

Higher Education PANDEMUC MITIGATION & RESPONSE GUIDE

Prepared by

University of Nebraska Medical Center Global Center for Health Security

AUTHORS



The Global Center for Health Security encompasses all biopreparedness, infectious disease, and special pathogens research, education, and clinical care at the University of Nebraska Medical Center (UNMC) and its clinical partner, Nebraska Medicine. This includes the Nebraska Biocontainment Unit and the Training, Simulation, and Quarantine Center, which features the nation's only federal quarantine unit and simulated biocontainment patient care units for advanced experiential training.

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Significant content was provided by the deans and directors, as well as the vice chancellors of the University of Nebraska at Omaha, the University of Nebraska Medical Center and multiple other colleagues across the region and the nation. We are deeply grateful for all of the thought that has gone into this guide as it continues to evolve from several simple concepts into a far more comprehensive approach to maintaining safety and wellness across the higher education campuses. It is a privilege to pull this information together and to build upon the expertise of the University of Nebraska Medical Center Global Center for Health Security.

This guide is intended to provide best practices and recommendations for each university, college, campus, facility and gathering place to minimize the risk that COVID-19 presents to employees, students and the community and to reduce disruptions to university operations. This is a guide only and should be adapted to the context of each organization and its students and employees.

Users of this guide should work in coordination with local public health departments to tailor their use of the guide to their specific situations and needs. The information provided in this guide does not, and is not intended to, constitute medical or legal advice and is provided for informational and educational purposes only. The recommendations in this guide reflect the best available information at the time this guide was prepared. All recommendations are consistent with CDC environmental services recommendations. For more information, please visit: https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html?deliveryName=USCDC_2067-DM26911 [cdc.gov]

Adherence to the recommendations in this guide does not guarantee that there will be no outbreak or further spread of COVID-19, and we do not assume responsibility for any injury or damage to persons.

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This document outlines a proposed checklist as a tool to guide higher education campuses COVID-19 management strategies and facilitate readiness during three different steps that are based on disease prevalence and stability of available campus and community resources. The check list is intended to be used during each of the three steps, which will be a minimum of 14 days apart and possibly longer as the campus specific and community specific impacts of each step need to be fully understood before proceeding forward. The three steps which are suggested below, are based upon the ability to maintain full campus pandemic control with the levels of community pandemic control averaged for a minimum of 14 consecutive days for implementation of each step:

Campus & Regional Disease Prevalence & Resource Availability

Stable for >14 Days

Stable for >28 Days

Stable for >42 Days

The implementation of guidance provided through the checklist will depend upon routine availability of COVID-19 clinical screening, access to health status evaluation for individuals, availability and use of virus detection (PCR from nasopharyngeal or possibly oral specimens) and antibody (serologic) testing, as well as availability of public health measures, including timely case contact tracing. Recommended measures to be implemented are based on the hierarchy of controls, policies and considerations. This checklist provides preliminary guidance for the following sets of controls, policies and procedures, which in combination will enable institutions to assess their readiness to move between Steps 1 – 3 and beyond. It is anticipated that numerous aspects of these three steps will endure far longer than the initial set of fourteen day intervals and serve well in event of recurrence of potential future pandemic peaks and valleys.

Higher Education COVID-19 Pandemic Recovery Checklist Contents

- 1. Engineering Facility Controls, Policy & Practice
- 2. Administrative Campus Controls, Policy & Procedures
 - i. Administration, Coordination & Logistics
 - ii. Universal Mask Use Policy and Procedures
 - iii. Communication and Educational Programs
 - iv. Guidance for Protection at Home & in the Community
 - v. Environmental Safety and Cleaning Policies
 - vi. Active Screening of Learners, Faculty, Staff & Guests
 - vii. Campus Physical Distancing Policy & Practice
 - viii. Cohorting and Personnel Workflow & Movement Policy
 - ix. Teaching and Learning Environment Policies & Practice
 - x. Research, Studio and Rehearsal Space Policies & Practice
 - xi. Business and Personal Travel Policy & Practice xii. Medical and Behavioral Health Policy & Practice
- 3. PCR Swab and Serologic Antibody Testing
- 4. Personal Protective Equipment Policy & Practice
- 5. Residence Hall and Campus Living Policy & Practice
- 6. Large Group Campus and Community Gatherings Policy
- 7. Off-Campus Experiential Learning Experiences
 - i. Clinical Experiential Learning
 - ii. Non-Clinical Experiential Learning
- 8. Co-Curricular Programs & Campus Activities



The measures recommended in the checklist must be placed into the context of the prevalence of active and recovered COVID-19 in the broader regional community. Regional context should consider the availability of community-specific outpatient and inpatient clinical diagnostic and treatment services through timely and accurate data monitoring of pandemic impacts on campus and the surrounding community. It is understood that the broader community prevalence and the availability of comprehensive health care resources will fluctuate over time and hopefully continue to improve. As such, the progression forward and/ or backward from one recovery step to another may occur in this broader context.

Clearly, there is no known or well established "playbook" for COVID-19 recovery planning, let alone for organizations as complex as higher education systems. The guide and checklists are built upon the premise of a hierarchy of controls (see FIGURE 1), an accepted framework for hazard mitigation from the field of industrial hygiene that infection prevention and control experts use in managing highly hazardous communicable pathogens. This is not considered medical advice.

This is a guide only and should be adapted to the context of each university, college, campus, facility and gathering space. It is organized in a three step checklist format such that each college or university and likely each campus site or facility within each site will opt to implement varied environmental controls, policies and procedures at different times based upon the faculty, student and staff density as well as the nature of academic and co-curricular roles. Please note that there are key items of the following checklist that are intentionally repeated in several sections, understanding that each section of the checklist may be separately assigned, reviewed and monitored.

All recommendations are consistent with the current CDC higher education and facility environmental services recommendations, which are found at:

- https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/ index.html
- https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance. html?deliveryName=USCDC_2067-DM26911



1. ENGINEERING FACILITY CONTROLS, POLICY & PRACTICE

Engineering facility controls are controls that either remove hazardous conditions or place a barrier between the individual and the virus. These engineering controls are also directed to remove and/or reduce the droplet/aerosol spread of viral particles. They are not dependent on a person's knowledge, practice, or compliance; therefore, they reduce the opportunity for error. These recommended controls represent best practices; the more of them that can be implemented based on available resources, the lower the risk. However, it is recognized that every institution may not be able to institute each control for every building or situation.

STEPS	1. ENGINEERING FACILITY CONTROLS POLICY & PRACTICE
1 2 3	RECOMMENDATIONS:
	Create dedicated facility entry and exit points. There may be several depending upon the building traffic patterns and the number of individuals entering and exiting.
	Secure all facility entry and exit points, preferably with proximity ID cards, etc.
	Maximize fresh air in all facilities by minimizing recirculation; where recirculation is required, explore options for HEPA-equivalent filtering or sterilization measures (e.g., UV light irradiation)
	Increase air flow exchange rates in buildings. This is particularly important for higher use learner, faculty, staff, and residential building areas and less important for relatively lesser used building areas, such as storage, closets, etc.
	Adjust HVAC systems to create negative pressure, or inward directed airflow, in areas of higher risk for contamination and aerosol generation (e.g. dorm rooms, bathrooms, classrooms, etc).
	In buildings without forced air cooling systems, open windows and doors can be used to maximize airflow. Ensure fans are positioned to maintain inward air flow toward higher-risk rooms and areas of the building
	Place physical barrier between individuals on production or service line such as in food preparation and cafeteria services (e.g., plexiglass)
	Identify opportunities to implement non-touch controls starting with door handles, faucets, elevators, carts, vehicles, etc.
	Place tape, arrows and/or physical barriers in hallways to guide employee and visitor traffic create one-way flow and limit crossover whenever possible
	Place physical barrier at cafeteria lunch tables for tables with built-in seating (e.g., cardboard, plexiglass) where possible.

2. ADMINISTRATIVE CAMPUS CONTROLS POLICY & PROCEDURES

Administrative controls are considered less effective than engineering controls but are the primary control measures available for COVID-19. These include policies, procedures, training, and campus practices. Ineffective policies and practices or inconsistent compliance may heighten exposure risks.

	STEPS		2.i. ADMINISTRATION STRUCTURES, COORDINATION & LOGISTICS
1	2	3	RECOMMENDATIONS:
			Limit off-campus visitors and guests as much as possible. All visitors and guests are to be self screened (preferably using a mobile device application) and have an accessible profile either on the mobile device or a hard copy that is updated by the individual within the past 24 hours.
			Maintain an updated incident command structure with current contact information of campus leadership and outside resources for campus safety, health care, public health organizations and others.
			Identify campus and facility leadership in critical areas, such as facilities engineering, instruction, student services, event planning, environmental services, public safety and health care. This group should convene frequently in a standing schedule and be available to deal with challenges and opportunities.
			Establish an Office of Health Security (OHS) with responsibility for ensuring institutional compliance with local, State, and national laws, policies, recommendations, and/or guidelines. The OHS will serve as the coordinating hub for developing campus policies and procedures that help to ensure the wellness and safety of faculty, staff, and students. Specifically, the OHS will ensure accessibility of all resources devoted to public health and safety for individuals from traditionally underserved communities and individuals with disabilities.
			Designate a Director of Health Security that coordinates and supports campus health and wellness strategy development and implementation throughout the institution.
			Establish a "Office of Health Security Campus Center" a specific location for learners, faculty and staff. This center will provide timely information, offer counseling and manage access to key public health resources. Access and location to the Office of Health Security Campus Center should be widely communicated and accessible through multiple modalities.
			Work closely with the campus clinical health center/clinic and community referral centers with expertise in the diagnosis and treatment of COVID-19 patients. Ensure confidential and ready access for all learners, faculty and staff for clinical matters related to pandemic spread and recovery.
			Develop and widely distribute standard operating procedures (SOPs) that detail actions to be taken if a learner, faculty, staff or visitor is symptomatic for COVID-19 and/or tests positive for COVID-19 or is exposed to an individual positive for COVID-19. This should include:
			 Processes to trace and contact relevant third parties who may have been exposed.
			 Communication with environmental services to facilitate rapid cleaning and disinfecting surfaces to immediately limit learners, faculty and staff exposure.
			 Working with families and local authorities to take appropriate steps to prevent, diagnose and if necessary, quarantine/isolate or refer for treatment.
			 Working with local public health authorities to make emerging antiviral therapy and/or vaccines available in a timely way as they become available.



STEPS	2.i. ADMINISTRATION STRUCTURES, COORDINATION & LOGISTICS			
1 2 3	RECOMMENDATIONS:			
	Develop and implement a return to campus policy in coordination with local public health department for all recovering individuals, those returning from caring for an infected individual and those returning to the community from international and high-risk national locations.			
	Widely share the "Higher Education Check-List" and maintain updated status reports in all categories. Create a dashboard for preparedness and execution of each of the eight sections of the checklist.			
	Learners, faculty and staff who are unable or unwilling to comply with the implemented guidelines will be advised to refrain from all presence on campus. If they choose to violate campus or system policy, they will be referred to the campus safety department and the Health Security Campus Center.			
	All learner, faculty and staff "Code of Conduct" policies and procedures as well as community/state level requirements will apply and should provide guidance in event of intentional noncompliance.			
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STEPS 1 2 3	2.ii. UNIVERSAL MASK USE POLICY & PRACTICE RECOMMENDATIONS:			
	Policy in place for all learners, faculty, staff and visitors to wear face coverings at all times while on the campus unless eating or in residence dorm rooms, etc. This policy will be specific to the type of face covering, frequency of replacement, use of mask recycling as well as specific recommendations for activity, location, day and times of face covering use.			
	Provide learners, faculty and staff with information on proper face covering or mask selection, use and disposal.			
	Provide learners, faculty and staff with information on proper face mask instructions on proper donning and doffing.			
	Provide learners an assessment of their face mask donning and doffing technique. Restrict access to campus facilities and programs until assessment is completed.			
STEPS 1 2 3	2.iii. COMMUNICATIONS & EDUCATIONAL PROGRAMS RECOMMENDATIONS:			
	Provide frequent updates from leadership to learners, faculty and staff, alumni and community partners using multiple communication modalities (social media, e-mail, video, virtual town hall's, open letters, FAQ's etc.).			
	Provide easily translated and understandable posters/infographics, web materials and social media in multiple languages.			
	Post signage throughout facility directing risk-minimizing behavior for learners, faculty and staff. Examples include:			
	Hand-washing and surface sanitizing procedures.			
	• COVID-19 symptoms and how to stop the spread.			
	Screening & testing access, process and requirements.			
	On-campus physical distancing guidelines.			
	Implement a self-screening and reporting policy for learners, faculty and staff, preferably			
	using mobile or web based technology.			

	STE		2.iii. COMMUNICATIONS & EDUCATIONAL PROGRAMS
	2	3	RECOMMENDATIONS: Provide information and resources to learners, faculty and staff on social distancing outside of workplace (e.g., in homes, places of worship, transportation).
			Refresh learners, faculty and staff on proper hand hygiene and refraining from touching their face.
			Share information and training via on-site televisions, mobile devices, web pages, etc. Demonstrations with campus learners, faculty and staff of best practices are useful.
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1	STE 2	PS 3	2.iv. GUIDANCE FOR PROTECTION AT HOME & IN COMMUNITY RECOMMENDATIONS:
			Provide information to learners, faculty and staff on self-monitoring of COVID-19 symptoms, preferably with mobile or web-based technology on a fixed schedule.
			Discourage all off campus gatherings, including any social, business, religious or other gatherings of more then ten individuals.
			Provide information to learners, faculty and staff on safe physical distancing practices when off campus, particularly at any social, business, religious or other gatherings.
			Provide information to learners, faculty and staff on necessary protective measures against COVID-19. Examples include:
			Hand-washing and surface sanitizing procedures.
			• Staying home when sick or caring for family members if they are sick.
			Avoiding contact with people who are sick.
			Following guidance of local and state public health officials on staying home and avoiding unnecessary trips outside of the home such as shopping or travel.
			Encourage learners, faculty and staff to wear their masks or face coverings home after their classes to protect themselves and those they reside with.
			Encourage learners, faculty and staff to wear a face covering during transportation to and from campus to protect themselves and others.
			Encourage learners, faculty and staff to exchange used masks for new masks at frequent intervals and at fixed locations.
			Provide educational materials for home cleaning. Recommendations for approved equipment and materials by environmental safety professionals.
			Reduiction of carpooling, campus bus service and group travel
			Encourage learners, faculty and staff to minimize carpooling when possible
			• As able, limit the number of people per vehicle and space out
			 Remind carpoolers of basic protective measures, cleanse contact surfaces frequently, masking, etc.





1 2 3 PROCEDURES RECOMMENDATIONS: Develop and implement standard operating procedures (SOPs) for enhanced cleaning and disinfection of common contact areas and high-touch surfaces. Maintain a well-trained and cross trained environmental services workforce with expertise in best practices, equipment use and approved materials. Frequently assess the stock of personal protective equipment (PPE), cleaning supplies, sanitizers, and disinfectants. Maintain a sufficient reserve stock of approved personal protective equipment (PPE), cleaning supplies and equipment. Provide updated training for those providing environmental services, public safety and other "first responders" servicing the campus. Identify common high-touch surfaces and develop a checklist to ensure frequent sanitization throughout each day. Common high-touch surfaces include: Door knobs and handles Push plates and crash bars on doors	STEPS	2.v. ENVIRONMENTAL SAFETY AND CLEANING POLICY &
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	STEPS	2.vi. ACTIVE SCREENING OF LEARNERS, FACULTY, STAFF & GUESTS
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	Designate limited points of entry for each facility. If possible, identify a different point(s) of exit.
	Develop and implement COVID-19 specific self-screening questions conducted daily for all individuals entering facility.
	Use a web based or mobile device screening application to pre-populate a single secured database for learners, faculty and staff and for any visitors.

	STEPS		2.vi. ACTIVE SCREENING OF LEARNERS, FACULTY, STAFF & GUESTS
1	2	3	RECOMMENDATIONS:
			Learners, faculty and staff are subject to daily temperature self-screening prior to entering the campus and/or facility.
			 If screening is administered by a designated screener, the screener(s) is/are trained to administer, record and transmit the temperature checks.
			 The screener(s) are well versed in a campus wide policy and procedure in event an individual is found to be febrile on screening.
			 The screener(s) have adequate PPE and, as applicable, maintain social distancing as testing is performed.
			• If using an infrared thermometer, ensure proper validation prior to use and periodically thereafter.
			If self-screening for COVID-19 symptoms is positive, individuals will be referred for secondary screening/testing conducted by staff with medical training.
			All who screen positive or have an immediate family member or ones residing in the same dwelling who has screened positive must be asymptomatic for 14 days and test PCR negative before returning to campus common areas (class, library, cafeteria, etc.).
			Screening for loss of resiliency, stress, depression and suicidal ideations is particularly important and needs to be accessible and confidential using web based, mobile and other traditional modalities.

	🗹 STEPS		2.vii. CAMPUS PHYSICAL DISTANCING POLICY & PRACTICES
1	2	3	RECOMMENDATIONS:
			Develop and implement policy to limit visitors except for required essential services
			Maintain at least a 6 feet of physical distance whenever possible when there is no physical barrier between individuals.
			Put strategies in place to ensure physical distancing during breaks. Examples Include:
			 Staggered break times between classes to avoid large groups of learners, faculty and staff.
			• Additional rooms or tents outside designated for study and relaxation areas.
			 Classroom and conference/meeting room seating is reset to promote physical distancing.
			Limit chairs per table for dining, desk and/or conference area
			Use tape on floors, if necessary, to designate locations that are six feet apart
			Ensure cleaning of tables between use (by self-cleaning or e.g., use of laminated card flipped to red when one finishes eating lunch to inform EVS worker table is in need of cleaning; once the user or EVS cleans, flips to green side indicating table ready for use).
			If office staff required on-site, maintain 6 feet distancing practice when there is no physical barrier between individuals.
			Create online options for traditionally walk-up window services.
			Use protected window strategy for learners, faculty and staff needing assistance from any administration office-based service (registrar, registration, financial aid, etc.).



	STE	PS	2.viii. COHORTING, PERSONNEL WORKFLOW & MOVEMENT POLICY
1	2	3	RECOMMENDATIONS:
			Implement cohorting of small groups of students and faculty/staff learning teams and require small group guidelines for all co-curricular programs .
			Learning teams should be small and consistent, so that staff in close proximity to each other always work together, with classroom seating, cafeterias, lockers, breaks, and meals taken together.
			Expand the use of evening and weekend instruction and laboratory workforce. This serves to both decrease number of potential exposures for each person and to simplify contact tracing of possible exposures if a case presents.
			Limit crossover in entrances, hallways, and common spaces by adjusting personnel workflow and physical structure as needed. Encourage individuals to walk to the right in common hallways, corridors and paths.
			Attempt to use dedicated separate entries and separate exits for each facility.
			Limit the number of persons in a hallway or entryway at one time.
			Increase transition time between classes and scheduled events.
			Limit contact with high-touch surfaces (e.g., keep doors open to allow movement without touching knobs when possible and when it doesn't impact fire and other safety zoning).
			Promote unidirectional flow through hallways and meeting areas and when entering/exiting buildings, floor and gathering spaces.
			Learners, faculty and staff should enter each area with clean hands with easy access to hand sanitizers.
			Roving monitors guide best hand-washing practices and cite learners, faculty and staff who fail to do so.
	STE		2.ix. TEACHING & LEARNING ENVIRONMENT POLICY & PRACTICE
1	2	3	RECOMMENDATIONS:
			Identify coordinators for each campus facility or area, implementing COVID-19 guidelines, addressing issues and evaluating facility impact.
			Ensure a six foot or more physical distancing in all classrooms and other instructional venues. For classes over 25, develop a hybrid remote/traditional model, prioritizing remote learning for the most "vulnerable" faculty, learners and staff when possible.
	\square	\square	Maintain opportunities for all learners, faculty and staff who prefer the blended learning,

1	2	3	RECOMMENDATIONS:
			Identify coordinators for each campus facility or area, implementing COVID-19 guidelines, addressing issues and evaluating facility impact.
			Ensure a six foot or more physical distancing in all classrooms and other instructional venues. For classes over 25, develop a hybrid remote/traditional model, prioritizing remote learning for the most "vulnerable" faculty, learners and staff when possible.
			Maintain opportunities for all learners, faculty and staff who prefer the blended learning, fully remote or the traditional instructional and assessment combinations.
			Ensure students and faculty work closely with accessibility services staffs to manage specific accommodations related to on campus or remote teaching and learning.
			Implement ways to identify and support high risk "vulnerable" students, faculty and staff and maintain remote learning opportunities to enhance their safety during Step I and possibly beyond.
			Transfer the majority of administrative, student service and academic assessment/evaluation to a remote and/or online setting. This would include registration, financial aid, academic advising, counseling and psychological services and if possible, didactic exams, etc.
			Require that all learners, faculty and staff carry a valid campus specific ID on campus.

	🗹 STEPS		2.ix. TEACHING & LEARNING ENVIRONMENT POLICY & PRACTICE
1	2	3	RECOMMENDATIONS:
			Develop plans to operate with a reduced instructional faculty and staff workforce if necessary.
			Cross-train employees to perform essential functions to maintain campus safety and a full set of instructional operations.
			Screen learners, faculty and staff for loss of resiliency, stress, depression and suicidal ideation. Ensure it is accessible and confidential using web bases, mobile and other more traditional modalities.
			Campus and/or community support for learners, faculty and staff with loss of resiliency, stress, depression and suicidal ideation needs to be accessible and confidential using web based, mobile and other more traditional modalities.
			Institute flexible employee campus sick leave policies.
			Implement flexible accommodations for learners taking sick leave for themselves or immediate family members.
			Institute and widely communicate a no-penalty approach for faculty and staff taking sick leave.
			Discourage policies that may incentivize learners, faculty and staff to come to campus when sick or caring for an ill individual at home (e.g., extra food at end of shift, bonus pay, required exams, registration and others).
			Reschedule or cancel ALL study abroad programs and limit and/or delay exchange programs in national areas deemed to be high risk for COVID-19.

✓1	STEPS 1 2 3		2.x. LABORATORY, STUDIO AND REHEARSAL SPACE POLICY & PRACTICE RECOMMENDATIONS:
			Identify facility coordinators for implementing COVID-19 guidelines, addressing issues and evaluating facility impact.
			Maintain opportunities for hybrid, fully remote and traditional research, discovery and creative activity combinations.
			Ensure students and faculty work closely with accessibility services staff to manage specific accommodations related to on campus or remote research laboratory engagement.
			Implement ways to support high risk "vulnerable" students, faculty and staff and maintain remote opportunities to enhance their safety related to their research programs.
			Transfer the research, discovery and creative activity administrative services, student service and laboratory support to a remote and/or online setting. This includes grants and sponsored programs, grants accounting, and the host of regulatory required aspects of sponsored research programs.
			Require that all learners, faculty and staff carry a valid campus specific ID in research laboratory facilities.
			Develop plans to operate with a reduced research faculty and staff workforce on-site.
			Cross-train employees to perform essential functions to maintain laboratory operations.
			Limit non-essential research activities. Institute and widely communicate flexible campus and sick leave policies for learners, faculty and staff.



 ✓ STEPS 1 2 3 	2.x. LABORATORY, STUDIO AND REHEARSAL SPACE POLICY & PRACTICE RECOMMENDATIONS:
	Implement a plan for human subjects research programs that reflect best physical distancing practices, including considerations for the most "vulnerable" individuals.
	Institute and widely communicate a no-penalty approach for those taking sick leave for learners, faculty and staff.
	Discourage policies that may incentivize learners, faculty and staff to come to work sick (e.g., extra food at end of shift, bonus pay and others).
	Reschedule or cancel ALL travel abroad research programs and limit and/or delay exchange programs in national areas deemed to be high risk for COVID-19.
	Minimize all procedures that create aerosols unless they are performed in negative pressure hoods.
	Maintain only essential research personnel in laboratory space at all times.
	Protect all environmental services staff, particularly following all biosafety level (BSL) training and facility protocols where present.
STEPS 1 2 3	2.xi. BUSINESS AND PERSONAL TRAVEL POLICY & PRACTICE RECOMMENDATIONS:
	Learners, faculty and staff should eliminate all non-essential business statewide, national and international travel.
	Learners, faculty and staff should limit all non-essential business statewide, national and international travel.
	Learners, faculty and staff should eliminate all non-essential personal statewide, national and international travel.
	Learners, faculty and staff should limit all non-essential personal statewide, national and international travel.
	Learners, faculty and staff returning to campus from higher risk in state, higher risk national travel and all international travel should be screened with a mobile or web based protocol and if determined to be at elevated risk, are asked to be PCR tested prior to return to campus. Those individuals screened low risk, testing PCR negative with/without immunity will be able to return to campus academic facilities.
	Learners, faculty and staff returning to campus from higher risk in state, higher risk national travel and higher risk international travel should be screened with a mobile or web based protocol and if determined to be at high risk, are asked to be PCR tested prior to return to campus. Those individuals screened low risk, testing PCR negative with/without immunity will be able to return to campus academic facilities.
	Learners, faculty and staff returning from higher risk in state, all higher risk national travel and all international travel who screen at elevated risk, are positive on PCR testing or refuse to be PCR tested, will self-quarantine in their homes or residence halls for fourteen days prior to returning to campus facilities.
	Learners, faculty and staff returning from higher risk in state, all higher risk national travel and all international travel will abide by all federal and local public health policy prior to returning to campus facilities.

STEPS	2.xii. MEDICAL AND BEHAVIORAL HEALTH POLICY & PRACTICE
1 2 3	RECOMMENDATIONS:
	Learners, faculty and staff should be kept aware of signs and symptoms of influenza like illness and specifically COVID-19. This also includes awareness of best practices and specific resources in event of their development of signs or symptoms or a high risk exposure to a person under investigation (PUI).
	Learners, faculty and staff should be kept aware of the signs and symptoms of emotional stress, depression and suicidal ideation. This also includes awareness of best practices and specific resources in event of their development of signs or symptoms or observing the signs or symptoms in others.
	Provide access to mobile and web based anonymous medical and behavioral self-screening applications based on best practices.
	Provide access to 24/7 confidential medical services including access to urgent care and emergency care facilities in proximity to campus.
	Implement tools to identify and reach out to students with atypical periods intervals of absence or lack of participation in academic and/or extracurricular events.
	Work closely with the campus clinical health center/clinic and community referral centers with expertise in the diagnosis and treatment of COVID-19 patients. Ensure confidential and ready access for all learners, faculty and staff for clinical matters related to pandemic spread and recovery.
	Develop and widely distribute standard operating procedures (SOPs) that detail actions to be taken if a learner, faculty member, staff member, or visitor is symptomatic for COVID-19 and/or tests positive for COVID-19 or is exposed to an individual positive for COVID-19.
	Develop and communicate weekly wellness practices and policies to the campus community via established social/campus media channels.
	Ensure that students, faculty, and staff have access to 24/7 mental health and crisis support services via on campus and/or tele-counseling resources.
	Communicate availability of established mental health support resources to faculty, staff, and students via established social/campus media channels.
	For individuals experiencing housing insecurity, either develop/bolster an internal resource or ensure a process is in place to connect individuals to local/regional resources.
	For individuals experiencing food insecurity, either develop/bolster an internal food pantry and process or ensure a process is established to connect individuals to local/regional resources.
	Develop/bolster an internal hardship fund, committee, and application process to support individuals in crisis. Make information readily available to students, faculty, and staff about how to apply for assistance.
	Ensure that campus wellness facilities, programs and services (i.e. recreation facilities, satellite fitness centers, intramural sports, etc.) comply with all local, state, and national laws, policies, and established professional guidelines.
	Develop and implement a "well check" outreach system for students that can be used to identify wellness-based concerns and issues.
	Ensure the campus health center is equipped to manage both randomized and daily individual COVID testing for students, faculty, and staff.
	Ensure students, faculty and staff complete mandatory safety education modules prior to the start of the semester (required for all new students). The training modules must clearly cover all relevant COVID-19 campus health and safety policies and procedures (i.e. required masking, physical distancing, daily self-checking, campus visitations and testing protocol and procedures).



3. PCR, ANTIBODY AND SEROLOGIC ANTIBODY TESTING

PCR (from nasopharyngeal swab or other appropriate sample) and antibody testing are critical to provide both pandemic surveillance and contact tracing. These testing protocols must be FDA EUA (Emergency Use Authorization) certified and validated. COVID-19 antibody testing as well as other point of care modalities are under development and may be promising. These recommendations apply to those with influenza-like-illness (ILI) and/or COVID-19 associated symptoms and other asymptomatic cohorts or individuals. Specimen collection and handling policy and procedures are also critical to protect those managing the specimens and optimizing the accuracy of the testing.

STEPS	3. PCR, ANTIBODY AND SEROLOGIC ANTIBODY TESTING
1 2 3	RECOMMENDATIONS:
	A routine testing strategy should be developed in coordination with local public health officials based upon campus and home syndromic surveillance.
	Develop and implement routine learner, faculty and staff screening, testing and retesting at strategic intervals that can be displayed real time on a mobile device or on a hard copy. This can be linked to individual real time access control at campus facilities. Consider broadening to include a routine ILI respiratory panel when typical ILI annual cycle occurs.
	Use mobile device technology as much as possible for syndromic surveillance and pretesting and post-testing determinations.
	If a learner, faculty or staff member is suspected or confirmed to have COVID-19, quarantine, isolation and testing should be prioritized among close contacts of the confirmed case including all family members and domestic partners.
	If cohorting of instructional, research or athletic teams was implemented, this would include other individuals on the positive person's cohorted group of individuals.
	Work with local and state public health officials to conduct testing of all priority cases. Provide on-site professional screening and testing whenever possible in locations convenient for learners, faculty and staff.
	Initiate required testing for all suspected and/or confirmed learner, faculty and staff cases with testing confirmation provided by local health system or public health official. Require follow-up prior to access to campus facilities other than campus quarantine/isolation residential facilities.
	Utilize only testing protocols and technology that have been FDA EUA (Emergency Use Authorization) and validated.
	Establish protocols for referral to telehealth and traditional medical care in event that a learner, faculty or staff member needs a referral. Campus health and wellness centers as well as community health care organizations should coordinate these 24/7 services.

4. PERSONAL PROTECTIVE EQUIPMENT POLICY & PROCEDURES

Personal Protective Equipment (PPE), other than masking, is considered among the least effective method to protect due to its reliance on the user; if the user wears improperly, or the PPE fails, the worker is exposed. However, in certain high-risk areas, particularly when screening/testing, high risk communicable disease research, and deep cleaning after exposure to a suspected or confirmed case, proper use of PPE is essential.

STEPS 1 2 3		3. PERSONAL PROTECTIVE EQUIPMENT POLICY & PRACTICE RECOMMENDATIONS:
		Following appropriate CDC and local health authority guidance, provide adequate PPE to all employees on request, particularly those engaged in high risk communicable disease research, cleaning high use areas and all campus based isolation/quarantine residential facilities.
		Institute measures to distribute and redistribute daily recycled PPE with ability to avoid unnecessary contamination due to handling.
		Provide PPE donning and doffing instruction and assessment for each individual depending on type of PPE.
		Emphasize that all PPE must be worn properly and correctly by all individuals when and where such use is deemed necessary
		Emphasize proper hand hygiene after gloves or facial coverings are removed. Provide necessary hand hygiene instruction and materials.
		Post checklist/instructions for donning/doffing PPE in multiple languages. Provide credentialing at frequent intervals for learners, faculty and staff.
		Offer ongoing incentives for continuous donning and doffing best practices. Recognize the PPE champions routinely.





Campus residence halls and related living facilities will be available for learners returning to campus. The engineering and policy practices described earlier will all apply. In addition, several additional best practices will be implemented.

🗹 STEPS		PS	5. RESIDENCE HALLS & CAMPUS LIVING POLICY & PRACTICE
1	2	3	RECOMMENDATIONS:
			Residence halls available to learners will be able to use all physical distancing best practices in all designated areas.
			Residence halls, dining facilities and common areas on campus are NOT being currently shared for community public health quarantine, isolation or post-acute care needs.
			One or more residence halls or segregated section on the campus will be maintained for learners who develop influenza like syndromes or COVID-19 related symptoms, require isolation and/or quarantine for medical reasons.
			Policy will be developed and implemented to maintain physical distancing in all food service and campus dining facilities. Efforts to increase "take-out" services and spaced dining as well as responsibilities for surface cleansing and waste disposal will be addressed.
			Increased surface and facility cleaning will be done with approved equipment and materials by learners, resident advisors and/or the environmental services personnel who are specifically trained and protected in all common areas and residential facilities.
			Designated PPE and appropriate training in proper use will be required of all residential life staff working in campus housing facilities.
			Mobile device screening will be done at routine intervals. Any learner screening positive or who develops symptoms of ILI will immediately self-isolate and contact the Public Health Office and/or their primary care provider/clinic. The residential life staff can facilitate this contact when needed.

6. LARGE GROUP CAMPUS & COMMUNITY GATHERINGS POLICY

Large group gatherings, such as high enrollment courses, athletic events, concerts, exhibitions typically occur in several categories. National athletic conferences and professional athletic organizations are developing sport and venue specific recommendations that will be specific to the type of venue and the limitations of access that are reasonable in a sequential number of steps as pandemic recovery occurs. Definition of large group will generally depend on the size of the space and the ability to maintain adequate physical distancing, as well as the prevailing recommendation of state or federal authorities.

From a university campus perspective, the large group campus gatherings include the following category types:

- A. On campus with university learners, faculty and staff only
- B. On campus with university learners, faculty, staff and community guests
- C. Off campus with university learners, faculty and staff only
- D. Off campus with university learners, faculty, staff and community guests

Category types A-D will each need a specific gathering and facility post-COVID-19 safety plan.

	🗹 STEPS		6. LARGE GROUP CAMPUS & COMMUNITY GATHERINGS
1	2	3	RECOMMENDATIONS:
			Prohibit attendance at all four types of large group gatherings exceeding 25 individuals.
			Prohibit attendance at all Type A large group on campus gatherings.
			Implement a policy, reflecting best physical distancing practices to facilitate attendance at Type A large group on campus venues.
			Prohibit attendance at all Type B large group on campus gatherings.
			Implement a policy, reflecting best physical distancing practices to facilitate attendance at Type B large group on campus venues.
			Prohibit attendance at all Type C large and small group community events – for step 2, Type C events can be considered if < 25 people.
			Develop a time line to implement a policy, reflecting best physical distancing practices to facilitate attendance at Type C large group venues.
			Prohibit attendance at all Type D large group off campus community events.
			Develop a time line to implement a policy, reflecting best physical distancing practices to facilitate attendance at Type C large group on campus venues.





7. OFF-CAMPUS EXPERIENTIAL LEARNING EXPERIENCES

Many learners, faculty and staff are based off-campus in settings where experiential learning and teaching occurs. This includes the experiential time in educational, social work, counseling program internships, clerkships and other rotations that do not occur on the academic campus. These experiences are also required and specified by several accrediting and licensing bodies. for clinical learners, including the allied health professions, dentistry, medicine, nursing, pharmacy and many others.

STEPS	7.i. OFF-CAMPUS CLINICAL EXPERIENTIAL LEARNING
1 2 3	RECOMMENDATIONS:
	Evaluate off-campus and particularly out of state/international clinical learning clerkship experiences and restore such rotations when possible in the academic year when they meet student safety requirements.
	 Defer off-campus clinical experiences that have not been fully evaluated by faculty using the guidance provided in this document to ensure student safety.
	 Defer international clinical experiences that have not been fully evaluated by faculty using the guidance provided in this document to ensure student safety. This will likely be significantly later in the academic year.
	Develop and implement a Clinical Learning web site that provides best practices, learning modules, and frequently asked questions.
	Provide information to learners, faculty and staff on self-monitoring of COVID-19 symptoms using a mobile or web based device.
	Provide information to all learners, faculty and staff on safe social distancing practices for off-site learning.
	All learners, faculty and essential staff who participate in clinical experiential learning with be designated as "essential health care workers."
	Provide information to learners, faculty and staff on protective measures against COVID-19 that is specific to the clinical rotation assignment. Examples include:
	 PPE, handwashing and contact surface cleaning procedures.
	• Staying home when sick or caring for family members if they are sick.
	• Avoiding contact with people who are sick withour appropriate PPE.
	Follow guidance of local and state public health officials on staying home and avoiding unnecessary trips outside of the home such as shopping or travel.
	Ensure that the clinical health care facility is able to provide the necessary PPE to keep the learners safe. If not learners, faculty and staff cannot attend unless the school can provide the appropriate PPE for learners and supervising faculty and staff.
	Ensure that the clinical site agrees to provide all necessary occupational health services related to the COVID-19 pandemic response, including 24X7 access to information.
	Educate learners/faculty/staff to limit wear of face masks used in clinical activities and spaces outside in the community. Encourage appropriate disposal (or safe recycling) of clinical-use facemasks and use of clean face covernings in the community

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1	2	3	RECOMMENDATIONS:
			Encourage learners, faculty and staff to wear a face covering during transportation to and from the health care facility and in the community to protect themselves and others prior to exchanging a used mask for a new mask
			Encourage learners, faculty and staff to replace and/or exchange used masks for new masks at frequent intervals at designated sites.
	STE	PS	7.ii. OFF-CAMPUS NON-CLINICAL EXPERIENTIAL LEARNING
1	2	3	RECOMMENDATIONS:
			Evaluate off-campus and particularly out of state/international experiential learning clerkship experiences and restore such rotations when possible lin the academic year when they meet student safety requirements.
			 Defer off-campus learning experiences that have not been fully evaluated by faculty using the guidance provided in this document to ensure student safety.
			 Defer international learning experiences that have not been fully evaluated by faculty using the guidance provided in this document to ensure student safety. This will likely be significantly later in the academic year.
			Develop and implement an experiential learning web site that provides best practices, learning modules, and frequently asked questions.
			Provide information to learners, faculty and staff on self-monitoring of COVID-19 symptoms using a mobile or web based device.
			Provide information to learners, faculty and staff on safe social distancing practices for off-site learning
			Provide information to learners, faculty and staff on protective measures against COVID-19 that is specific to the experiential rotation assignment. Examples include:
			 PPE, handwashing and contact surface cleaning procedures
	\Box	\square	Staying home when sick or caring for family members if they are sick
	\square	\square	 Avoiding contact with people who are sick without proper PPE
			Follow guidance of local and state public health officials on staying home and avoiding unnecessary trips outside of the home such as shopping or travel
			Ensure that the experiential learning organization and specific facility is able to provide the necessary PPE to keep the learners safe. If not learners, faculty and staff cannot attend unless the school can provide the appropriate PPE for learners and supervising faculty and staff.
			Encourage learners to wear their masks home after their experiential rotation sessions.
			Encourage learners, faculty and staff to wear a face covering during transportation to and from the experiential learning facility and in the community to protect themselves and others.
			Encourage learners, faculty and staff to replace and/or exchange used masks for new masks at frequent intervals

7.i. OFF-CAMPUS CLINICAL EXPERIENTIAL LEARNING

STEPS



8. CO-CURRICULAR PROGRAMS & CAMPUS ACTIVITIES

STEPS		PS	8. CO-CURRICULAR PROGRAMS AND CAMPUS ACTIVITIES
1	2	3	RECOMMENDATIONS:
			All meetings and social gatherings should be limited to 10 people or less (or 25 for step 2), have accommodations for appropriate physical distancing, and should not involve any off-campus participants for on-campus events.
			To provide access for individuals not able to be physically present, all university- sponsored events and activities need to accommodate remote participation when activity is otherwise happening face-to-face.
			University-affiliated housing facilities, like fraternity and sorority houses, will be open so long as learners will be able to use all physical distancing best practices in all designated areas. Dining facilities inside the houses will permit learners to maintain appropriate physical distancing and best practices for food service facilities.
			All student organization sponsored events and programs must be pre-approved at the Vice Chancellor/or designated senior officer level.
			Student organization travel activities more than 25 miles away from the home campus or that require an overnight stay are prohibited. Travel to and from events should emphasize spacing and low concentration of persons in vehicles.
			Student organization travel activities more than 90 miles away from the home campus or require an overnight stay are prohibited. Travel to and from events should emphasize spacing and low concentration of persons in vehicles.
			 Provide student organizations with support to conduct organizational business online, leveraging technology.
			 Student organizations fundraisers distributing food are not permitted (e.g. bake sales, selling franchise food items).
			 Fundraisers should leverage electronic money exchange (e.g. Venmo) instead of collecting physical currency.
			 Student organization gatherings must follow adequate physical distancing for on- and off-campus meetings.
			Campus recreation and fitness centers will be open so long as students and members will be able to use all physical distancing and cleaning best practices in all designated areas.
			All fitness and recreational programming such as group exercise classes, club and intramural sports competitions should be limited based on campus physical distance guidelines and pre-approved by an identified senior staff member.
			All campus sponsored student, faculty and staff events and programs must be pre-approved at the Vice Chancellor/or designated senior officer level.
			All campus events and programs should avoid food service. Those with food service should avoid buffet style and instead leverage individually packaged meals.

