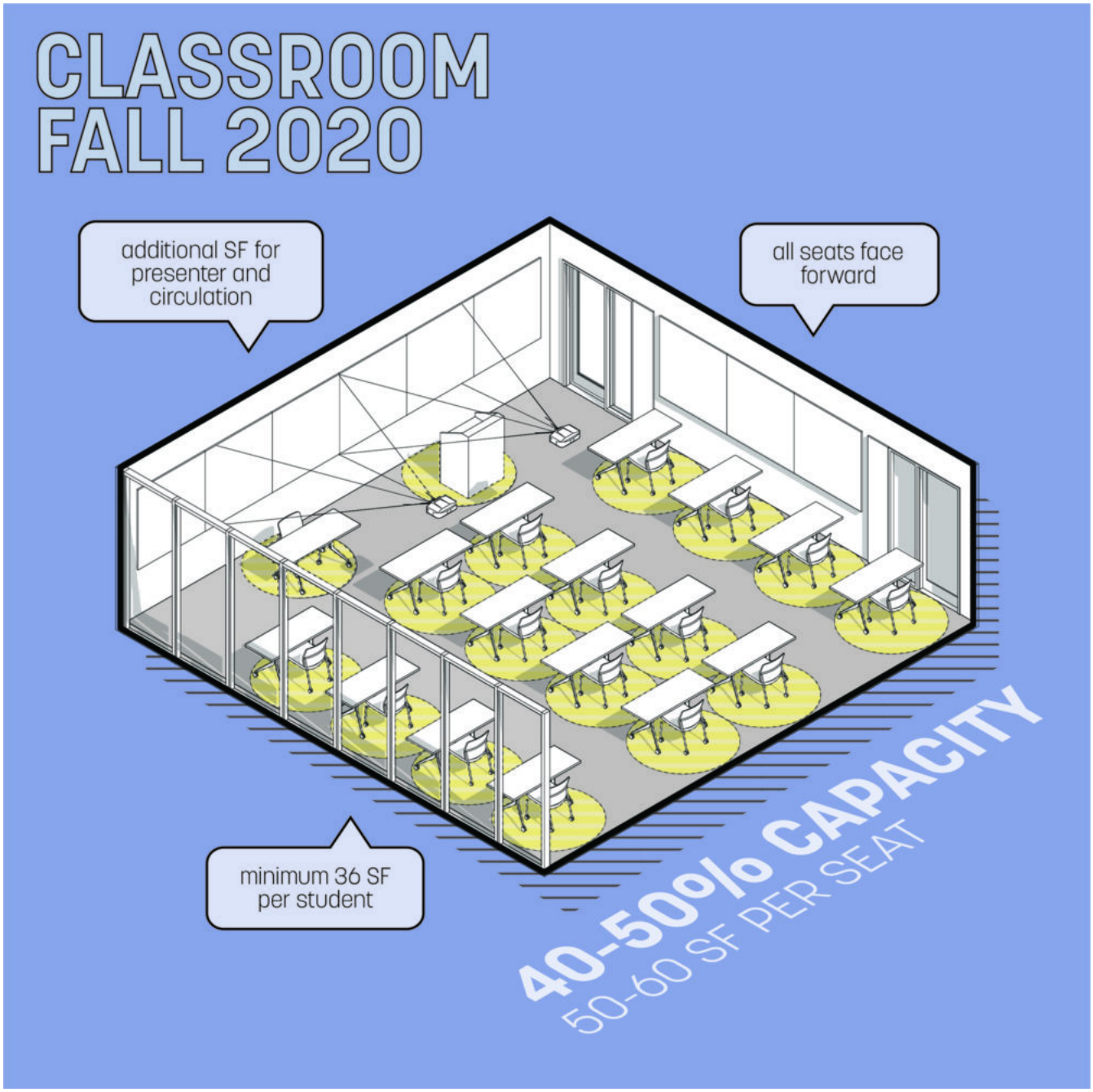
40-50% CAPACITY

45-50 SF PER SEAT

CLASSROOM
FALL 2019



40 SEAT ROOM
25 SF PER SEAT



To understand the potential impact of individual strategies on an entire campus's classroom inventory, we examined three different-sized institutions – small, medium, and large – from our database. When we examine specific size cohorts of classrooms, we find considerable variability; however, all of these institutions consistently lost 80-100 percent of their classrooms that seat over 51 students. Even in the 31-40-seat range, all three institutions lost between 69 and 93 percent of these rooms. In general, the findings from our study sample suggest that institutions of all sizes will temporarily need to conduct in-person classes in much smaller cohorts due to classroom size constraints.

Small

Seat Range	2019	2020	% CHANGE
1-20	21	43	+105%
21-30	30	5	-83%
31-40	14	1	-93%
41-50	0	0	-
51-100	3	0	-100%
100+	0	0	-
Total	**68**	**49**	**-28%**

Medium

Seat Range	2019	2020	% CHANGE
1-20	76	84	+11%
21-30	28	9	-68%
31-40	18	3	-83%
41-50	14	3	-0.79
51-100	10	2	-80%
100+	9	0	-100%
Total	**155**	**101**	**-35%**

Large

Seat Range	2019	2020	% CHANGE
1-20	58	101	+74%
21-30	94	44	-53%
31-40	65	20	-69%
41-50	38	10	-0.74
51-100	60	10	-83%
100+	31	0	-100%
Total	**346**	**185**	**-47%**

These approaches outlined in this case study tracks with the work that many institutions will need to do if they are considering a return to place-based instruction in the fall or spring. Instructional spaces will need to be sorted based on fixed versus flexible seating arrangements. For rooms with flexible seating, furniture will need to be reconfigured and, likely, removed to align with density requirements. For fixed-seat spaces, chairs will need to be cordoned off in accordance with spacing guidelines. Of course, these physical changes will need to be accompanied by operational changes such as more frequent cleaning, increasing scheduling windows, and staggering class arrival and departure times to avoid overcrowding. Finally, creative adaptation of other campus spaces such as dining halls, conference centers, and event spaces into temporary classrooms can also help solve for immediate space needs.

These near-term changes to classrooms will help us address the physical requirements of social distancing, but they don't totally solve for *how* we are teaching in these environments. Of course, those decisions will be up to the individual institutions and faculty. However, it does seem safe to conclude that project-based, hands-on team learning will be difficult to do in a classroom setting under these conditions. We will need to continue to expect more from online platforms to enable out-of-classroom exploration and collaboration. In this way, the notion of the "flipped classroom" may be temporarily

“un-flipped.” That is, in the near term, didactic learning might be more place-based with collaborative learning happening via innovations in the online.

While it’s daunting to have to reconfigure classrooms and reexamine pedagogy and campus operations, in the best light this pandemic offers an opportunity for rapid experimentation and innovation. The hope is that all of us can return to face-to-face interaction soon, but in the time it takes to get there, perhaps we can practice both social distancing and forward-looking experimentation to support healthy, resilient futures.

Read more COVID-19 Perspectives

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APPENDIX D

Resocialization of Collegiate Sport: Developing Standards for Practice and Competition

This third publication, Developing Standards for Practice and Competition regarding resocialization of collegiate sport, updates the prior two documents and provides new guidance specific to the prevention of community spread of COVID-19 in the athletics setting. Importantly, the guidelines provide NCAA members tools to assist with their efforts to provide a healthy and safe environment for those participating in athletics. Key takeaways from the guidance include:

- Asymptomatic and pre-symptomatic spread of COVID-19 is common in young adults.
- COVID-19 remains high risk for certain individuals, including those with a Body Mass Index of 30 or greater.
- Testing strategies should be implemented for all athletics activities, including pre-season, regular season and post-season.
- Testing and results should be obtained within 72 hours of competition in high contact risk sports.
- Polymerase Chain Reaction (PCR) testing is the preferred method of testing, but alternative strategies will be considered as testing technology evolves.
- Daily self-health checks should be performed by all student-athletes and athletics personnel before entering any athletics facility.
- Physical distancing and masks/cloth face coverings are an integral part of athletics, and should be practiced whenever feasible.
- Although face shields are not proven to offer the same risk mitigation as masks/cloth face coverings, they should be integrated into sport where feasible.
- Universal masking should be observed on all sidelines, including when an athlete moves from the playing field to the sideline to confer with a coach.
- Training should occur outdoors. When not feasible, indoor training with good ventilation is preferable to indoor training with poor ventilation.
- Hand sanitization, cough/sneeze etiquette, physical distancing and masks/cloth face coverings are key in COVID-19 risk mitigation.
- Time-based strategies for resuming activities after positive test results should follow CDC recommendations.
- All individuals with high-risk exposure must be quarantined for 14 days.
- All student-athletes and athletics personnel should understand that COVID-19 risk mitigation practices should be observed at ALL times, including non-athletic related activities.