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## COVID-19 Planning Guide and Self-Assessment for Higher Education

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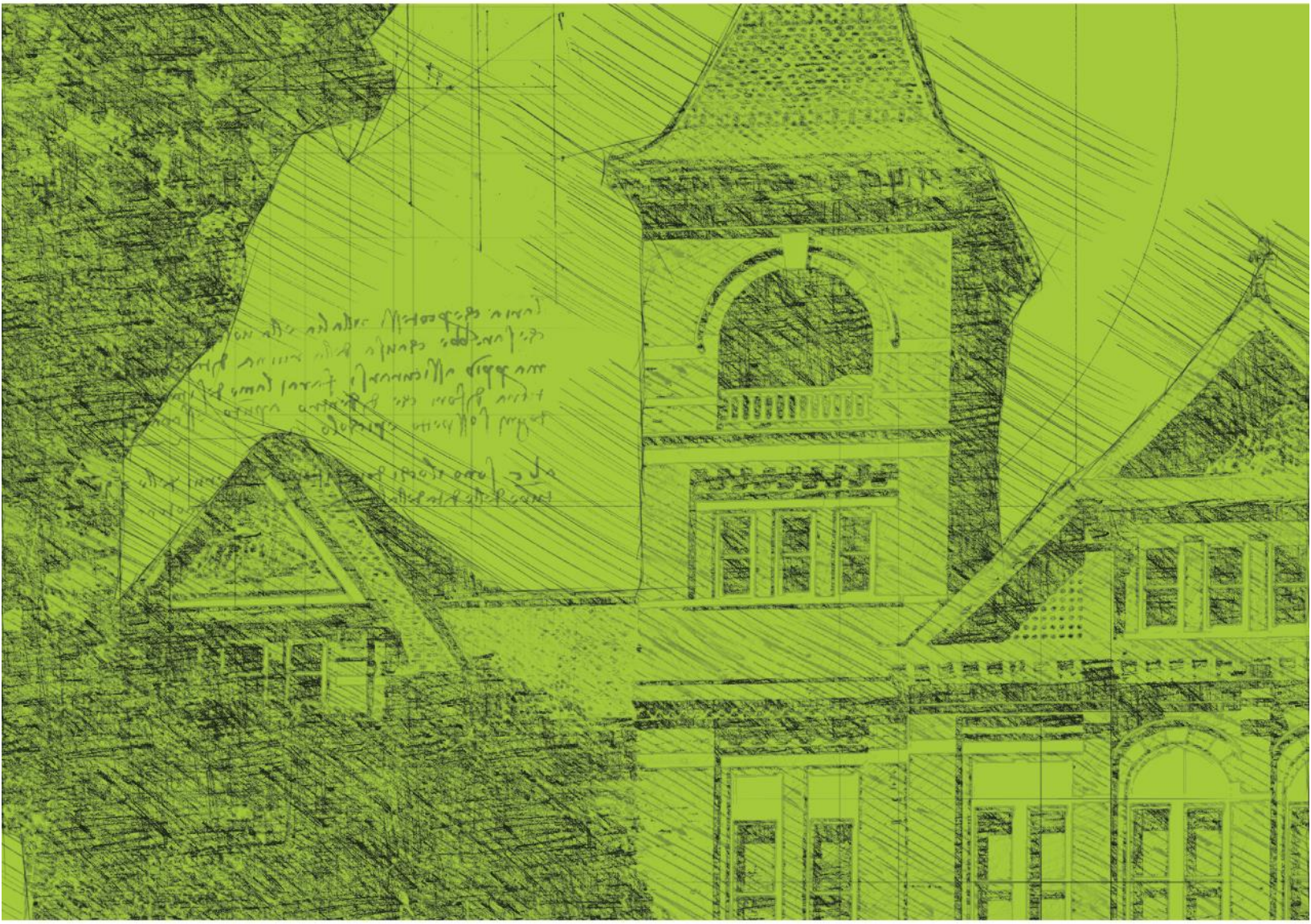

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**Tuscany Strategy Consulting** focuses on creating lasting client growth through strategy-to-implementation solutions for senior leaders in Education, Healthcare, and Service Businesses. The firm develops business strategies that are relevant, contextualized, and effectively implemented. Tuscany's partners lead each engagement and the partners have extensive prior experience in higher education operational roles. Tuscany recognizes that every client's needs are unique and thus engagements are fully customized to meet client goals, incorporating creativity and data-driven evidence to support long-term client success. This approach builds strong and lasting relationships with clients, with the vast majority of Tuscany clients engaging for multiple projects. Tuscany's higher education client list includes institutions of all sizes and encompasses public, private nonprofit, and private for-profit colleges and universities.

**Johns Hopkins Center for Health Security** – The Johns Hopkins Center for Health Security works to protect people's health from epidemics and disasters and ensure that communities are resilient to major challenges. The Center examines how scientific and technological innovations can strengthen health security by studying the policies, organizations, systems, and tools needed to prevent and respond to outbreaks and public health crises. The Center advances policies and practice to address a range of challenges, including the global rise in emerging infectious diseases, a continued risk of pandemic flu, major natural disasters, our dependence on vulnerable infrastructure, outbreaks of foodborne illness, and the potential for biological, chemical, or nuclear accidents or intentional threats. The Center plays a critical role in advancing policies and practices in health security and its work surrounding the Covid-19 pandemic includes:

- A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US
- Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors
- Operational Toolkit for Businesses Considering Reopening or Expanding Operations in COVID-19
- Filling in the Blanks: National Research Needs to Guide Decisions about Reopening Schools in the United States

**CHEA** – A national voice for academic quality in higher education through accreditation, the Council for Higher Education Accreditation (CHEA) is an association of degree-granting colleges and universities and recognizes U.S. institutional and programmatic accrediting organizations. CHEA serves as an outspoken advocate for accreditation, working with the U.S. Congress and the Department of Education. It is "Accreditation Central" – serving as the source of the most comprehensive national information on U.S. accreditation and its value to society. CHEA provides leadership and serves as an authority in the national dialogue not only on accreditation, but also quality and quality assurance in higher education. Through its international arm, the CHEA International Quality Group, CHEA works with governments, multi-national organizations and quality assurance bodies worldwide and serves as a convener, partner and thought-leader in addressing accreditation. CHEA's support of this guide does not set standards related to COVID-19.

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## *Cautions and Limitations*

This guide does not provide authoritative health and safety recommendations. It is intended to stimulate discussion and prompt planning committees to probe critical areas, ask challenging questions, and develop frameworks for planning for different COVID-19 scenarios. Health and safety guidance is provided by the CDC, federal, state, and local public health authorities along with federal, state, and local government mandates that may change based upon public health conditions. We have provided a list of resources but encourage all institutions to regularly check with public health authorities for updated information.

Disclaimer
There is no one-size-fits-all approach or industry-wide best practice standards developed and proven for reopening institutions of higher learning during the COVID-19 pandemic. The information provided in this Guide, Self-Assessment Calculator, and Project Planning tool is not, nor can it be, a comprehensive guide or list of requirements given the range of institutions, environments, and conditions that exist in higher education today. It is understood that some of the considerations will not be applicable, relevant, or financially viable depending on the institution and its progress to date in COVID-19 response planning. In preparing this guide, the authors decided to err on the side of being as detailed as possible in order to anticipate needs or questions of the readers. But the detailed checklists and notes should not be interpreted as requirements or standards.

This guide does not provide legal recommendations; nor does it attempt to impose, suggest, or provide best practice guidance for a standard of care by which academic institutions should be judged. Rather, it is intended to encourage planning committees to investigate a wide range of options for planning and operating higher education institutions in a pandemic environment. Institutions should consult legal counsel regarding all plans and contingencies. Institutions are also advised to check with their insurance providers.

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# How To Use the COVID-19 Toolkit

## *Toolkit Purpose*

Globally, institutions of higher education are facing unprecedented challenges related to Coronavirus Disease (COVID-19). The resulting academic, financial, ethical, and operational questions are complex and high-stakes. The COVID-19 pandemic may represent an inflection point, fundamentally altering how we work, socialize, and learn. The authors of this toolkit collectively believe that our institutions need near-term tools to ensure continuity through this pandemic as well as methods for rethinking the basic assumptions and values of their institutions.

This guide and accompanying risk assessment are designed to provide practical planning resources to help institutions gauge how effectively they are addressing a range of COVID-19 scenarios. It is intended to accommodate a wide range of institutions: public, private, large, small, comprehensive, specialized, urban, and rural. Each institution will need to develop and implement its own tailored approach to reopening in-person instruction.

Retooling for the future, with urgency, involves a significant planning effort to manage the present environment as well as the opportunity to envision new ways to fulfill institutional missions. Plans need to address the safety of students, faculty, and staff, the financing of our colleges and universities, and preservation of equity and diversity. They will also need to address short- and long-term investment in academic tools that will be essential for education in the period of COVID-19 – adding instructional and enterprise technologies, expanding the range of capabilities of faculty, improving the nature of the curriculum, and strengthening the network of student support. We encourage leadership and planning committees to use this opportunity to set their institutions on new pathways supporting academic excellence, health, and equity. This process begins with four guiding principles.

- To successfully address the challenge of the COVID-19 pandemic, the first opportunity is to acknowledge that all major dimensions of higher education will benefit from being reimagined to address the impact of the COVID-19 pandemic and beyond.
- The health and safety of all members of the community are paramount. Special care and attention must be given to the needs of vulnerable populations.
- The commitment to academic excellence must not waiver under these challenging circumstances. This commitment crosses all instructional modalities in-person, online, and hybrid instructional modes.
- Equity and inclusion are critical components of institutional responses. The economic, health, academic, and operational challenges are immense. It is incumbent upon institutions to engineer responses that serve and support the entire community.

## *Toolkit Components*

- ☐ **COVID-19 Planning Guide for Higher Education**
  This document, the COVID-19 Planning Guide for Higher Education, is designed to be a practical planning tool to help institutions in two ways. First, the guide poses four central questions to determine readiness to resume on-campus instruction for each of the major COVID-19 alert levels. Second, the guide is organized into leadership, cross-functional, and functional workgroups to support comprehensive planning efforts across various institutional groups. In addition, links to guidelines, resources, and media reports are provided to further supplement institutional planning.

  There are over 500 statements which can be considered separately by planning groups, or comprehensively across the institution. The statements are designed to evaluate institutional preparedness and inspire higher education institutions to develop a custom-tailored response depending on their unique disposition. There is no single solution to the challenges brought upon by COVID-19. While we recommend institutions use this guide to support planning efforts, institutions must also remain up to date on COVID-19 developments including epidemiology reports, regulations, guidelines and best practices for operating safely.

- ☐ **COVID-19 Self-Assessment Calculator for Higher Education**
  The accompanying Excel spreadsheet is intended to help higher education institutions identify and understand their baseline risk and the impact that major mitigation steps (e.g. physical distancing, PPE, contact tracing, testing, etc.) may have on risk scores. Calculated risk scores and ratings (very low, low, moderate, high and very high) are intended as a tool for self-evaluation. An institution's risk score should not be considered as permission for reopening in-person operations, nor a prohibition to prevent reopening; instead, it should be considered a tool that will help institutions identify gaps to plan for the health and safety of their stakeholders. The Self-Assessment Calculator can be used frequently to track changes in risk scores as mitigation steps are implemented.

- ☐ **University Response Tracker & Web Resources on www.OpenSmartEDU.org**
  www.OpenSmartEDU.org provides access to the guide, the Risk Calculator, updated guidelines, resources, case studies, and media reports. It also provides a university response tracker that can be searched by geography, name, enrollment, and institution type.

- ☐ **Higher Education Planning Tool (Smartsheet)**
  The accompanying COVID-19 Self-Assessment Project Planning Tool is designed to allow college and university leadership to plan and monitor their progress on important health and safety factors related to campus operations. It exactly mirrors the COVID-19 Self-Assessment for Higher Education and provides institutions an online, sharable tool to assign work, develop timelines, and track critical issues related to reducing the risk of COVID-19 transmission on campus.

# ELEMENTS FOR REOPENING

***Important Considerations for Higher Education Institutions***

## Health Safety Materials

PPE Protocols

Signs and Signals

Sanitation Products

Engineering Controls

Testing & Contact Tracing

## Protocols

Emergency Protocols

Quarantine and Isolation Policies


Thresholds for Phases


Distancing and Capacity Protocols

Sanitation Protocols

## Quality of Academic Programs

Mode of Education

Orientation & Training

Academic, Mental, and Career Support

Academic Equity

## Financial Resources


Calculated Impact To Date

Modeled Cost of Covid-19 Materials

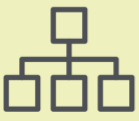
Assess New Revenue Models

Financial Capacity for one or more years

## Management and Oversight

Clear Vision

Communications



Clear Working Group and Phasing Protocols

Working with Local and National Leaders

For more information and resources, visit OpenSmartEDU.org

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## *Four Critical Questions for Institutional Leadership*

The guide poses four central planning questions, each with sub-elements that are critical to reopening successfully in-person operations. If considerations are unanswered or cannot be adequately addressed by the institution within the necessary timeframe, it would be inadvisable for an institution to physically open.

While the many additional considerations that may support successful planning are addressed in the body of the guide, activities and considerations in this section of the guide are considered essential for a safe, considerate, and effective reopening.

1. **Does your institution have sufficient *health & safety materials and protocols* to address the unique challenges of COVID-19?**
   This includes availability of personal protective equipment (PPE), testing capacity, contact tracing capacity, space for physical distancing, quarantining, routine cleaning, access to external health facilities as needed, staffing, communication capacity with students and staff, an emergency plan in case of abrupt closure, and understanding of legal protections and liability.

   Critical considerations for this question include:

   - ☐ Adopted an approach to monitoring COVID-19 Alert Levels [page 19].
   - ☐ Determined the institution's approach to SARS-CoV-2 Testing [page 28] and Contact Tracing [page 32].
   - ☐ Developed Emergency Planning protocols [page 33].
   - ☐ Determined Quarantine & Isolation Policies [page 34].
   - ☐ Implemented health safety measures related to the Academic Calendar [page 53], Instruction [page 53], Instructional Spaces [page 56], Research [page 58], and Library [page 59].
   - ☐ Implemented health safety measures: PPE and distancing [page 36], facilities [page 39], Orientation [page 69], Housing [page 70], Food Services [page 73], and Athletics [page 75].
   - ☐ Established measures to provide the protection of faculty [page 61]
   - ☐ Established measures to provide the protection of staff [pages 49, 50, 51]
   - ☐ Reviewed issues related to logistics and supply chain [See page 83].

2. **Does your institution have sufficient financial resources to address the unique challenges of the pandemic?**
   This includes funding for materials, protocols, faculty, staff, and sustained financial capacity for at least the academic year, reserves for emergencies (e.g., an outbreak; emergency financial support for students).

   Critical considerations for this question include:

   - ☐ The institution has calculated the financial impact of unforeseen COVID-19 circumstances of Spring and Summer 2020 to date. The institution forecasted the potential financial impact for Fall 2020 and Spring 2021 in various COVID-19 operating scenarios and has determined that reopening in 2020-2021 is financially viable under all scenarios [page 45].
   - ☐ The institution has conducted comprehensive Financial Planning to ensure that it has sufficient funding for new materials, protocols, financing for faculty and staff, sustained

financial capacity for at least the academic year, and reserves for emergencies. [page 45]

- ☐ The institution has completed financial planning including modeling the impact of changes in enrollment [page 63] and anticipating a wide range of added expenses including Information Technology [page 81], Campus Infrastructure [page 83], and Supply Chain issues [page 85], and PPE, physical distancing, engineering controls, and testing, screening, and supplies [page 45].
- ☐ Assessed Legal & Regulatory Risk [page 47].
- ☐ The institution has reviewed contracts and insurance policies [page 47].

3. **Has your institution developed a quality academic program for the year (whether fully on-campus, online, or hybrid):**
   This includes availability of faculty, offerings that enable students to meet degree requirements and make academic progress, appropriate counseling and advising, faculty development (especially for remote learning), at least some extracurricular and social activities to engage students, adequate electronic infrastructure for faculty, staff and students, a means to judge the quality of institutional academic performance.

   Critical considerations for this question include:

   - ☐ The institution has determined if and how to adjust the Academic Calendar to accommodate health and safety protocols [page 53].
   - ☐ The institution has established for all COVID-19 operating scenarios In-Person and Online Instructional methods [page 53] and Grading and Assessments methods [page 55].
   - ☐ The institution has provided Faculty Training [page 61] and resources for students and faculty to enhance quality of instruction.
   - ☐ The institution has reviewed and revised as needed Academic Advising [page 65] and Academic Support services [page 65].
   - ☐ The institution has developed strategies to mitigate academic inequity and accommodate students with special permissions and needs [page 53].
   - ☐ The institution has evaluated its use of Instructional Spaces [page 56], Specialized Spaces (Labs, Studios, Performance, Religious Spaces) [page 57], and Library Services [page 59].
   - ☐ The institution has reviewed critical planning elements with Faculty Governance [page 61].

4. **Has your institution developed the requisite new management and oversight capabilities necessary to manage through the pandemic?**
This includes informed and trained executives with appropriate authority and responsibility, a management structure that provides for oversight of all major institutional functions and functions now required by the pandemic, and efficient management communication.

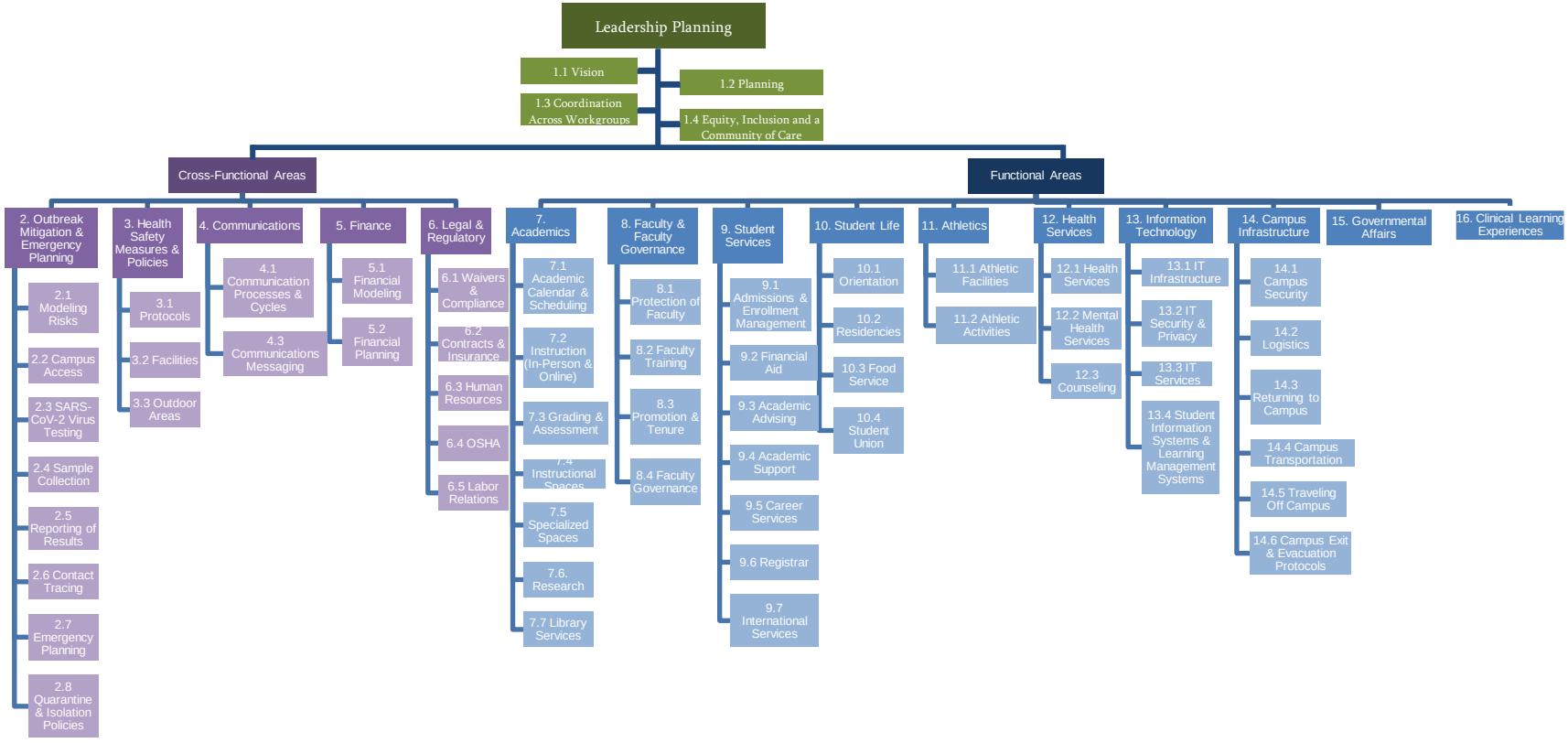
   Critical considerations for this question include:

   - ☐ The institution has established and communicated a vision for the planning process and for managing within a COVID-19 environment [page 23].
   - ☐ The institution has developed and communicated a clear Planning Process [page 24] for internal workgroups, including the goals, expectations, and authority of workgroups.
   - ☐ Leadership defines expectations for timing, output, and key stakeholder involvement for both interim and final decisions [page 24].
   - ☐ A diverse group of students, faculty, and staff are involved in critical phases of the planning process [page 24].
   - ☐ Both leadership and workgroups consider equity and inclusion of key stakeholders in the institution [page 24].
   - ☐ The institution has established a multisectoral decision making body or Emergency Operations Center to manage institution wide health concerns and/or COVID-19 outbreaks within the community [page 24].
   - ☐ The institution has developed points of contact with local public health officials and local healthcare centers in order to communicate, coordinate, and execute plans for risk mitigation and community outbreak [page 24].
   - ☐ The institution's leadership, operations center and planning groups actively monitor and survey local, regional, national, and international media sources for accurate, up to date COVID-19 information [page 24].
   - ☐ There is a clear and efficient strategy for coordinating across workgroups [page 24] which is inclusive of leadership, functional and cross-functional workgroups. This strategy includes frequent meetings between workgroups, clearly defined responsibilities, and channels for internal and external communication during the planning process.
   - ☐ The institution's Communications team is coordinated such that messages are timely, mission aligned, and not in conflict with other communications [page 42]. Major announcements are archived and/or in a publicly available channel for all stakeholders of the institution to easily access [page 42].

## *How to Use this Guide to Support Workgroup Planning*

This guide can be used to support institutional workgroup planning. The guide is organized into three areas that can be assigned to existing institutional workgroups:

- **Leadership Planning** relates to setting and communicating policy and ensuring execution of all planning activities.
- **Cross-Functional Areas** consider factors that require extensive coordination across the institution.
- **Functional Areas** focus on specific departments such as Academics, Student Services, Health Services, etc.



## *Key Considerations for Assessing and Reducing Health Risk*

The health and safety guidance in this guide and the Self-Assessment calculator are focused mainly on assessing and reducing risks to the health and safety of students, staff, faculty and affiliates. However, the benefits of returning to campus must also be considered carefully. If the benefits of return do not make the risk worthwhile – for example if the quality of instruction is significantly degraded due to COVID-19 protective measures – then it may be inadvisable to take the risk of return. This does not mean that institutions should return to a more normal operating status in spite of risks and in order to preserve the quality of education and campus life. But it does mean that risks and benefits must be balanced carefully.

There are many things to consider in planning for a return to campus. All of them are important, but the elements included in the self-assessment tool are considered critical for assessing and reducing risk. No area can be totally neglected if health and safety is a priority. Yet, not every action may be applicable or possible for every institution.

There are some areas of focus that rise to the top and are essential for making return to campus possible in a meaningfully safer way. The most critical of these high-level areas of focus are listed below:

- Can in-person classes and other activities be made safe enough to justify return to campus?
- If students live on campus, can student housing be modified so that large outbreaks of COVID-19 can be prevented?
- Can modifications to physical spaces, policies, and protocols be put in place to reduce the risk of transmission while maintaining viability and quality of essential on-campus activities?
- What will the threshold be for halting in-person activities if there is COVID-19 transmission? What is the threshold for restarting in-person activities again?
- Can the institution obtain sufficient quantities of critical supplies (e.g, masks, cleaning supplies) to support protective measures being implemented?
- Can the institution help protect individuals (students, faculty, and staff) who are at increased risk for severe disease?
- How will the institution ensure that policies and practices are equitably applied and do not negatively affect vulnerable individuals or other groups disproportionately?
- How will non-compliance with policies and protective measures for COVID-19 be handled, and what protective measures will be required vs. optional?
- Does the institutions have a plan for how students, faculty, and staff can have access to testing for COVID-19?

The questions posed above and in the self-assessment calculator, as well as the considerations presented in this guidance document are intended to help shape an institution's re-opening strategy. There is no one-size-fits all approach to reducing risk from COVID-19 because colleges and universities have different situations, needs, and resources. However, institutions must ensure their answers to the questions found in this guidance and the self-assessment calculator are substantive in order to yield a robust, scientifically grounded strategy for re-opening.

## *How To Use The Self-Assessment Calculator*

The Self-Assessment Calculator is designed to identify activities and operations that would be associated with a high risk of COVID-19 spread at universities or colleges and provide considerations to meaningfully reduce these risks. The Self-Assessment Calculator is intended to be conducted in the accompanying excel document. There are three stages to the Self-Assessment Calculator:

- Stage 1: Risk Assessment
- Stage 2: Mitigation Questionnaire
- Stage 3: Determination of the Overall Risk

The risk assessment includes questions intended to identify the high-risk operations of the university or college by measuring opportunities where risk of transmission would be significant. The mitigation questionnaire allows users to identify considerations to include in the university or college reopening strategy or plan that would greatly reduce the risk of COVID-19 outbreaks on campus. The risk rating and mitigation rating provided after completing the respective stages interact to determine the overall risk of COVID-19 for the college or university to resume in-person instruction.

Instructions are provided on the first tab of the excel document and walk users through the three stages which are found on the following tabs in the document. In order to receive an overall risk rating, users must answer all questions provided in the risk assessment and mitigation questionnaire. For higher institutions with multiple campuses, users should conduct a self-assessment per campus to distinguish between the different operations and conditions between campuses.

Once an institution has completed the Stage 1 Risk Assessment and Stage 2 Risk Mitigation Questionnaire, Stage 3 provides an overall risk determination which allows universities and colleges to better understand the level of risk various activities (academics, research, student life, etc.) present and how to meaningfully reduce these risks. If universities or colleges receive an overall risk score of moderate, high, or very high, careful consideration should be taken to determine if the college or university should reopen and what additional measures could be implemented to further reduce this calculated risk. Users should regularly complete the self-assessment calculator to account for changes in their operating policies and ensure the evaluation of their risks is up to date.

Note: *Within this COVID-19 Guide, statements that directly correspond to the Self-Assessment Calculator are* ***bolded****.*

## *www.OpenSmartEDU.org*

The COVID-19 environment is evolving quickly with the steady release of new guidelines, medical advances, research insights, and institutional responses. www.OpenSmartEDU.org is designed as a resource hub providing access to this COVID-19 Planning Guide, Self-Assessment Calculator, and COVID-19 Project Planning tool in SmartSheet, curated resource links, case studies, and tools. The website will be regularly updated with resources specific to Higher Education. We also welcome feedback, recommendations, and additional resource links. The site includes:

- College and University Fall 2020 Announcements Two frequently updated online spreadsheets that catalog a) announcements for fall semester (e.g.in-person, hybrid, virtual) and b) university actions related to COVID-19. Both trackers can be filtered and sorted by institution, school size, location, and response type.
- Official Reports and Guidelines Public health, medical, government, and industry resources.
- Media Reports and Articles Reports, articles, surveys and stories which chronicle the adapting COVID-19 landscape.

## *Understanding Key COVID-19 Indicators*

There are multiple indicators that have a significant impact on the COVID-19 environment. It is important for institutions to be familiar with key indicators to support their planning and decision-making processes. There are a range of possible outcomes for each indicator and while we can assume that each indicator will progress towards a best-case outcome in the long-term, it is important to prepare for sudden regressions. The cumulative state of all indicators, at any point in time, will influence each institution's operational response, but note that different indicators may move in opposite directions, which complicates the process.

Indicators of COVID-19 Status

1. **Incidence & Prevalence –** The number of new and existing cases of COVID-19 at the campus, local, regional, national and international levels will have implications for operating scenarios. Analysis of daily case numbers and deaths reported, as well as trends in reported numbers over time will also influence decision making.
2. **Percent of Positive Tests –** Understanding the percentage of positive tests, out of the denominator of total tests conducted for COVID-19, can help provide an indication of both the prevalence of disease in a community as well as the adequacy of testing capacity. WHO recommends that the percent of positive tests should be at or below 5%.
3. **Percent of Cases Linked to Other Known Cases -** Data from testing and contact tracing can show what percentage of new cases are linked to other known cases. This provides an indicator of the amount of unrecognized and uncontrolled spread in a community. The higher the percent of cases linked to other known cases, the less risk of unrecognized spread.
4. **Hospital Stress –** Data related to hospital inpatient and ICU bed availability and the percent of hospital beds occupied by COVID-19 patients can provide good indicators of hospital stress due to COVID-19. Hospitals with low availability of beds and a high percent of COVID-19 patients would indicate that transmission in a community may be high and will be critical for informing decision-making.

Indicators of Institutional Capacities to Limit COVID-19 Spread and Manage Infections

1. **Prevention Methods –** The capacity and degree of adoption for various prevention methods will impact our operating environment. Advancements in PPE, administrative controls, and engineering controls as well as increased adherence to prevention methods will be paramount.
2. **Testing Capacity –** Testing is a key measure to help reduce the impact of COVID-19. It is beneficial for institutions to have access to adequate testing, whether conducted by the institution or by other healthcare partners. At baseline, it is important that everyone with COVID-19 symptoms should be able to obtain a test. Testing should be done quickly and return results as quickly as possible in order to better inform medical decision making and decisions related to isolation and contact tracing.
3. **Contact Tracing Capacity** – Contact tracing is another key capacity to control the transmission of the virus.

4. **Treatment Capacity** – The degree to which local hospitals can support community outbreaks should be explored when considering reopening. The risk of reopening is increased severely if community members are unable to be treated. Colleges should create close collaborations with local public health officials in their cities or counties, as well as with local hospitals and EMT transport services.
5. **Quarantine Capacity** – The number of empty beds/rooms available to house students in self-isolation or quarantine. As the number of cases increase on campus the greatest risk is in the ability to safely quarantine students identified during testing and contact tracing. Think of this as a comparable metric to the number of available hospital beds in the community.
6. **Therapies & Vaccines** – As therapies improve, the consequences of contracting the illness may diminish, allowing for riskier decision making. If/when an effective vaccine is approved, accessibility will be the final barrier in the way of immune protection, which will allow for full reopening of entire communities.
7. **Federal, State, and Local Policies** – Regulations and operating protocols are being developed at federal, state, and local levels. The status of those protocols will undoubtedly impact the degree to which institutions may operate.
8. **Comparators** – Observing the operating protocols of similar institutions and leading institutions is a helpful exercise to understand how other professionals are thinking about operating scenarios. In this exercise, it is important to understand the unique characteristics that influence institutional decision making and to consider your institution's unique characteristics.

## *Operating Under COVID-19 Alert Levels*

In order to simplify the range of operational approaches, this guide uses four COVID-19 Alert Levels to indicate the severity of COVID-19 transmission and implications for institutional operations. These Alert Levels were informed by guidance from www.PreventingEpidemics.org, the CDC, and AEI's Roadmap to Reopening. Institutions should also pay attention to their state and local mandates which supersede these Alert Levels. It is also critical to recognize that the state of COVID-19 transmission can vary greatly from community to community. For instance, if a college campus experiences a rapid outbreak of COVID-19, it should raise its alert level even if the state is relaxing restrictions because COVID-19 cases are decreasing at the state level.

As of the time of this version of the report, most institutions are moving from Very High Alert to High Alert as their respective states are reopening. We hope that the public health environment will move to a Moderate Alert status by Fall 2020. Institutions should, however, be prepared to move quickly between Alert Levels if the COVID-19 transmission rate changes in their institution/community. The following Alert Levels are aligned with different operating scenarios for colleges/universities.

**Very High Alert** Stay at home orders are in place, schools and non-essential businesses are closed and individuals are expected to practice self-isolation.

Institutional Operations
Schools and non-essential businesses remain closed and individuals are expected to practice self-isolation. Campus and building access are restricted. Telework is the preferred choice for as many employees as possible in accordance with state/local mandates. Instruction is remote and in-person housing and in-person academic programs are cancelled.

**High Alert** **State-By-State Reopening** - Institutions and communities can operate **low-density environments**. Many institutions are open, but there are significant prevention policies in place which may include limitations on meeting sizes, enforced PPE use, and continued elevated precautions for high risk Individuals.

Institutional Operations
Instruction is primarily remote. In-person instruction is limited to clinical/practicum activities that are difficult to conduct remotely. Small groups (<10 including the instructor) may convene with special permission. Significant prevention policies in place which may include limitations on meeting sizes, enforced PPE use, screening, contact tracing, and selective quarantining/self-isolation.

- Limited access to facilities including use of shifts.
- Limited small group instruction (<10) for graduate students, high need students, specialized programs.
- No shared offices for faculty/staff/graduate students.
- Strict distancing, face covering, frequent hand washing.

**Moderate Alert** **Protections in Place** – Institutions and communities can operate **moderate-density environments**. Institutions are open and many

protective measures are still actively in place. The underlying threat of outbreak remains, but prevalence of the virus is lower and testing and contact tracing capacities are robust enough to allow some policies to be relaxed. There may also be available treatments for the disease, which lower the risk of severe outcomes.

Institutional Operations

Instruction is a mix of in-person and remote instruction with online options for in-person classes (hybrid) where practical. Some students and faculty will not be able to return to campus and accommodations should be put in place to enable continued academic progress.

- Easing of facility restrictions, rigorous cleaning & PPE protocols.
- Low-density instruction 6 ft diameter per student.
- Limited specialized facility access (labs, studios, practice rooms).
- Shared offices with distancing and other measures.
- Strict distancing, face covering, frequent hand washing.

**Low Alert**

**New Normal** - Institutions and communities can operate **high-density environments**. Once vaccines and/or highly effective treatments are approved and widely available, and there is low circulation of the coronavirus, prevention practices can be gradually lifted more fully. It is likely that even when immune protection is established, that social interactions remain changed for a duration of time and that re-engineered processes and new technologies persist, so long as they are functional.

Institutional Operations

Once vaccines and/or highly effective and widely available treatments are approved for the coronavirus, prevention practices can be lifted. It is likely that even when immune protection is established, that social interactions remain changed for a duration of time and that re-engineered processes and new technologies persist, so long as they are functional.

- Classrooms near full capacity.
- Shared office spaces.
- Dining and residential activities with some modifications.

### Establishing Triggers to Raise or Lower the Alert Level

It is beneficial for each institution to define the triggers that move the institution between Alert Levels; this enables the institution to react to changing COVID-19 conditions faster and with greater confidence. An institution with multiple campuses may also operate under different Alert Levels. Each institution should develop its own Alert Levels and the triggers to move between alert levels, and policies for operating within each Alert Level. To support this process, this guide provides an example of an Alert Level System on page 22 and an example of operational guidance by Alert Level in Appendix B on page 91.

**Directional triggers to raise the alert level:**

- Significant increases in COVID-19 transmission on campus, occurring at a greater rate than the local community.
- Significant increases in COVID-19 transmission within the institution's local community, if it is impractical for the institution to minimize COVID-19 exposure between the institution and local community.
- Evidence that the institution's community is disregarding physical distancing and PPE requirements.
- Insufficient availability of COVID-19 testing by the institution or local/state public health authorities, due to logistics, supply chain or other factors.
- Insufficient healthcare capacity, on campus or within the local healthcare facilities.
- Insufficient space to manage the number of in-residence students requiring quarantine rooms or self-isolation.
- Local/State/Federal mandates.

**Directional triggers to lower the alert level:**

- Significant decreases in COVID-19 transmission on campus.
- Significant decreases in COVID-19 transmission within the institution's local community, if it was higher than transmission on campus.
- Evidence that the institution's community is consistently observant of physical distancing and PPE requirements.
- Sufficient healthcare capacity, on campus or within the local/state healthcare facilities.
- Local/State/Federal mandates.

## Illustration of Potential Triggers to Move Between Alert Levels*

| Category | Key Question | Indicator | Triggers To Raise To A Higher Level | Triggers To Lower Level | Level 1 New Normal | Level 2 Moderate Alert | Level 3 High Alert | Level 4 Very High Alert |
|---|---|---|---|---|---|---|---|---|
| Disease Control | **Are there early signs of a resurgence in cases?** | Influenza-like illness or COVID-19- like illness (Syndromic data) | Increasing over a 5-day period | n/a | Near seasonal average | Near seasonal average | Near seasonal avg or above avg & declining | Above seasonal average or increasing |
| | **Are we testing enough to detect cases?** | Percent of tests that are positive | Increasing over a 7-day period | Decreasing over a 14-day period. | <5% | 5-9% | 10-14% | 15% or higher |
| | | Percent of tests conducted in high risk populations | Meet threshold over a 7-day period | Meet threshold over a 14-day period | Medical Testing | Primarily Medical Testing | + Prioritized testing for high risk groups | + Prioritized testing for high risk groups |
| | **Do we have robust contact tracing?** | Percentage of new cases linked epidemiologically to other known cases | Meet specified threshold over a 7-day period | Meet specified threshold over a 14-day period | 95% or more | 80-94% | 30-79% | <30% |
| | **What Phase is the State in?** | Reopening Phase | State Mandates Declared | Lifting of State Mandates | AEI Phase IV | AEI Phase III | AEI Phase II | AEI Phase I |
| Phases | **Are we protecting students, faculty, staff?** | Number of infections | Increasing over a 7-day period | Decreasing over a 14-day period. | No infections | Decreasing | Decreasing | Increasing or unknown |
| Students, Faculty, Staff Protections | **Is there sufficient capacity for quarantine and isolation?** | Number of Rooms | Increasing towards capacity limits | Increasing Capacity | Plenty of Capacity | Plenty of Capacity | Limited Capacity | No extra Capacity |
| | **Is there sufficient PPE & testing?** | Inventory Levels | Increasing towards inventory depletion | Stable or Increasing Inventory | Plenty of Inventory | Plenty of Inventory | Limited Inventory | No extra Inventory/ stockouts |
| | **Are stakeholders complying with restrictions** | Percentage of adults who support public health measures | Decrease in support | Stable or increasing support | Very High | High | Moderate | Low |

* Adopted from Resolve to Save Lives/Vital Strategies Annex 1. For more details on developing Alert systems, See Annex 1 along with Eleven epidemiological fallacies in COVID-19, Prevent Epidemics. Note that the numbers included in this table are illustrative. Institutions, in collaboration with public health officials, should determine the numbers for each alert level and the triggers to move between alert levels.

# Leadership Planning

## *1.* Vision & Planning

### 1.1. Vision[1]

Communicating a clear vision enables the workgroups to collaborate more effectively within a complex, uncertain planning environment. The institutional vision may be definitive (e.g. reopen campus activities by a certain date) or pose a challenge (e.g. collectively determine under what conditions the institution should reopen), while maintaining safety and health, supporting learning and student life, and maintaining financial health of the institution. Without a clear vision, workgroups are likely to concentrate their work too broadly, focus on too few areas, or waste time trying to determine their own goals.

1.1.1. Senior leadership and trustees have documented and communicated a clear vision for the institutional goals relative to COVID-19.

1.1.2. The institution's approach to managing COVID-19 outbreak and mitigation protocols is documented and communicated to stakeholders.

1.1.3. The institution's approach to managing COVID-19 is aligned with COVID-19 alert levels or similar COVID-19 transmission phasing. This guide's alert levels are listed on page 17 and although other approaches may be adopted by the institution.

1.1.4. Senior leadership has documented and communicated a clear vision for the goals of each workgroup.

1.1.5. Leadership has communicated its core value proposition within a COVID-19 environment.

1.1.6. Leadership has determined the critical questions that need to be answered in order to successfully plan operations within a COVID-19 environment.

1.1.7. Leadership frequently seeks council with external leaders including local, regional, and national health departments, governing bodies, and business leaders.

[1] Within this COVID-19 Guide, statements that directly correspond to the Assessment Calculator are **bolded**.

## 1.2. Planning

The institution should set up a cohesive workgroup structure to cover the full range of planning that is necessary to organize a successful response to COVID-19.

1.2.1. Roles and responsibilities are clearly delineated between workgroups. The organizational hierarchy is clear, documented, and communicated to each workgroup.

1.2.2. Each workgroup understands its charter, role, responsibility, expected output, and timing of outputs.

1.2.3. The institutional decision-making process for both interim and final decisions is clear, documented, and communicated to each workgroup.

1.2.4. **The institution has established a decision-making authority/body and has agreed upon procedures to modify, restrict, postpone or cancel on-campus activities related to COVID-19 outbreak.**

1.2.5. The institution has proactively included critical stakeholders including faculty, students, and staff in key planning decisions prior to execution.

1.2.6. Leadership has developed points of contact with local public health officials and local healthcare centers in order to communicate, coordinate, and execute plans for risk mitigation and community outbreak.

1.2.7. **The institution has activated an Emergency Operations Center to manage institution-wide health concerns and suspected COVID-19 cases in connection with the college/university.**

1.2.8. **Leadership and planning groups are actively monitoring and surveilling local, national, and international media to have accurate, up to date information regarding COVID-19 epidemiology, risk mitigation strategy, policy, and best practices, as well as rumors.**

## 1.3. Coordination Across Workgroups

1.3.1. The institution has established clear lines of communication across workgroups.

1.3.2. A project manager or team is assigned responsibility for coordination across workgroups.

1.3.3. The senior-most planning committee has established appropriate, effective methods to gather thoughts and ideas from all workgroups.

1.3.4. Workgroups, cross-functional workgroups, and leadership groups are meeting on a frequent, periodical basis, to coordinate efforts and unify planning processes.

1.3.5. The institution’s senior communications officer has appointed communications liaisons in each workgroup.

## 1.4. Equity, Inclusion and a Community of Care

1.4.1. **The institution has established policies and plans that are equitably applied and do not unduly affect specific populations.**

1.4.2. The institution has involved students, faculty, and staff in the planning workgroups to ensure that their voices and concerns are included in the planning process and

policy development (e.g. town halls, surveys, and/or student/faculty/staff representatives in planning meetings).

1.4.3. The institution has involved representatives from the local community in the institution's planning process to ensure that their voice and concerns are included in the institution's response to COVID-19.

1.4.4. The institution has reviewed the totality of its response to COVID-19 to identify opportunities to build holistic supports for the community. This includes support systems for individuals in quarantine or isolation as well as all community members practicing physical distancing for extended periods of time. Special care should be taken to proactively identify areas where the institution can constructively build social bonds and a sense of wellness.

1.4.5. The institution empowers students, faculty, and staff to identify ways to foster a sense of community and for addressing needs of wellness and togetherness that might elude a more logistical planning process.

1.4.6. Institutional leadership and academic workgroups work with students, faculty, and staff to generate ideas on how to build the academic community when the institution is operating in remote/physically distanced environments.

1.4.7. The institution has reviewed the totality of its response to COVID-19 to determine if the resulting policies and requirements place an undue or inequitable burden on any group of students, faculty, or staff.

1.4.8. The institution will review policies for deferral, withdrawal, incompletes, leave of absence, etc. to evaluate if policy liberalization or streamlining in procedures may be necessary in light of the current challenging environment. A number of students may face economic hardships or life situations that impact their ability to fully participate in their academic program.

1.4.9. Faculty, registrar, and academic advisors review academic interruptions and adjustments (add/drop, pass/fail, withdrawal, incompletes, failures, etc.) on a case by case basis to account for extenuating circumstances.

1.4.10. The institution has plans to communicate messaging around COVID-19 related stigma towards individuals or groups.

1.4.11. The institution will establish policies, training, and disciplinary policies related to the exclusion or mistreatment of students, faculty, and or staff that have been affected by COVID-19. This may include the stigma of being or having been infected with COVID-19, experiencing economic hardships, or other disruptions as a result of the pandemic.

1.4.12. The institution will establish policies and processes to monitor and mitigate exclusion and mistreatment risks and to reinforce mechanisms for students to communicate their concerns and challenges with advisors, academic staff, and deans. Some students and trainees may choose not to resume their usual activities for some period of time due to COVID-19 disruptions. If they feel they are being subjected to coercion (e.g., a pressure to return to a laboratory when the student would prefer to take a leave of absence), there should be a clear way for them, or active bystanders, to respond and report to higher authorities.

1.4.13. The institution should ensure that procedures are in place to support individuals that self-identify as needing accomodations due to COVID-19. These should include consequences for the improper denial of such requests.

1.4.14. The institution will work with the Office of Diversity and Inclusion, the Office of Multicultural Affairs, and affinity groups to promote equity and inclusion by ensuring that all student concerns regarding reopening policies are voiced.

Guidelines

- CDC, Colleges, Universities, and Higher Learning: Plan, Prepare, and Respond; Resource page for higher education institutions.
- UNESCO, COVID-19 and Higher Education Report: From the immediate effects the day after; Impact analysis, policy responses and recommendations from 13 councils of rectors and national associations of higher education institutions (HEI) in Latin America and the Caribbean, as well as 3 sub-regional networks.

Resources

- Center for Creative Leadership, Turning Crisis Into Opportunity: Preparing Your Organization for a Transformed World; includes strategies for articulating a bold and flexible vision, cultivating a culture of innovation and leading change with empathy and integrity.
- MICA, The One-MICA Roadmap to a stronger, bolder, and more resilient College; Maryland Institute College of Art's R5 plan for returning to college.
- McKinsey & Company, Leadership in a crisis: Responding to coronavirus outbreak and future challenges (March 16, 2020); industry agnostic approach to building leadership teams for crisis response including strategies for developing and leading executive teams, response leadership teams, and action teams.
- Deutscher Akademischer Austauschdienst (DAAD), COVID-19 Impact on International Higher Education Studies and Forecasts (June 8, 2020); a comprehensive overview of the current state of COVID-19 research and expertise in the field of international higher education, with regional specific reports.
- The International Association of Universities; Covid-19: Higher Education challenges and responses.
- World Bank Group, COVID-19 Crisis Response: Supporting tertiary education for continuity, adaptation, and innovation; guidelines and strategies for tertiary education adaptation.
- European Association for International Education (EAIE); Coping with COVID-19: International higher education in Europe (March 2020); survey analyses on the impact of coronavirus on mobility, campus culture and more.
- University World News, Universities across Asia start to reopen bit by bit (June 10, 2020).

# Cross-Functional Areas

## *2.* Outbreak Mitigation Protocols & Emergency Planning

### 2.1. Modeling Risks

When establishing outbreak protocols, it is important to understand the potential risk that COVID-19 poses to students, faculty, and staff. An epidemiologist or public health professional can be helpful in modeling health risks.

2.1.1. The institution has modeled the institution's risk of COVID-19 infections, hospitalizations, and fatalities, for COVID-19, assuming high, medium, and low COVID-19 transmission scenarios for students, faculty, and staff (taking into account age and underlying health conditions).

2.1.2. The institution has developed metrics that trigger moves between Alert Levels and changes to the density on campus activities allowed. We anticipate that additional guidance on alert triggers will be forthcoming over the summer of 2020. [page 22]

2.1.3. **The local county health department has reviewed the institution's COVID-19 operating plan.**

2.1.4. The local hospital administration has been involved/consulted during development of the institution's operating plan.

2.1.5. The institution has worked with local hospital administration to determine the scalability of clinical care (staff, beds, ICU supports, etc.) in the event of increased COVID-19 cases.

Resources

- Emsi, Emsi County Health Risk Index: A Free Interactive COVID-19 Resource for Policymakers (May, 2020)

### 2.2. Campus Access

An important factor in managing transmission of COVID-19 is campus access. The extent to which a campus environment may limit ingress and egress impacts testing and quarantine procedures. Some campuses are closely integrated into their local communities while others may be relatively isolated. Institutions should determine the extent to which campus access can or cannot be managed, the impact on SARS-CoV-2 testing procedures, and the impact on the campus community. Limiting campus access may be both impractical and run counter to an institution's mission.

2.2.1. The institution has determined to what extent it can create a closed campus environment.

2.2.2. The institution has determined thresholds for allowing external stakeholders (i.e. non-students/faculty/staff) to enter the campus or campus buildings.

2.2.3. The institution has determined under what conditions students may be restricted from leaving campus.

2.2.4. The institution has identified and published clear guidelines for all approved visitors on campus.

## 2.3. SARS-CoV-2 Virus Testing

SARS-CoV-2 testing is an important consideration for institutions. Rigorous testing and isolation protocols can help a campus reduce the risk of COVID-19 transmission. The testing elements listed below provide detailed considerations for institutions that are conducting or contracting for SARs-CoV-2 testing. Not all elements will apply. For reference, there are two types of tests:

- A viral test may determine if an individual is currently infected.
- An antibody test may determine if an individual had a previous infection.

There are many factors that complicate testing.

- Many individuals with COVID-19 are asymptomatic. The CDC has guidance on who should be tested, but decisions are made by the institution as well as state and local health departments.
- Tests are imperfect.
- Availability of testing and separately turnaround time, training requirements, and consent requirements.

In general, colleges and universities should employ SARS-CoV-2 testing:

- Institutions should employ **diagnostic testing** when an individual has COVID-19 symptoms in order to determine if they have contracted SARS-CoV-2. For institutions that do have facilities or the capability to conduct diagnostic testing themselves, they should evaluate setting up procedures to send individuals off campus to be tested.
- Institutions may also employ routine testing to systematically identify individuals within a group, community, or population who are positive for SARS-CoV-2. Routine testing for all students/faculty/staff/on-site contractors can be expensive and requires extensive coordination, vigilance, and participation to be effective. Frequent, routine testing has the promise of containment: identifying individuals with COVID-19 and increasing the effectiveness of contact tracing. However, it is important to note that the accuracy of these tests are not perfect (e.g., sensitivity and specificity both < 100%) and false positives and false negatives will be an issue in how to interpret the results of these tests (NEJM vol 382). Even with a test with 99% accuracy, in the setting of 1% prevalence of COVID-19 in the campus community, half of all positive tests would be falsely positive. Other factors that affect the COVID-19 environment include campus access, individual behavior, compliance with social distancing and PPE guidelines, the willingness of individuals to quarantine/self-isolate, proximity to dense population centers, and the level of infection in the local community.
- Regardless of testing approach, institutions should monitor that state of testing including cost, throughput, and turnaround.

2.3.1. **The institution has established a protocol for return to campus that may include SARS-CoV-2 testing, symptom screening, and/or 14-day quarantine before full immersion in the campus environment.**

2.3.2. **The institution has reviewed plans with local/state public health authorities and local healthcare facilities for testing, contact tracing, and connecting individuals with medical care.**

2.3.3. **The institution has written and approved a SARS-CoV-2 virus testing plan for students, faculty, staff, contractors, etc. This includes timing, location of test sites, sample collection processes, notification, and cost of testing. The plan specifies who will be tested, with what frequency, and the type of testing.**

2.3.4. The institution tests frequently enough to ensure timely identification of those infected with SARS-Cov2. Working with a public health modeler can help determine the proper testing frequency and, if surveillance testing is used, the correct sampling population.

2.3.5. The institution has determined the conditions under which testing frequency will increase and decrease.

2.3.6. The institution has determined if testing will be conducted in-house or through a third-party. The testing plan accounts for, if applicable, CLIA, FIRPA, and HIPPA requirements.

2.3.7. If HIPPA requirements apply, the health care provider has a documented, approved plan to obtain consent from those participating in the medical examinations.

2.3.8. The institution has verified that there is a reliable source and backup supply of the necessary number of tests and testing supplies to accommodate a potential surge in testing demand.

2.3.9. The institution has measured the speed, throughput, and accuracy of SARS-CoV-2 testing for which it may provide and has used this to inform forecasting for testing capacity.

2.3.10. For institutions that conduct testing, it is beneficial to have a process to identify innovative testing protocols, procedures, assays that increase accuracy and/or decrease cost.

Guidelines

- EPA, List N: Disinfectants for Use Against SARS-CoV-2; List of Disinfectants for Use Against SARS-CoV-2, from Pesticide Registration

Resources

- FDA, EUA Authorized Serology Test Performance (June 9, 2020); a maintained list of approved tests with their sensitivity and specificity.
- Johns Hopkins Bloomberg School of Public Health, 2019 Novel Coronavirus Research Compendium (NCRC); Curated studies related to Diagnostics, Modeling, Epidemiology, Pharmaceutical Interventions, Non- Pharmaceutical Interventions, Clinical Presentation & Prognostic Risk Factors, Vaccines, Ecology & Spillover

- JAMA, Interpreting Diagnostic Tests for SARS-CoV-2 (May 6, 2020); Estimated time intervals and rates of viral detection relative to symptom onset
- 360Dx, Commercial Labs Step up Coronavirus Test Efforts After FDA Guidance (Mar 05, 2020); LabCorp's 2019 Novel Coronavirus NAA test, OPko Health's SARS-CoV-2 test, Quest Diagnostics, and Enzo Biochem are all developing tests.
- CDC, Frequently Asked Questions about Laboratory Testing and COVID-19 (May 13, 2020); FAQ on Accessing Testing and Test Supplies.
- Johns Hopkins University and Medicine, Coronavirus Resource Center; COVID-19 testing data, resources, and expert analysis
- Yaryna Serkez, Who Is Most Likely to Die From the Coronavirus? New York Times, June 4, 2020.

Media Reports

- Nell Gluckman, Does Anthony Fauci Think Colleges Should Reopen? We Asked Him, Chronicle of Higher Education, May 22, 2020.
- When to Reopen: What We Know About Coronavirus Tests, Treatment and Vaccines (May 22, 2020); Leading medical experts say the U.S. needs levels of testing that are about three times what exist as of May 22, 2020, Wall Street Journal

## 2.4. Sample Collection

The following elements provide detailed considerations for institutions that are conducting or contracting for SARs-CoV-2 testing. Not all elements will apply.

2.4.1. The institution has determined the method of sample distribution, collection (saliva, nasopharyngeal swab, oropharyngeal swab), and processing.

2.4.2. The institution has identified staff to manage all sample collection, transportation, and transfers.

2.4.3. Safety procedures are written, approved, and communicated to minimize risk for all staff handling collected samples and all participants providing samples.

2.4.4. There is a clear process for uploading tests results to a secure database and assigning a unique identification number for each individual. This could include linking to each person's unique institutional identifier or to their health record. This process should ensure confidentiality wherever appropriate.

2.4.5. Sample processing and reporting is automated including scanning the barcode and maintaining a continuous electronic registry of the samples and processing pathway. The institution has adopted processes to minimize sample mix-ups at all points along the transfer chain. This potentially includes use of robotics for all sample transfers. This also includes a process to measure error rates.

2.4.6. The institution has determined the location, space requirements, and staffing requirements for sample collection sites.

2.4.7. The institution has determined logistics and transportation of collected samples.

2.4.8. The institution has determined the locations, space requirements, and staffing requirements for the processing site(s).

2.4.9. The institution has determined if it will employ a process to test a representative sample of students/faculty/staff in the weeks prior to returning to campus in order to estimate the level of COVID-19 transmission.

2.4.10. The institution has determined if it will make testing available to the local community. This decision should be made in conjunction with external representation.

### 2.5. Reporting of Results

The following elements provide detailed considerations for institutions that are conducting contact tracing. Not all elements will apply.

2.5.1. The institution has established service level expectations for sample processing and reporting time, which should include setup, documentation, and communication, to appropriate stakeholders.

2.5.2. The institution has a procedure to notify positive COVID-19 individuals, their emergency contacts, internal coordinating groups, and external public health officials. The institution is aware of potential legal implications for not reporting confirmed cases.

2.5.3. **The institution has a procedure to notify tested individuals, their emergency contacts, internal coordinating groups, and external public health officials about test results (positive or negative).**

2.5.4. The institution has considered potential liabilities associated with possible false-positive and false-negative test results.

2.5.5. **The institution has coordinated with local hospitals to provide treatment for infected students, faculty, and staff. This includes establishing reporting mechanisms between institutions.**

2.5.6. Procedures are in place to ensure that individuals with COVID-19 are able to connect with family/guardians (e.g. over the phone or in person if visitors are permitted in a socially distant manner, depending on severity).

2.5.7. If a student/faculty/staff/contractor tests positive for COVID-19, the institution has a documented and approved plan or coordinated with state or local public health authorities for a plan that follows CDC guidance on Contact Tracing. This includes preserving the privacy of all individual testing either positive or negative.

Results Reporting Guidance

- Equal Employment Opportunity Commission (EEOC), What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws (May 7, 2020); Employers can ask about virus-related systems and can also require employees submit to testing. Testing considerations implications and liabilities FAQ are addressed.
- CDC, COVID-19 Sample Training Plans, Guidance and Resources; Sample trainings for state and local public health jurisdictions to train contact tracers, case investigators and team leads for coronavirus response
- Venable LLP, When and to Whom Does an Employer Have a Duty to Report a COVID-19 Case? (April 8, 2020); Mandatory reporting to local health departments

## 2.6. Contact Tracing

Contact tracing can be an important element in mitigating outbreaks of COVID-19. Because the virus may be transmitted by asymptomatic individuals, contact tracing can be instrumental in identifying and notifying people who were exposed to SARS-CoV-2. Institutions should determine if and how they wish to utilize contact tracing including traditional tracing protocols and automated methods (e.g. app-based, using data from campus systems - card-swipes, wi-fi points, etc.). Contact tracing also requires careful consideration of privacy, consent, and participation.

2.6.1. **The institution has established traditional contact tracing protocols and capabilities for symptomatic or infected individuals as part of a process to identify and quarantine individuals who may have come in contact with infected individuals. This includes staffing, training, logistics, documentation logs, and procedures for person-to-person outreach. Contact tracing may be done by the institution itself in coordination with the local public health authorities or may be done entirely by public health authorities.**

2.6.2. The institution has considered adopting a contact-tracing application. If adopted, use of these applications should be made optional, especially until the efficacy and potential harms of these apps are further understood. If adopted, the protocols for using a digital contact tracing application should be communicated to students, parents, faculty, staff, contractors, visitors, delivery personnel, contractors, family members, etc. Use of such an application should follow appropriate privacy, consent, and security protocols. Institutions should also consider who provides consent, students and/or family members.

2.6.3. If a digital contact tracing application is used, the institution has determined what provisions will be made for stakeholders that do not have a mobile device.

Resources

- Vox, What good digital contact tracing might look like (April 22, 2020); an article that diagrams how digital contact tracing works and how it can be used to mitigate outbreaks – the biggest barrier to adoption is privacy.
- CDC, Topics for Contact Tracers; Contact tracing training plan and protocols for how to conduct tracing and protect health information
- JD Supra, An Update on Coronavirus Contact Tracing: Status, Benefits, and Key Considerations (May 1, 2020); Guidance on use of contact tracing tools from legal perspective including app development strategies and labor employment considerations.

## 2.7. Emergency Planning

2.7.1. The institution has determined the thresholds (e.g. confirmed cases beyond manageable capacity) that would indicate institutional emergency. The institution has written, approved and communicated an appropriate and dynamic plan for quarantine, isolation, and distancing of students, faculty, and staff in the case of institutional emergency.

2.7.2. The institution has written, approved, and communicated a rapid response emergency plan for: a) increases in SARS-CoV-2 transmission within the community surrounding the institution, and/or b) within the campus community (i.e. faculty, staff, students, administrators).

2.7.3. The institution has developed a protocol to alert the campus(es) and the greater campus community (including local stakeholders and non-local institutional stakeholders) about outbreak(s) within the institution/community. This protocol includes:

- ☐ Modes and frequency of communication appropriate for the urgency of the message. Daily updates are recommended during an outbreak.
- ☐ Specific alert information regarding the nature of the emergency (number of confirmed cases, timing of confirmation, general location of at-risk areas if applicable).
- ☐ Emergency-specific response protocol for how the institution plans to react.
- ☐ Emergency-specific response protocol for how stakeholders should react.

2.7.4. The institution has written, approved, and communicated emergency protocols for determining when the institution needs to effectively close some or all operations.

2.7.5. The institution has forecasted local treatment capacity in multiple operating scenarios and can implement evacuation protocols to local and non-local health care centers in case of emergency.

2.7.6. **The institution has developed a protocol to notify local hospitals and public health officials in the event of an outbreak.**

2.7.7. In the event that the university closes unexpectedly, there is a plan to manage housing, boarding, screening, testing, and transportation of students that are unable to return home.

2.7.8. Emergency announcements can be disseminated rapidly to all stakeholders. Announcements are archived and easily accessible on platforms that stakeholders are properly acquainted with.

Resources

- National Association of College and University Business Officers (NACUBO), Emergency Preparedness; a curated list of resources for universities to use when considering amending disaster plans based on COVID-19 outbreak scenarios.
- CDC, Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission (March 12, 2020); Guidance on strategies to mitigate COVID-19 spread in local areas with infection.

## 2.8. Quarantine & Isolation Policies

2.8.1. The importance and rationale of isolation and quarantine policies are communicated to all members of the community (i.e. students, faculty, staff) through multiple venues.

2.8.2. **The institution has outlined the circumstances under which an individual or group of individual thought to be exposed to the virus, will be asked to quarantine by themselves either in a designated space or, if appropriate, in their dorm room. Circumstances may include:**

- ☐ **Individuals who are known to have been in close contact for 15 minutes or longer with an individual who tests positive for COVID-19.**
- ☐ **Individuals who have attended in-person classes or participated in activities with an individual who tests positive for COVID-19 and who had close contact (within 6 ft for over 15 minutes).**
- ☐ **Individuals who share a bedroom, bathroom, kitchen, and/or common living space with an individual who tests positive for COVID-19.**

2.8.3. **The institution has remote work or leave policies in place that support faculty, students, and staff isolating for the recommended amount of time if they are sick or quarantining for 14 days following exposure to someone with confirmed COVID-19.**

2.8.4. **The institution has determined the proper procedure for moving students to isolation and quarantine rooms that will minimize additional transmission. This includes provision for academic materials, study aids, mental health support, clothing, entertainment, electronic equipment, medications, laundry, trash pick-up, and food delivery, etc.**

2.8.5. The institution follows the guidance of local health departments, and federal, state, and local authorities regarding isolation and quarantine policies.

2.8.6. **The institution has developed a plan for isolating students living in campus-owned residencies who are infected with COVID-19. This plan may involve isolating in their dorm room, reserving on-campus housing, or contracting with local facilities to ensure capacity for single-occupancy isolation.**

2.8.7. **The institution has developed a plan for quarantining students living in campus-owned residencies who have been exposed to someone with COVID-19. This plan may involve quarantining in their dorm room, or reserving designated on-campus housing, or contracting with local facilities to ensure capacity for quarantine. Care should be taken to keep those infected separate from those that have been exposed to ensure that individuals in quarantine are not further exposed. This may also include isolation for exposed individuals while they wait for test results.**

2.8.8. Campus monitoring procedures and security protocols are in place to determine if individuals in quarantine or isolation break campus protocols. The institution should determine its recourse in the event that an individual breaks isolation or quarantine protocols. Signage, education, a social contract, access to technology, access to classes and coursework, counseling, health care, the ability to communicate with friends and family, and exercise can increase the likelihood that students abide by campus requirements.

2.8.9. The institution has outlined thresholds for lifting isolation and quarantine, such as the CDC's guidance for When you Can be Around Others After You Had or Likely Had COVID-19:

2.8.10. The institution provides students with internet access and internet-enabled devices when necessary in the event of remote online instruction due to quarantine.

Guidelines

- CDC, Quarantine and Isolation; Protocols for isolation and quarantine based on symptoms and exposure scenarios.
- CDC, When you Can be Around Others After You Had or Likely Had COVID-19; guidance for returning to some degree of social interaction after having or likely having COVID-19.
- CDC, Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings.

Resources

- Variation in False-Negative Rate of Reverse Transcriptase Polymerase Chain Reaction–Based SARS-CoV-2 Tests by Time Since Exposure, Annals of Internal Medicine, May 13, 2020.

Media Reports

- Cornell University (Open Science Framework), The Small World Network of College Classes: Implications for Epidemic Spread on a University Campus (May 12, 2020). During a given week, an average Cornell student shared a class with more than 500 other students, 87% of students are connected through two steps and 98% of students are connected through three steps.

# *3.* Health Safety Measures & Policies

## 3.1. Protocols

Protocols, policies, and procedures are an important part of an institution's response to COVID-19. The following protocols should be reviewed to determine if they are appropriate, practical and effective for the institution.

3.1.1. The institution has written, approved, and communicated protocols for physical distancing. This includes:

- ☐ Recommendations for how far to distance (i.e. 6 feet) from others.
- ☐ Physical distancing guidelines and markers that are 6-feet apart in areas that are prone to gathering, such as lines outside of dining facilities.
- ☐ Capacity limits for spaces (e.g. as a percent of total capacity limit)
- ☐ Limitations for group gatherings (ex. group gatherings and sizes are to be approved by authorities, with 6-feet distancing in place)
- ☐ Avoiding crowded places and high traffic areas, particularly with numerous high-touch surfaces such as public transportation, elevators.
- ☐ Limiting close contact with members outside of core groups (e.g. research labs, dormitories, sports teams).
- ☐ Limiting or avoiding use of shared areas unless necessary.

3.1.2. The institution has written, approved, and communicated protocols for sanitization of facilities using CDC recommended disinfectants. This includes:

- ☐ Sanitizing high-touch areas such as public restrooms, door handles, and shared keyboards regularly.
- ☐ Wearing disposable gloves while cleaning and disinfecting, which should be removed and discarded after use.
- ☐ Wearing protective eye gear while cleaning if splash hazards are present.
- ☐ Opening windows while cleaning to increase air circulation.
- ☐ Immediately sanitizing any surface that has been coughed or sneezed on.

3.1.3. Communal equipment/tools/resources/items for academic use or otherwise is limited based on operating scenarios. If absolutely necessary, a protocol for sanitizing is established to ensure safe handling and sharing.

3.1.4. **Assemblies, meetings, religious services, and other events hosted at or by the institution should closely follow health safety protocols or otherwise be offered online. The institution may develop an approval process for certain types of events. Protocols for events include:**

- ☐ **Ensuring social distancing of >6 ft.**
- ☐ **Limiting large group physical activity or movement that might disrupt distancing**
- ☐ **Restriction of contact between individuals and sharing of items (particularly as it applies to religious services)**
- ☐ **Space engineering (e.g. physical barriers, ventilation, outdoor space use) to limit risk of transmission**

3.1.5. The institution has communicated expected protocols for hygiene, PPE use, and community behavior. This includes:

- ☐ Cleaning hands after touching high-contact surfaces such as door handles.
- ☐ Wearing cloth face coverings, N-95 masks, or other masks in social environments, unless otherwise stated. Note that the institution should consider providing face coverings in the event that students enter the campus or a building without a mask.
- ☐ Respecting distancing policies, capacity limitations, and limitations on group gatherings.
- ☐ Using available disinfecting agents to clean common areas after use, for example desks, classroom tables, etc.

3.1.6. **The institution has written, approved and communicated protocols for determining when the institution needs to increase or decrease the stringency of testing and physical distancing protocols.**

3.1.7. The institution has determined the thresholds for moving between COVID-19 alert levels. The institution's stakeholders are aware of COVID-19 Alert Level changes and are appropriately prepared for rapid implementation and communication of new operating procedures applied in progressive and regressive Alert Levels or federal/state/local mandates.

3.1.8. The institution provides mandatory training of students, faculty, and staff for personal hygiene and sanitation, use of PPE, physical distancing, and other community behavior. Relaxation and reinstatement of protocols may be communicated as operating scenarios adjust.

3.1.9. **Protocols for hygiene, sanitation, PPE, physical distancing, and community behavior are communicated via signs and signals throughout campus(es) and updated based on alert levels.**

3.1.10. **The institution monitors student, faculty, staff, contractor disease prevention behavior and uses appropriate measures including disciplinary processes to address non-compliance.**

3.1.11. The institution has developed a process for accommodating students who are unable to comply with COVID-19 protocols (e.g. student is unable to wear PPE due to health conditions, student is unable to isolate at home, student does not have access to technology that aids in COVID-19 response)?

3.1.12. **The institution has identified appropriate categories of vulnerable populations including students, faculty, and staff as a result of age or underlying health conditions and has provided additional, non-discriminatory protocols to reduce risk of infection. This may include a**

**process for making reasonable accommodations upon request by an at-risk person through normal institutional processes. Faculty, staff, and students should be informed about how to access the accommodations process on the institution's website, by phone, or email. In addition, anyone with a documented disability or who needs a religious accommodation, pregnancy, or nursing parent adjustment may pursue accommodations as well. Current CDC guidance for elevated risk from COVID-19 identifies those at high-risk for severe illness as those who are age 65 years and older and people of all ages with underlying medical conditions, particularly if not well controlled, including those:**

- ☐ **with chronic lung disease or moderate to severe asthma;**
- ☐ **who have serious heart conditions;**
- ☐ **who are immunocompromised (including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medication);**
- ☐ **with severe obesity (body mass index of 40 or higher);**
- ☐ **with diabetes; or**
- ☐ **with chronic kidney disease**

3.1.13. The institution has coordinated health safety measures, protocols training, and emergency planning training modules for faculty, staff, and student leaders who may enforce those policies.

Guidelines

- EPA, Guidance for Cleaning and Disinfecting: Public Spaces, Workplaces, Businesses, Schools, and Homes (April 28, 2020).
- UNICEF, Cleaning and hygiene tips to help keep the COVID-19 virus out of your home.
- CDC, Physical distancing; Guidance for when, where, how, and why physical distancing should be practiced.

Resources

- New England Journal of Medicine, Personal Protective Equipment and COVID-19 (May 19, 2020); Procedures for putting on and taking off PPE Equipment.
- CDC, Operational Considerations for Personal Protective Equipment in the Context of Global Supply Shortages for Coronavirus Disease 2019 (COVID-19) Pandemic: non-US Healthcare Settings.

Media Reports

- The Atlantic, The Real Reason to Wear a Mask (April 22, 2020); The primary value of mask wearing is to prevent others from being infected by the wearer, rather than protecting wearers.
- Creative Safety Supply, Physical distancing Articles; FAQ and links to resources for implementing physical distancing strategies.
- New York Times, As Europe Reopens Schools, Relief Combines With Risk (May, 10, 2020); how European schools were mitigating risk of transmission in the spring of 2020.

## 3.2. Facilities

3.2.1. Entry access to buildings may be restricted to individuals with special permissions. Access permissions may be adjusted for individuals based on operating scenarios and credentials.

3.2.2. The institution has established a record system to document all individuals who enter and leave campus buildings.

3.2.3. The institution has evaluated the feasibility of implementing touchless technology in doorways.

3.2.4. The institution has considered installation of touchless motion sensing appliances (i.e. lights, hand dryers, sinks, toilets) which have health, environmental, and cost-saving benefits.

3.2.5. The institution has re-engineered facilities to mitigate risk of transmission. Protocols for navigating spaces are made clear through the use of signs, signals and posters where necessary. Re-engineering efforts may include:

- ☐ Use of plexiglass, plastic, or other transparent barriers for environments with high risk of transmission
- ☐ Marked areas for sitting, standing, walking or otherwise
- ☐ Stanchions and or arrows for lines or traffic direction
- ☐ Single use (one way) staircases, doors, and pathways for high traffic areas

3.2.6. The institution has installed sanitation product stations (e.g. hand sanitizer, sanitizing wipes, sanitizing spray) in all facilities and are able to stock stations according to demand.

3.2.7. The institution clearly communicates the up to date status (i.e. operating hours, entry permissions, social policies, etc.) of facilities to students, faculty, staff, and other stakeholders in a way that they may easily access the information.

3.2.8. Distancing strategies and measures within facilities are easily navigable and signs, signals and directions are posted in appropriate areas.

3.2.9. **The institution has written and communicated guidelines for cleaning of high-contact surfaces and spaces (i.e. bathrooms, kitchens, elevators, communal furniture, gyms, locker rooms, performance rooms, specialized instructional spaces).**

3.2.10. **The institution has developed protocols for cleaning spaces thought to host SARS-CoV-2.**

3.2.11. The institution has forecasted its capacity to clean facilities to the standards necessary. Facilities or spaces which cannot be properly maintained may be temporarily closed.

3.2.12. The institution has developed standards and procedures for navigating buildings during surge times (e.g. additional time is allocated before and after class periods to navigate physical distancing requirements).

3.2.13. Communal bathrooms and changing rooms are sanitized at an increased frequency. Engineering controls are considered to decrease risk, which may include:

- ☐ Closing select stalls to allow increased distancing
- ☐ Increasing the size of partitions
- ☐ Removing shelving and stalls for toiletries and clothing
- ☐ Removing shared communal items such as towels

3.2.14. The institution has taken steps to improve air filtration and circulation which may include cleaning, updating and/or optimizing HVAC systems to filter out airborne pathogens.

3.2.15. The institution reviews and implements steps to reduce the risk Legionnaires' disease or other diseases related to water in all water systems (e.g. drinking fountains, sink faucets, fountains) after an extended period of disuse. Students, faculty, and staff should be encouraged to bring their own water in reusable bottles to minimize use of water dispensers and minimize waste.

3.2.16. The institution determines areas to post signage in highly visible locations to promote use of PPE, physical distancing, staying safe, healthy practices, as well as ways to build community.

Media Reports

- Fanning Howey, Maintaining School HVAC Systems to Address COVID-19; HVAC systems that use outside air, with ultraviolet germicidal irradiation, and are properly maintained can reduce risk for disease spread.
- Fast Company, How Bathroom Design Will Change After COVID-19 (May 11, 2020); touchless technologies and increased stall walls are likely to become commonplace in US bathrooms.
- Copper Development Association Inc., CDA Position Statement on Coronavirus (COVID-19 Pandemic); suggestions for using antimicrobial coppers and links to scientific articles that suggest that SARS-CoV-2 is only viable on antimicrobial copper surfaces for up to 4 hours vs. 48-72 hours.

## 3.3. Outdoor Areas

3.3.1. The institution encourages moving traditionally indoor activities to outdoor locations (weather permitting) to decrease risk of transmission through better ventilation and distancing. This includes classroom instruction.

3.3.2. Group size limitations are applied to gatherings in outdoor seating and gathering areas, with sign postings and campus monitors.

3.3.3. Outdoor benches and tables are sanitized regularly.

3.3.4. The institution has installed signs in outdoor areas reminding students and faculty to follow appropriate physical distancing guidelines.

3.3.5. The institution has widened outdoor walking pathways in order to accommodate physical distancing protocols.

3.3.6. The institution has installed hand-sanitizing stations throughout campus, including outdoor areas.

3.3.7. The institution has ensured that all third-party vendors such as groundskeepers or construction workers contractually agree to the institution's physical distancing guidelines for all outdoor and other relevant areas.

# 4. Communications

## 4.1. Communications Processes & Cycles

The institution should establish processes that ensure timely information is conveyed to all campus stakeholders, and that campus workgroups and leaders are equipped with the information they need in order to make decisions that meet institutional deadlines.

4.1.1. **The institution has developed plans to regularly update students, faculty, and staff on the procedures for reopening, including what modifications are being implemented, and which activities are restricted.**

4.1.2. **The institution has written protocols to manage the flow of communications with internal and external constituents.**

4.1.3. **A single point of contact has been designated to manage all external communications, normally the senior communications officer.**

4.1.4. The institution has developed a process to ensure that critical messaging is mission-aligned, complete, and not in conflict.

4.1.5. The institution employs multiple communications channels (email, text, mail, webinars, websites, social media, internal systems e.g. LMS, SIS, specialized communications platforms) to ensure all stakeholders receive important information.

4.1.6. The institution has standardized communication practices such that audiences will know where, when, and how to access important information.

4.1.7. The institution has created a Frequently Asked Questions and Answers system for handling important and common questions. This applies for both internal and also external audiences.

4.1.8. All past announcements made by the institution are archived online and/or in a publicly available, easily accessible manner.

4.1.9. All audiences are aware of the means through which they can access specific announcements.

4.1.10. The institution has differentiated communication protocols for general versus personal communications.

4.1.11. Where feasible, the institution is able to target secure, private, communications to individuals based upon health status and other characteristics. For example, a student that has tested positive for COVID-19 does not need to receive emails on the importance of getting tested and should instead receive messaging on the importance of following isolation measures.

4.1.12. The institution employs methods to measure the rate at which stakeholders including students, staff, faculty, and the local community are engaging with communications. For example, measuring and reporting email open rates/click-through rates.

4.1.13. The institution tracks and works to decrease the percentage of stakeholders who are not being reached.

4.1.14. The institution periodically surveys stakeholder audiences to collect feedback on communications processes. The institution uses feedback cycles to improve communications and reach audiences in a more timely and appropriate manner.

4.1.15. Incoming messages are automatically routed to the appropriate stakeholder.

4.1.16. The institution has assured that all students have access to relevant apps, information, and key tools which will allow them to comply with key COVID-19 activities (i.e. contact tracing, emergency notifications, etc.)

4.1.17. The communications system(s) logs stakeholder communications.

### 4.2. Communications Messaging

4.2.1. Leadership has written and communicated a clear internal vision to guide the institution's communications.

4.2.2. The institution's guiding principles are being reinforced in communications to internal and external audiences when decisions are announced.

4.2.3. The institution has structured communications such that:

- ☐ Communications are consistent across all audiences,
- ☐ The decisions being made are clear,
- ☐ The factors and considerations for making decisions are clear,
- ☐ Communications empathize with the audiences needs and desires of stakeholders,
- ☐ Unknowns and circumstances which are out of the institution's control are acknowledged,
- ☐ How future decisions will be approached is made clear,
- ☐ Strategies for individuals to prepare for uncertain circumstances are addressed, and
- ☐ The institution communicates timelines for important updates.

4.2.4. The student organizations, particularly student government, may participate in certain aspects of communications planning in response to COVID-19.

4.2.5. The institution has updated emergency communication protocols and with the Office of Communications.

Resources

- Association of Public Land-Grant Universities (APLU), COVID-19 Public University Communications and Web Portals; A list of university-submitted communications, websites and campus advisories.

Media Reports

- Harvard Business Review, Communicating Through the Coronavirus (March 13, 2020); strategies for centralized, proactive and all-encompassing communications plan.
- SignalVine, Communicating with Your Students During the Coronavirus (March 11, 2020); Tips for communicating preventative measures and emergency response plans to student bodies.
- EdSurge, Put People First: How Colleges Can Communicate Effectively About COVID-19 (April 10, 2020); 5 tips for effective communications in higher education.
- Simpson Scarborough, Higher Ed and COVID-19 National Student Survey (April 2020); 40% of high school seniors who have already decided on a school for fall 2020 say they are not receiving adequate information on how COVID-19 may affect their enrollment and 41% of active college students say their opinion of their current school has gotten worse as a result of COVID-19.
- Scoir, COVID-19 Survey Results (March 30, 2020); Overall, 37% of students and 49% of parents indicate that a college's handling of the COVID-19 pandemic will strongly influence their enrollment decisions.

# 5. Finance

The finance team should take an agile approach to COVID-19 planning, staying in close contact with all workgroups to identify implications on the institution's financial resources while also providing planning guidance to the workgroups. Because this is a novel situation, the range of options for each workgroup can be enormous. The finance team plays an important role by providing financial guidance and setting expectations, while enabling workgroups to be creative with resources.

## 5.1. Financial Modeling

5.1.1. The finance team has developed financial models to assess campus reopening.

5.1.2. The institution's financial models take into account:

Revenue changes due to changes in tuition, room and board, financial aid, student enrollment, fees, donations, event revenues, etc.,

Effects of changes in employment including hiring freezes and changes in benefits.

Changes related to faculty (for example faculty contract buyouts, increased training, instructional design support etc.).

Changes in operating costs including:

- ☐ PPE, sanitization equipment, SARS-CoV-2 testing, and campus engineering materials,
- ☐ Increased online instruction, including investments in technology, online resources, training, and systems such as video conferencing, the learning management system and the student information system,
- ☐ State mandates and regulations,
- ☐ Insurance, OSHA, staff turnover, etc.,
- ☐ Supply chain management and inventory,
- ☐ Ongoing testing, contact tracing, and quarantine,

Cost savings for activities which may cease, and

Other costs and revenues related to COVID-19 preparation, mitigation, and emergency planning.

## 5.2. Financial Planning

5.2.1. The institution has determined that it has sustained financial capacity (sufficient funding for materials and protocols, financing for faculty and staff, etc.) for at least the academic year, and reserves for emergencies.

5.2.2. The institution has coordinated with its financial institutions with a goal of extending debt payment terms, if needed.

5.2.3. The institution has coordinated with financial institutions to increase credit lines, if needed.

5.2.4. The institution has consulted legal counsel with regard to classification of endowment funds and possible usage scenarios.

5.2.5. The institution has applied for all available government funding support programs. The institution has planned allocation of government funding.

5.2.6. The finance team has coordinated with human resources on potential adjustment in staff or faculty headcount.

5.2.7. The finance team has evaluated potential sale of assets not needed in some scenarios, for example, excess real estate.

5.2.8. The finance team has evaluated possible overfunding of pension obligations.

5.2.9. The finance team checks insurance coverage for business disruption and/or liability claims from students, faculty, or staff.

Guidance

- US Department of Education, CARES Act: Higher Education Emergency Relief Fund; Resources for applying for the fund and allocations by institution.

Resources

- Blum Shapiro, Financial Reporting Considerations for Independent Schools Resulting from COVID-19 (April 9, 2020); An article that outlines some common COVID-19 considerations for financial reporting.

Media Reports

- ABC Insights, COVID-19 Strategy Survey of AACU Presidents (April 3, 2020); 70% of university presidents expect to see revenue decline of at least 10%.

# 6. Legal & Regulatory

The unknowns related to COVID-19 present complex operational challenges for institutions. Ensuring that new/modified procedures meet legal and regulatory requirements is an important part of the legal function.

## 6.1. Waivers & Compliance

6.1.1. The institution has implemented a stand-alone liability waiver specific to Coronavirus infection OR The institution has appended existing liability waivers and/or release policies to include Covid-19-pertinent clauses. It should be noted that waivers are not a sure guarantee against courts finding liability in the future.

6.1.2. Liability waiver or liability waiver updates are communicated to all relevant stakeholders who are asked to sign the appropriate waivers before returning to campus.

6.1.3. All members of the institutional campus community including students, faculty, staff, and contractors sign an agreement that they understand the institution's polices regarding testing, contact tracing, quarantine, and isolation procedures, and agree to try in good faith to abide by those policies. Such agreement should also explain the potential consequences of non-compliance.

6.1.4. Once a vaccine(s) is approved by the FDA or otherwise authorized for emergency use by the FDA and is readily available, the institution may require student vaccination as a condition of living on-campus unless special permissions are otherwise granted.

6.1.5. **All students are asked to sign a social contract before returning to campus which details expectations for newly implemented safety measures including rules on physical distancing, PPE use, hygiene and sanitation.**

6.1.6. **The institution has articulated a clear process and determined evidentiary standards for the implementation of disciplinary measures which may be imposed in the event that students, faculty, staff, and contractors do not comply with university polices. The legal team has reviewed such measures to ensure that they are neither discriminatory nor inequitable.**

Media Reports

- JD Supra, Waivers of Liability in the COVID-19 Era: Proactive Steps Businesses Should Consider to Protect Against Possible Future Liability (April 8, 2020); Considerations for developing liability waivers in unique COVID-19 operating environments.

## 6.2. Contracts & Insurance

6.2.1. The institution has consulted with the legal team to determine the necessity of various insurance policies to mitigate their financial losses and, in the event of potential coverage, place their insurers on notice.

6.2.2. The institution has evaluated business interruption insurance. Commonly included with commercial property insurance, business interruption insurance can include coverage for 'direct physical loss' which may be caused by 'pollution' or 'viruses'.

6.2.3. The institution has evaluated Premises Pollution Liability (PPL) insurance which covers pollution related losses and is commonly held by universities with large laboratories, hospitals, or research facilities. The viability of this insurance will largely depend on how the policy defines pollution. The institution's legal counsel should determine if the virus is covered as a pollutant.

6.2.4. The institution has evaluated event cancellation insurance. Coverage for cancelled events is more likely to be realized when government order or venue contamination occur, rather than the threat of infection.

6.2.5. The institution has determined the extent of any event insurance coverage for cancelled events to date. This may include concerts or other performances, sporting events, and industry or trade association meetings.

6.2.6. The institution has evaluated liability insurance to protect against claims and lawsuits for institutional negligence during COVID-19.

6.2.7. The institution reviews force majeure clauses in contracts with suppliers, vendors, and other contracted business relationships and has negotiated expectations under various operating scenarios.

6.2.8. The institution reviews force majeure clauses in contracts with students, faculty and administrators and has communicated its legal responsibility and expectations for compliance.

6.2.9. The institution has appended the liability waivers, and release policies to include COVID-19-pertinent clauses. These updates are communicated to all relevant stakeholders.

6.2.10. Legal consultants of the institution have outlined potentially viable and law-abiding contact tracing methods, electronic or otherwise, to improve disease monitoring methods

6.2.11. The institution's legal counsel has determined if 3rd party claims are covered by general liability and other insurance. For example, if an employee contracts COVID-19 and transmits it to their family, is that covered? Note that in certain states, employers owe a duty of care to ensure a safe workplace not only to the employee but also to their family members.

6.2.12. The institution's attorneys have determined if government orders associated with COVID-19 constitutes Covered Loss. The institution's legal counsel has determined if there are any pandemic exclusions.

6.2.13. The institution has reviewed its Directors and Officers (D&O) policies. For example, does the policy cover the institution if a claim is brought against Directors or Officers that they breached their fiduciary duties because of the manner in which they responded or failed to respond to the pandemic?

6.2.14. The institution has a process to work with its attorneys and insurance brokers to address any gaps in coverage.

6.2.15. The institution's attorneys have articulated and documented its view on what constitutes "exercising reasonable care" to reduce the risk of spreading COVID-19 on behalf of students, faculty, staff, contractors, and visitors.

6.2.16. The institution has reviewed the federal, state, and local rules governing reopening.

6.2.17. The institution has reviewed reopening recommendations and best practices from relevant industry associations.

Media Reports

- JD Supra, COVID-19: Insurance Policy Considerations for Higher Education Institutions (March 26, 2020); a list of insurance policies to consider for COVID-19-related losses.

### 6.3. Human Resources

Human Resources provides an important role in supporting staff, faculty, and student workers ensuring that policies and COVID-19 responses are fair, equitable, and comprehensive.

6.3.1. The institution has worked with local authorities and is following general guidelines for employees returning to work.

6.3.2. Faculty, staff and administrators are made aware of their rights to work and refuse to work under various operating scenarios.

6.3.3. The institution has worked with campus faculty and staff unions to determine flexibility to adjust the academic calendar or other employment terms.

6.3.4. The institution has communicated procedures for identifying and supporting faculty, staff, and student workers who test positive for COVID-19. This includes determining what resources will be provided for commuting students, or faculty and staff working remotely. This might include policies around internet service, computers, equipment, ergonomic chairs or desks.

6.3.5. The institution has written and communicated procedures for furlough, work from home, or reductions in force if needed.

6.3.6. The institution has verified health insurance coverages for employees and students to insure COVID-19 care.

6.3.7. The institution has verified privacy regulations regarding contact tracing and confirmed their implementation.

6.3.8. The institution has checked privacy regulations regarding SARS-CoV-2 testing for faculty and staff, and approved procedures for both positive and negative test results.

6.3.9. Human Resources has reviewed safety and security plans for emergencies, including aspects provided by other workgroups.

6.3.10. Human Resources works with outbreak mitigation protocols, emergency planning, and health and safety groups to consider increased full or part-time employees to support all COVID-19 efforts.

6.3.11. **Human Resources ensures that maintenance and sanitation staff are appropriately equipped, properly allocated, reasonably staffed and scheduled for their safety and the safety of the institution.**

6.3.12. Human Resources has updated safety policies for all COVID-19 Alert Levels or federal/state/local mandates.

6.3.13. Human Resources is informed of potential training needs for new and returning faculty and staff and is supporting development and delivery of training content.

Media Reports

- PropelHR, COVID-19 HR Checklist (April 8, 2020); Payroll, compliance, benefits, testing confidentiality, and return to work guidance for HR professionals.
- JD Supra, Analyzing the US Privacy Law Implications with Employee Contact Tracing Apps (April 21, 2020); If properly deployed, the use of COVID-19 contact tracing apps by employers, in combination with other measures, could be an effective way to return employees to the workforce.

### 6.4. OSHA

6.4.1. The institution has reviewed OSHA's approach to enforcement of COVID-19 policies.

6.4.2. The institution has identified the risk to employees, identified the relevant OSHA standards, documented how the institution will comply with OSHA standards, and documented how the institution will comply with any local ordinances.

6.4.3. The institution has reviewed and identified how it can reduce risk through OSHA's traditional hierarchy of controls, including Engineering Controls (e.g. barriers), Administrative Controls (e.g. physical distancing), Personal Protective Equipment (PPE).

6.4.4. The institution has identified how its preferred interventional approach affects the institution's compliance obligations. For instance, choosing to use respirators rather than face masks may result in different compliance obligations.

6.4.5. The institution has reviewed and identified how it aligns with OSHA's risk tiers. Obligations increase as the exposure risk increases.

6.4.6. The institution has developed an employee communication program to field and implement feedback from faculty, administration, and staff. Note: Through careful planning, you can better avoid OSHA inspections. The institution can expect that any employee that feels that they are not adequately protected will contact OSHA resulting in an inquiry or inspection.

6.4.7. The institution has reviewed regulations around mandatory medical examinations (temperature screening, COVID-19 testing or surveying) designed to ensure employees are not introducing illness into the workplace. Note: Such examinations would usually be barred unless the employee is exhibiting symptoms. The Equal Opportunity Employment Committee (EEOC) issued a statement indicating that employers are now permitted to conduct mandatory medical examinations regardless of whether their employees are showing physical symptoms. This includes temperature screening, COVID-19 testing, and filling out surveys asking if the employee is experiencing COVID-19 symptoms. The status of this guidance should be confirmed by the institution for each COVID-19 Alert Level or federal/state/local mandate.

6.4.8. The institution has evaluated and determined that any form of employee medical examinations are either required of all employees, or, that there is a legitimate, documented rationis for why there are exceptions for some employments.

6.4.9. The institution has documented, approved, and communicated how it will keep confidential employees' medical information, including results of medical examinations, testing, screening, or survey responses.

6.4.10. The institution has a documented plan for who can access results of employee medical examinations.

6.4.11. The institution has reviewed state and federal wage laws to ensure that it is compliant with wage and hour requirements related to waiting to participate in or for the results of medical examinations.

6.4.12. The institution has a process to evaluate and minimize the duration of waiting for medical examinations.

Considerations

- OSHA, Recommended Practiced for Safety and Health Programs; Action items for hazard prevention and control, including the commonly referenced hierarchy of controls.
- EEOC, Coronavirus and COVID-19; additional guidance on complying with Americans with Disability Act requirements as well as greenlights for mandatory COVID-19 testing and temperature screens.
- OSHA, Worker Exposure Risk to COVID-19; Tiers of occupational risk.
- Troutman Sanders LLP, Coronavirus and OSHA: What Employers Need to Know (March 13, 2020); a review of OSHA's guidance on coronavirus, and occupational safety considerations.

### 6.5. Labor Relations

6.5.1. For institutions with employees that are unionized, the institution has discussed with unions to approve changes to union members place of work, job duties, and also to get approval of the safety protocols once staff start returning onsite.

6.5.2. The institution has determined if the collective bargaining agreement has a pandemic or epidemic catastrophe clause, allowing a release of economic or benefit requirements.

6.5.3. The institution has prepared and discussed with the union best practices related to employment and the workplace.

6.5.4. The institution has determined the extent of any enhanced management rights during the pandemic. For example, the institution has determined whether changes to academic calendars require approval from its faculty union.

Resources

- Higher-education law experts weigh in on the legal risks colleges and universities should be aware of including: compliance and regulatory issues, tuition and room-and-board refunds, property use and contracts, licensing and accreditation, and insurance, Here are the COVID-19 Legal Risks You Need to Know About, The Chronicle of Higher Education
- Federal and state-level policy responses and other executive actions to the Coronavirus in public schools, State Policy Responses and Executive Actions to Coronavirus, Education Commission of the States
- Higher Education Responses to Coronavirus, National Conference of State Legislatures
- Many higher education regulations such as calendars, course schedules, financial aid eligibility and reporting, and student visa compliance have become more flexible since the onset of Coronavirus, Rules Eased on Colleges Seeking to Close Their Campuses Amid Outbreak, The New York Times

# Functional Areas

## 7. Academics

Academics are the heart of the institution and the primary area of focus for both faculty and students. Institutions balance the health and safety of the campus community with the need to provide the full range of academic opportunities that are the hallmark of the institution. Colleges and universities are demonstrating remarkable creativity in adjusting the academic environment. The institutional response tracker on www.OpenSmartEDU.org allows users to search for case studies by enrollment, geography, and institution type.

### 7.1. Academic Calendar & Scheduling

7.1.1. **The institution has evaluated ways of altering academic schedules to minimize group time on campus. For example, some institutions have condensed the fall semester coursework to end at the Thanksgiving break or transitioned the final weeks of instruction to be provided online, thus avoiding a return to campus for finals in early December.**

7.1.2. The institution's academic calendar is amenable to hybrid programs. This may include incorporating online learning into regular campus instruction to minimize in-person teaching exposure. For example, some institutions have created "A" and "B" groups that alternate weeks for classroom instruction versus online instruction, reducing class sizes to meet physical distancing guidelines.

### 7.2. Instruction (In-Person & Online)

7.2.1. **The institution has modified coursework for campus-based students such that it can switch between or operate simultaneously in-person and online modes, in the event of delayed reopening or early closure of campus, or quarantine, isolation, travel complication, etc. for individual students.**

7.2.2. **Students and faculty who have significant risk factors or are uncomfortable attending classes under certain operating scenarios may participate remotely. Students and faculty may opt to attend some classes in person and some remotely.**

7.2.3. **Class attendance is limited to avoid students convening in large groups for class (nothing >50 students, and in accordance with local guidance).**

7.2.4. Academic scheduling is adjusted to limit major surges in campus transit (5 minutes before and after classes).

7.2.5. Enrichment programs (local, regional, national, and international) hosted or co-hosted by the school may be postponed, cancelled, or restructured based on operating scenarios. Should enrichment programs persist, the institution has established protocols for individuals and groups returning to campus.

7.2.6. The institution has provided the training and support to faculty to ensure that all students have an equal opportunity to achieve course learning objectives, regardless of modality.

7.2.7. Faculty should assess how required courses and program activities can continue for students that cannot attend in-person activities. This may include remote instruction/activities that consider time zones, access and equity issues.

7.2.8. Faculty, working with IT, should assess the technology resources that can enable high-quality teaching and learning. This should result in a standard suite of high-quality tools made available for classrooms, labs, studios, and practicum areas.

7.2.9. Faculty should assess what program adjustments should be made to ensure equitable student experiences. This may include the development of specialized spaces that allow faculty to teach in-person and online simultaneously and or special equipment to enable faculty to teach remotely.

7.2.10. Faculty and academic staff work with students to foster a strong academic community outside of the classroom. This includes between students and between faculty and students. Activities may include:

- ☐ Continuing seminars and special events;
- ☐ Applied practice activities that bring students into short-term projects;
- ☐ Individual and group mentoring and professional development sessions;
- ☐ Participation in student-led groups and activities;
- ☐ Student research opportunities in collaboration with faculty to the extent possible remotely
- ☐ (on-campus resumption of undergraduate research is currently being examined); and
- ☐ Connecting with alumni from around the world and with experts in your chosen area of study.

7.2.11. The institution appropriately orients students to all online services and resources before the fall semester regardless of online, in-person, or hybrid education plans for the fall.

7.2.12. Online or hybrid instructional sessions accommodate students in different time zones and special permission students, offering synchronous and asynchronous learning, and one-on-one supplemental support where necessary.

7.2.13. The institution provides online academic support services with academic advisors, faculty office hours, and tutoring to minimize face-to-face contact.

7.2.14. The institution offers short courses, credentials, and special seminars to supplement regular course offerings.

7.2.15. The institution has considered conditions wherein classes may be taught in outdoor environments to further increase distancing and reduce the likelihood of transmission.

7.2.16. The institution has taken steps to organize both student-faculty and student-student interaction to immerse students in course content, both synchronously and asynchronously.

7.2.17. The institution provides support structures to help faculty transition to online teaching.

7.2.18. The institution has developed online experiences and assignments specifically adapted to the online environment reflective of the institution's in-person instruction.

7.2.19. The institution has instituted robust online assessment practices to ensure academic integrity.

7.2.20. The institution has evaluated engaging students with both online and on-campus experiences.

7.2.21. Where warranted, the institution has implemented a recruitment and training process for online faculty.

7.2.22. The institution has implemented policies regarding online instruction that maintain ADA compliance.

7.2.23. The institution has consulted with other institutions to gather best practices to ensure high quality of instruction for students.

7.2.24. The institution has obtained accreditation approval to deliver online courses and adheres to accreditation standards for online learning.

Resources

- Supporting the continuation of teaching and learning during the COVID-19 Pandemic (OECD)
- New York Times, Will the Coronavirus Forever Alter the College Experience? (April 23, 2020); provides an analysis of tools and trends that will likely continue to be used in colleges and universities even when school reopen.
- Education responses to COVID-19: Embracing digital learning and online collaboration (OECD)
- Noodle Partners, RISE Online Student Support and Engagement Rubric Template (April 1, 2020); offers a rubric to evaluate the online student support infrastructure on school campuses.
- Noodle Partners, Online Teaching & Learning Resources; 16 resources for improving online education ranging from Zoom checklists to principles of good online course design.
- Coronavirus: High schools, universities slowly reopen in Iceland
- Cambridge University Will Hold Its Lectures Online Next Year
- Universities last in line as Europe eases coronavirus lockdown

### 7.3. Grading & Assessment

7.3.1. The institution has implemented a consistent grading policy that aligns grading across online, hybrid, and in-person instruction.

7.3.2. The institution has adopted assessment practices for online and hybrid programs that reflect the institution's philosophy for in-person coursework assessment.

7.3.3. The institution has implemented student outcomes measurements across all forms of coursework, whether online, hybrid, or in person.

7.3.4. The institution has implemented a course evaluation process that ensures academic quality regardless of delivery modality.

7.3.5. The institution has implemented policies and procedures for minimizing cheating regardless of delivery modality.

Resources

- NPR, How Colleges Are Grading Students During Coronavirus (April 10, 2020); an article demonstrating how students and schools have adapted assessment during global pandemic environments. Schools like Yale and Columbia have made all of their classes pass fail, while schools like Colby College have given the students the opportunity to choose
- Inside Higher Ed, #PassFailNation (March 19, 2020); exemplars for schools with creative pass/fail solutions for students worrying about academic withstanding in global pandemic conditions

## 7.4. Instructional Spaces

7.4.1. **The institution has assessed the occupancy capacity of each instructional space while complying with physical distancing recommendations and has set occupancy limits for each instructional space.**

7.4.2. The institution has assessed instructional space ingress and egress with physical distancing to determine impact on the time needed for student movement between classrooms and buildings.

7.4.3. The institution has assessed physical distancing requirements for faculty while entering, leaving, and teaching in the classroom.

7.4.4. The institution has assessed transit spaces in academic and other buildings and implemented physical distancing measures.

7.4.5. The institution has explored methods for supplementing physical distancing within classrooms and instructional environments with PPE including clear barriers. This should include a special focus on faculty safety.

7.4.6. The institution has organized and completed training of faculty and students on physical distancing and PPE in classroom settings.

7.4.7. The institution has explored adjusted air ventilation and air sanitation (for example UV circulation) in instructional spaces, particularly smaller enclosed spaces.

7.4.8. The institution has created a protocol for sanitation after each use of an instructional space.

7.4.9. Students, faculty, and staff have access to sanitation products in the classroom.

Resources

- The Minnesota Department of Health, MDH Guidance for Physical distancing in Schools (May 13, 2020); guidance for school programs authorized to operate by Executive Order 20-56 including safe practices and suggested strategies.
- Spaces4Learning, Updated: Resources for Educational Facilities During COVID-19 (May 13, 2020); resources for architectural design, cleaning and sanitization, HVAC, and space planning

## 7.5. Specialized Spaces (Labs, Studios, Performance Spaces)

7.5.1. **The institution has developed methods to adapt specialty coursework, enrichment programs and other highly-interactive experiences to virtual experiences while preserving the quality of learning where possible.**

7.5.2. **The institution may cancel, postpone, or restructure specialty coursework, enrichment programs and other highly-interactive experiences should they present a threat to safety (including singing classes, choirs, or any other non-athletic activity involving possible increased respiratory droplet generation, where physical distancing is unable to be observed).**

7.5.3. **The institution has incorporated additional safety measures to protect students who are enrolled in labs, studios, performance spaces, music practice rooms, instructional, or participating in programs requiring close proximity to other people.**

**For example, students enrolled in health sciences programs such as physical therapy needing to access fitness spaces and other hands-on spaces may receive full-body PPE as medical practitioners.**

7.5.4. The institution has set occupancy limits in each specialized instructional space based on physical distancing measures and the COVID-19 Alert Level or federal/state/local mandates.

7.5.5. **Specialized activities may be relocated to outdoor areas to decrease risk.**

7.5.6. The institution has made available appropriate PPE in specialized spaces.

7.5.7. The institution has created a protocol to sanitize specialized spaces after each class session or use.

7.5.8. Faculty maintain physical distancing in hands-on spaces by utilizing digital projection where appropriate.

7.5.9. The institution has suspended activities in spaces where physical distancing and sanitation are not possible.

7.5.10. The institution has adjusted air ventilation and air sanitation in smaller, low-air flow practice rooms (for example UV filtration).

Resources

- Inside Higher Ed, Remotely Hands-On (April 14, 2020); an article highlighting the challenges of remote education for specialized courses and anecdotes for teaching traditional hands-on courses in online environments.
- The Hechinger Report, Can hands-on career and tech programs go online during school shutdowns? (March 31, 2020); an article with student and faculty experiences for finding ways to fulfill coursework requirements for hands-on courses.

## 7.6. Research

Research activities play a vital role in an academic's career and research laboratories can be complex ecosystems that represent a significant financial investment. Institutions should balance the feasibility of safe research activities with the impact of lab closures, travel restrictions, and grant cycles.

7.6.1. The institution requires physical distancing, PPE, cleaning regimens for laboratories and other research facilities.

7.6.2. The institution has developed a ramp-down policy for laboratories, research travel, and human-subject research during a full or partial campus shutdown and created checklists for safe closure of labs to ensure that equipment is cleaned, samples safely stored, and waste properly disposed.

7.6.3. The institution has developed policies on what can be removed from laboratories during periods in which research activities are conducted remotely.

7.6.4. The institution has considered establishing emergency financial support for students, such as PhD candidates, whose stipends may be reduced due to cancelled research grants.

7.6.5. The institution has established a set of critical maintenance procedures necessary to maintain safety or long-term viability of laboratories during a full or partial campus shutdown (e.g. care of animals, plants, cultures, bacteria, and other living organism; preservation of materials that require special storage such as radioactive elements; and maintenance of critical equipment that requires regular monitoring such as deep freezers, electron microscopes, or incubators) and has identified the staff needed to maintain these levels of operations.

7.6.6. The institution has established criteria and policies for exceptions to research ramp-down policies, e.g. for research focused on solutions to the COVID-19 crisis.

7.6.7. The institution has created expedited processes for approving and/or funding research focused on solutions to the COVID-19 crisis.

7.6.8. The institution has established research resumption phases that detail criteria for what research can resume under each Alert Level.

7.6.9. The institution has developed policies on conducting human-subject research and determined under what Alert Level and under what protocols it can resume.

7.6.10. The institution has developed policies on research-related travel (e.g. fieldwork) and determined under what Alert Level and under what protocols it can resume.

7.6.11. The institution has established research ramp-up policies and procedures that ensure labs are prepared for safe resumption of activities and researchers have

arranged spaces, and developed protocols that ensure social and temporal distancing, cleaning of shared equipment, and use of appropriate PPE.

7.6.12. The institution has considered criteria for prioritizing research resumption based on human factors such as PhD candidates or early-career researchers whose careers may be more severely impacted by research suspension.

### 7.7. Library Services

Under normal circumstances, the Library acts as a hub on campus where a cross-section of faculty, students, and staff come together to share physical resources (computers, books, lendable equipment, etc.) and to work and learn together in close proximity. The health and safety protocols and occupancy requirements for each COVID-19 Alert Level will affect what services can be offered onsite. The institution should establish clear goals and priorities for each COVID-19 Alert Level that can guide the Library in which onsite services to prioritize.

7.7.1. The Library has established service scenarios for various stages of building occupancy (e.g., limited staff only; limited staff and by-appointment patrons; moderate staff and limited patrons, etc.)

7.7.2. The Library has determined which services can be successfully provided online and remotely (course reserves, reference services, research consultations, instruction sessions) and has equipped and trained staff in the necessary tools and technologies.

7.7.3. The Library has worked with publishers to provide electronic version of resources where possible, taking advantage of emergency provisions being made available by some publishers and member organizations such as Hathi Trust.

7.7.4. The Institution has determined policies (in consultation with legal counsel) on what collection material can be digitized and made available to remote faculty and students and the Library has developed processes for patron to place scanning requests.

7.7.5. The Institution has analyzed the cost of purchasing online versions of materials needed for teaching and research or the cost of shipping materials directly to remote faculty and students.

7.7.6. While buildings are closed or have limited access, logistics and safety procedures are established to enable remote ordering of materials, “curbside pick-up”, and materials return.

7.7.7. Safety procedures are established for returned materials such as quarantining materials and/or cleaning procedures

7.7.8. As progressive COVID-19 Alert Levels allow a limited number of patrons to return to the Library, scenarios are developed for prioritizing access. This can be accomplished by requiring appointments or establishing capacity limits. Special permissions may include activity-based (e.g., use of special collections, access to the stacks, reserved study space) or population-based (e.g. faculty teaching that term, or graduating PhD students) student and faculty groups.

7.7.9. Traffic flows, physical distancing, and materials handling/cleaning/quarantining protocols are written and communicated to staff and patrons.

7.7.10. Cleaning protocols are established, and cleaning products provided for public workstations, printers, and other shared equipment.

7.7.11. Public service points are evaluated for safety, and solutions such as sneeze guards and self-checkout stations are considered.

7.7.12. As progressive COVID-19 Alert Levels allow increasing occupancy in the buildings, onsite patron service needs are balanced with back-end operations that require onsite presence.

7.7.13. Options that facilitate remote staff work, such as allowing cataloging staff to take home boxes of books, should be considered.

Resources

- American Library Association, Pandemic Preparedness: Resources for Libraries; a list of news articles, library responses, training resources, and other materials to prepare libraries for reopening.
- American Library Association, Planning for Reopening Resources; Supporting resources and a checklist for considering reopening libraries.
- American Libraries, How to Sanitize Collections in a Pandemic (March 27, 2020); professionally cleaning library surfaces and 'quarantining books' are strategies for avoiding material damage, rather than sanitizing books themselves.

# *8.* Faculty & Faculty Governance

## 8.1. Protection of Faculty

8.1.1. The institution has determined, written, approved, and communicated options for faculty or staff who are at higher risk due to age, health status, etc. to work/teach remotely.

8.1.2. The institution has established protocols for faculty to self-identify if they fall within a vulnerable population based on age or underlying medical conditions.

8.1.3. The institution has developed protocols for special protective measures for vulnerable faculty.

8.1.4. The academic schedule takes into account instructional space ingress and egress to maintain physical distancing for vulnerable faculty.

8.1.5. The institution has created highly protective PPE in instructional settings where vulnerable faculty teach, such as acrylic booths/barriers, adjusted ventilation, and UV air sanitation.

8.1.6. The institution has implemented virtual office hours for faculty to minimize face-to-face contact with students.

8.1.7. The institution has made adjustments to facilities to allow faculty to hold 1:1 meetings with faculty in outside areas or in common spaces, empty classrooms, or conference rooms to allow for adequate physical distancing.

8.1.8. Faculty and staff offices and work areas are designed to allow safe social distancing. If office/workspace density does not have safe social distancing, the institution should consider staggered work schedules or work from home opportunities for faculty and staff.

8.1.9. The institution has implemented isolation/quarantine policies for faculty.

## 8.2. Faculty Training

8.2.1. The institution has provided ongoing training for online instruction to selected faculty.

8.2.2. The institution has provided faculty training for online office hours.

## 8.3. Promotion & Tenure

8.3.1. The institution has developed policies for the extension of promotion and tenure clocks and developed procedures for faculty to apply for an extension.

8.3.2. The institution has developed guidelines on how and if faculty should indicate professional activities that were canceled or postponed in their list of accomplishments for annual, merit, and progress toward promotion evaluations.

## 8.4. Faculty Governance

8.4.1. The institution includes faculty in institutional governance, including participation in COVID-19 workgroups.

8.4.2. The institution takes additional measures to gather and monitor faculty feedback regarding health and safety, online training and instruction, and student success.

8.4.3. The institution has developed, reviewed with faculty governance, and implemented a Quality Assurance process for observing and improving online education course delivery, including content, technology, faculty performance, faculty support, academic rigor, student outcomes, and student needs.

8.4.4. The institution has developed, reviewed with faculty governance, and implemented a post-mortem evaluation process to review what worked well and did not work well through the spring 2020 COVID-19 crisis.

Resources

- Inside Higher Ed, The 'Right Not to Work' (May 4, 2020); Faculty weigh in on the fear of returning to a high risk environment, particularly for faculty members who are at greater risk due to age and associated health risks.
- Tenure for the Common Good, Statement on Equity and Teaching During the COVID-19 Pandemic (March 30, 2020); suggestions for supporting non-tenure-track professors including offering instructional and technical support, suspending teaching evaluations for the semester, and offering additional compensation for moving their courses online.

# *9.* Student Services

## 9.1. Admissions & Enrollment Management

9.1.1. The institution has surveyed applicants and returning students to determine intent to enroll and identify critical concerns. This may include surveys, town halls, webinars, phone calls, and other methods.

9.1.2. The institution has forecasted fall enrollment and revenues given multiple operating scenarios.

9.1.3. The institution has evaluated increased flexibility for deferral and gap years for students that do not wish to return to campus.

9.1.4. The institution has adjusted deadlines to give students and families the opportunity to make a more informed decision about enrollment.

9.1.5. The institution has developed a policy regarding refunds of deposits for various operating/COVID-19 scenarios.

9.1.6. The institution's admissions team has established virtual enrollment events to engage prospective students (i.e. tours, new student days, overnight visits, course counseling sessions, meet and greets).

9.1.7. The institution has made adjustments to its campus visit protocols to ensure the safety of its prospective students as well as its ongoing community.

9.1.8. The institution's admissions team has adjusted marketing approaches and messaging to attract more local students.

9.1.9. The institution has increased marketing of online offerings to serve new student populations.

9.1.10. The institution has evaluated its wait lists and has considered inviting certain waitlisted students to attend based on fall enrollment expectations.

9.1.11. The institution has increased non-degree programs for adult learners seeking to gain new skills during the economic downturn.

9.1.12. The institution has written, approved, and communicated policies related to a students' changing circumstances. Such policies address circumstances that affect students' financial, medical, housing, or other special circumstances.

Resources

- Forbes, Five Ways COVID-19 Will Impact Fall College Enrollments (March 30, 2020); 1) Schools that rely on students will be badly hobbled 2) evaporation of existing students is exaggerated 3) a “cascade” of over-admissions is coming 4) competition for students will increase even more 5) more families will seek local education options, Forbes.
- The Chronicle of Higher Education, How to Ensure a Successful Opening This Fall (April 3, 2020): Increase engagement with new students, streamline student options, reset expectations for faculty, be willing to make unpopular decisions, assemble a team to learn from the crisis, and garner alumni support,

Media Reports

- Scoir, COVID 19 Survey Results (March 30, 2020); 3,301 college-bound high school juniors and seniors suggested that 89% have no intention to delay college enrollment, although 19% of high school seniors indicated that recent events might result in some reconsideration of their college choice.
- American Council on Education (ACE), Letter to the Senate (April 9, 2020); Higher education may expect an estimated 15% enrollment decline, including a projected 25% decline in international students.
- EAB, Survey results: How enrollment leaders are responding to COVID-19 (March 16, 2020); 28% of enrollment leaders (n=250) were proactively bringing down their yield projections, expecting fewer international students to return in the fall.
- Art & Science Group, Looking Ahead to Fall 2020: How COVID-19 Continues to Influence the Choice of College Going Students (April 2020); A 1,171-student survey showed that while 83% of students still plan to enroll full time, 65% of students are concerned about their ability to attend their first-choice school.
- Cirkled In, COVID-19 is Making Students Rethink Their College Plans (March 26, 2020); a survey of over 1,000 high school students showed that 25% of students believe that COVID-19 will impact their college location decision.
- Tyton Partners, College Parents Weigh in on Fall Enrollment (April 22, 2020); a survey of 464 parents of enrolled college students and college-bound high school seniors show that parents do not believe remote learning will meet expectations, and 40% of parents say their child is unlikely to return in the fall in a remote learning environment.
- Emsi, Covid-19 Education and Work Survey (April, 2020); 11% of adults have cancelled their education plans while 18% have shifted their plans, moving towards online-only and trade school programs.
- Emsi, Five Trends Shaping Demand for Higher Education (and How to Adapt with SkillsMatch) (June, 2020): Trends in higher education suggest increased interest in continuing education for adult learners, particularly those looking to gain specific skills. Emsi’s SkillsMatch is a tool to support matching skills and interests with careers.

## 9.2. Financial Aid

9.2.1. The institution proactively identifies students likely to be experiencing economic hardship and provides financial aid counseling.

9.2.2. The institution has expanded efforts to find scholarship and other forms of financial aid for students experiencing economic hardship.

9.2.3. The institution has expanded financial aid service hours to students through online or telephone-based financial aid counseling.

9.2.4. The institution provides student assistance for emergency planning (i.e. transportation, temporary relocation, shipping) through the institution's financial service offices.

9.2.5. Financial aid services may award severances for students with campus jobs.

9.2.6. The institution determines how to support student bereavement travel in the event of death in the family.

Resources

- Brian Communications, The Impact of COVID-19 on Higher Education (April 8, 2020); 65% of parents say the pandemic has made them more cautious about the financial impact of tuition.
- HEDS, The HEDS COVID-19 Institutional Response Student Survey (April 23, 2020): a survey of 3,900 college students' intent to return to college showed that among the 10% of students that were unsure or unlikely to return in the fall, many pointed to financial concerns that have risen during the COVID-19 pandemic.
- National Association of Student Financial Aid Administrators (NASFAA), COVID-19 Reference Page: Student Portion of Higher Education Emergency Relief Fund (May 20, 2020); information on the allocation of the $14 billion from the CARES Act including how students can apply and access financial aid funds.
- McKinsey, COVID-19 and US higher education enrollment: Preparing leaders for fall (May 21, 2020); 21% of incoming students have said they have changed their first choice school, with almost half of those students saying they changed because of cost of attendance. 30% changed because school was 'too far away from home' and 26% changed because their school was located in a high threat area for COVID-19.

## 9.3. Academic Advising

9.3.1. The institution has expanded academic advising services for selection of program of study, major, and courses.

9.3.2. The institution has creatively addressed scheduling and modality needs for students who are working and studying.

9.3.3. The institution offers academic advising services virtually.

## 9.4. Academic Support

9.4.1. The institution has offered additional academic support to students in need of improving skills and knowledge, whether related to course material or becoming proficient users of electronic tools. This may include tutoring and writing support, career planning and life design, health and wellness counseling, library resources, information technology support, and other student services support.

9.4.2. Academic support is offered in a variety of formats recognizing the needs of students who may not have ideal study environments, such as devices, reliable internet access, quiet workspaces, or freedom from caring for others.

9.4.3. The institution has made available online tutoring and resources for students experiencing academic difficulty.

Resources

- Inside Higher Ed, Academic Advising Amid Physical distancing (March 23, 2020); strategies for effective online academic advising.

## 9.5. Career Services

The importance of Career Services has been highlighted by the current economic fallout of COVID-19. The following considerations should be reviewed to determine their relevance for the institution.

9.5.1. The institution has adjusted its delivery of career services to include virtual activities and services wherever possible.

9.5.2. The institution employs labor-economics data services to help it gauge the employment environment for graduates of its programs, including wage rates, employment demand, regional disparities, and especially areas of decreasing employment.

9.5.3. The institution has optimized its program portfolio given the regional employment environment.

9.5.4. For degree programs which require mandatory internship, job, or field experience, the institution has ensured that students are able to participate in a safe, compliant, and essential manner so development opportunities are not lost.

9.5.5. The institution has expanded outreach efforts to the local community to find internships and employment for its students.

Resources

- Forbes, What Colleges and Graduating Seniors Need to Do to Find Jobs During these Tough COVID-19 Times (May 7, 2020); successful schools are tapping heavily into alumni networks to try and find employment opportunities for students

Media Reports

- Emsi, NEW: COVID-19 Program Response Report for Community Colleges (July, 2020); Custom regional reports for community colleges or institutions of higher education to juxtapose job opportunities in the local community with programs offered at the institution.
- Emsi, Skill Extractor; API tool to identify skills required for jobs or syllabus based on postings.

### 9.6. Registrar

9.6.1. The institution has made arrangements to assure student mobility and successful transfer of credits, whether earned on campus or online.

9.6.2. The institution has joined with other institutions to assure credit recognition for similar programs.

9.6.3. The institution has aligned grading systems with other institutions to facilitate ease of credit transfer, whether on campus or online.

9.6.4. The institution has taken steps to ensure students are not harmed by lack of credit recognition or mobility.

### 9.7. International Services

9.7.1. The institution has determined the time needed, prior to campus reopening, for students living abroad to obtain visas, pass screening criteria, travel to campus, and meet quarantine requirements.

9.7.2. In the event that the university closes unexpectedly, there is a plan to support continued boarding of international students and/or arrange and support travel.

9.7.3. The institution provides international students with additional mental health support, which may include native language support, in the event of quarantine.

9.7.4. Educational and service provisions are in place for international students that are unable to join in-person classes at the start of the semester/term.

9.7.5. The institution has determined the support services needed by international students during any transition process and has developed plans to support students appropriately.

9.7.6. Support service options are communicated to international students, their parents/guardians, and institutional support services including Academic Services, Student Services, Health Services, and Mental Health Services.

9.7.7. Study abroad programs may be postponed, cancelled, or rescheduled depending on operating scenarios.

Resources

- BOSSA and COSSA, China International Education Industry Impact of COVID-19; China's distinctive associations for the professional practice of Chinese student recruitment produced a 100 agency survey which shows that 66% of agencies forecast a decline in students going abroad this year as a result of the Coronavirus.
- Institute of International Education (IIE), COVID-10 Effects on US Higher Education Campuses: Academic Student Mobility to and From China (March, 2020); of 234 US institutions, 76% noted that outreach and recruitment of future Chinese students has been affected. To prevent international enrollment declines, schools are lowering barriers to admission for international students.
- Washington Post, Trump administration backs off plan requiring international students to take face-to-face classes (July, 2020); ICE reversed a recently released mandate that would have forbidden international students to remain in the US in the event that they were taking only online course.

# *10.* Student Life

## 10.1. Orientation

10.1.1. If the institution intends to conduct large scale testing when the students return to campus, it has estimated the necessary number and training requirements for safety staff/volunteers to support large scale testing efforts.

10.1.2. The institution has developed online/virtual activities to ensure a meaningful orientation experience for incoming students.

10.1.3. The institution has developed virtual modules to introduce students to all departments of the school, including the registrar, financial aid, and counseling.

10.1.4. The institution has developed protocols governing health, safety, and quarantining for returning students involved in orientation activities.

10.1.5. Student and faculty leaders/staff/volunteers responsible for orientation proceedings are appropriately oriented to new operating scenarios and protocols themselves.

10.1.6. Student and faculty leaders/staff/volunteers are appropriately trained and given strategies to augment orientation processes in online, hybrid, and in person scenarios.

10.1.7. **Student groups are incorporated into the institution's planning and execution efforts for in-person operations during COVID-19. This may include incorporating students in selected safety or contact tracing training, using student volunteers to spread targeted messaging, act as representatives providing the student voice to university decision boards etc.**

10.1.8. If fall semester is to begin partially or fully online, orientation planning workgroup has developed programming for when some or all students return to campus.

10.1.9. The institution appropriately orients students to all online services and resources before the fall semester regardless of online, in-person, or hybrid education plans for the fall.

10.1.10. All orientation materials for the institution have been developed such that they may easily be adapted to fit online, in-person, and hybrid operating scenarios.

10.1.11. Online or hybrid orientation sessions accommodate students in different time zones and special permission students, offering recorded orientation sessions, live-orientation sessions, and one-on-one supplemental support where necessary.

10.1.12. The institution has evaluated creating informal virtual experiences for students to get to know each other on social platforms that students are familiar with (i.e. Facebook, GroupMe, Instagram, TikTok, WhatsApp)

10.1.13. The institution has created a comprehensive orientation package to initiate and engage students which may include:

- ☐ Goods to promote school spirit (i.e. custom school masks, t-shirts, pennants, branded thermometers and hand sanitizer),
- ☐ Directions to set up school email and connect to school's IT system,
- ☐ Pre-orientation to new online resources,
- ☐ Pre-orientation to new school policies (ex. Updated student handbook),
- ☐ Access to channels for communication with other students,
- ☐ Health and safety guidelines and expectations,
- ☐ Code of conduct (revised given health and physical distancing concerns).

10.1.14. Initial return to campus procedures are communicated in orientation packages/materials/communications.

10.1.15. Initial return to campus procedures and in person orientation activities are coordinated and comply with Logistics and Outbreak Mitigation Protocols & Emergency Planning workgroups.

10.1.16. Student handbook's new campus rules and enforcement measures regarding Health Safety Measures & Policies and Outbreak Mitigation are communicated to students.

Resources

- Education Advisory Board, How 57 of your peers are rethinking summer orientation during COVID-19 (April 14, 2019); of 57 institutions, 93% have moved to online orientation or are considering doing so. 15% are combining online orientation with a more robust welcome week.

## 10.2. Residences

10.2.1. **The institution may shut down some or all institution-owned campus residences depending on scenario specific conditions. Students and faculty may continue to attend classes online, in-person, or hybrid in-person and online regardless of the status of campus residences.**

10.2.2. **In the case of an outbreak specific to a particular residence hall, the institution may shut down operations within that residence hall and relocate students to designated isolation and quarantine locations. The residence hall may reopen after significant sanitation efforts and/or waiting a determinate amount of time that is in line with current recommendations.**

10.2.3. **The institution can reduce the occupancy of residencies to no more than 1 student to a room and bathroom. The institution may also make corresponding arrangements for off campus housing or remote learning depending on student enrollment and intentions. One student per room provides the greatest protection against COVID-19 transmission although this may not be feasible for many institutions.**

10.2.4. The institution can reduce the occupancy of residencies to no more than 2 students to a room and bathroom. The institution may also make corresponding arrangements for off campus housing or remote learning depending on student enrollment and intentions. Some institutions have proposed treating roommates similar to a family unit in terms of scheduling activities and physical distancing expectations.

10.2.5. Residence hall entry points can be secured, and entry tracked (ideally automatically by student identity card scanners)

10.2.6. The institution has evaluated methods to limit entry of residence halls to residents only.

10.2.7. The institution has evaluated low-contact options for entry/exit points. For example, pressure sensitive bars or touchless entry in replacement of doorknobs.

10.2.8. The institution has implemented hand sanitization dispensers at all entry/exit points where touchless entry is not available (this includes in bathroom stalls and elevators)

10.2.9. The institution has evaluated grouping roommates/suitemates by student major or athletic teams in order to minimize cross-socialization.

10.2.10. The institution has considered the requirement of visible student identity cards differentiated by dormitory so others can quickly evaluate cross-socialization.

10.2.11. The institution has implemented physical distancing guidelines in all shared living spaces (i.e. common rooms, dormitory lobbies, etc.) or closed common spaces.

10.2.12. Multi-person furniture for seating in common spaces has been reduced/replaced with single-person furniture to increase adherence to physical distancing.

10.2.13. The institution has considered fixing movable furniture to the floor in dorm rooms or common areas of dormitories so that six feet of distance can be maintained at all times.

10.2.14. The institution has determined the need to limit usage of shared spaces completely or instituting specified room capacities in common spaces depending on the institutional alert level.

10.2.15. The institution has reserved a number of single-occupancy residence halls or contracted with external facilities for quarantine and/or isolation purposes. The recommended number is calculated with input from an epidemiologist, taking into account community transmission rates and likely need.

10.2.16. **The institution has implemented adequate security measures to increase the likelihood that the number of students in dorm rooms/ common areas is not exceeded (e.g. surveillance cameras, on-hall monitors)**

10.2.17. The institution has advised students not to share multi-use items such as plates, silverware, or trays in common eating areas, laundry detergent containers in shared laundry areas, or towels or shower products in shared bathroom spaces.

10.2.18. The institution has implemented physical barriers between beds in shared dormitories where beds cannot be moved six feet apart or where student capacities cannot be reduced.

10.2.19. The institution has implemented physical barriers between sinks in shared dormitory bathrooms.

10.2.20. Rules for sanitizing shared living spaces (i.e. pool tables, microwaves, sinks, showers, etc.) are clearly listed at entryways and potential users are instructed before being granted access.

10.2.21. General physical distancing, health practices, and sanitization protocol signage is prevalent in all common areas of dorms to remind students of proper practices.

10.2.22. Sanitization products are available for use by residents and visitors of residencies.

10.2.23. **The institution has implemented additional cleaning and sanitizing measures in shared residency spaces. The stringency and frequency of such measures are aligned with COVID-19 cleaning and sanitation guidelines.**

10.2.24. The institution has an adequate supply of portable storage containers for use in the case where a tested student is moved to a quarantine room.

10.2.25. The institution has determined the proper procedure for notifying roommates/ dorm hall mates of possible infection.

10.2.26. The institution has reviewed state guidelines related to residence halls to ensure compliance which may supersede the CDC guidelines.

10.2.27. The institution has determined proper addendums to the student code of conduct or housing agreements to address non-conformity of physical distancing practices in on and off-campus housing.

10.2.28. Non-dormitory off campus housing, particularly fraternities, sororities and other high occupancy communal facilities affiliated with the university are subject to closing in anticipation of or reaction to COVID-19 outbreak scenarios. Housing may also be closed as a result of disciplinary measures including failure to follow health safety protocols.

Guidelines

- CDC, Guidance for Shared or Congregate Housing (April, 25, 2020); Guidance for safety measures in shared housing environments featuring considerations for shared spaces, dining rooms, laundry rooms, bathrooms, other common spaces, and recreational areas.

Resources

- Inside Higher Ed, Partying Like It's 2019 (May 21, 2020); Colleges are considering additions to their conduct codes to enforce physical distancing measures next fall including "good neighbor" clauses for students living off-campus.
- American Council on Education, College & University Presidents Respond to COVID-19: May 2020 Survey (May 21, 2020); Just over half of respondents who have on-campus housing indicated it was "very likely" that on-campus housing would resume. Additionally, the most popular action to resume operations was "setting aside some on-campus housing for quarantine" (65%).

Media Reports

- Niche.com, Student Voices – The Path to Fall 2020 (May 20, 2020); This survey of 21,847 high school, college, and graduate school students found that 58% of respondents rated the importance of on-campus housing opening in the fall as "very important" or "important."

## 10.3. Food Service

10.3.1. The institution has closed all buffet-style serving stations.

10.3.2. The institution has converted all buffet-style dining establishments to staff-served or to-go stations.

10.3.3. The institution has evaluated providing bagged-meal options for every meal, taking into account a variety of dietary needs (kosher, gluten-free, vegetarian, vegan, etc.)

10.3.4. **The institution has put into place the necessary arrangements to deliver food to students in self-isolation and quarantine, taking into account a variety of dietary needs.**

10.3.5. **The institution has converted some or all dining facilities on campus to carry-out/pick-up or delivery only.**

10.3.6. The institution has appropriate physically spaced markers for waiting lines inside and outside of dining facilities (i.e. 6 foot radius).

10.3.7. **Dining hall seating, if/when made available, is structured to honor physical distancing guidelines (i.e. 6 foot radius).**

10.3.8. The institution has appropriately spaced and limited numbers of tables and chairs per table to maintain physical distancing guidelines.

10.3.9. **The institution has created scenario-specific designated dining areas (e.g. dorm rooms, outside, dining halls) that abide by physical distancing policies, recognizing that communal eating is a higher risk activity.**

10.3.10. The institution has determined the PPE requirements for staff and ensured that PPE usage guidelines are written, approved, and communicated.

10.3.11. Physical distancing protocols are written, approved, and communicated to all staff, faculty, and students visiting food service facilities.

10.3.12. Traffic flow protocols are written, approved, and communicated to control entry/exit flow, ordering cadence, seating, and to physically separate patrons from staff, patrons from patrons, and patrons from food.

10.3.13. **The institution has re-engineered dining spaces and food courts with dividers, and plexiglass shields to protect patrons from staff, food, and other patrons.**

10.3.14. The institution has adjusted air ventilation and air sanitation (for example UV filtration).

10.3.15. Food service providers have instituted appropriate cleaning protocols for all aspects of the front- and back-of-house operations.

10.3.16. The institution has protocols to change cleaning/sanitizing measures by COVID-19 Alert Levels.

10.3.17. Students and staff have access to cleaning and sanitizing products throughout the food services area.

10.3.18. The institution has evaluated methods to ensure only approved students, faculty, and staff are allowed inside food services facilities.

10.3.19. Items that are commonly handled by multiple people are minimized, eliminated, or frequently sanitized.

Resources

- National Association of College & University Food Services (NACUFS), Collegiate Dining's Response to COVID-19 (May 21, 2020); Reports and infographics about NACUFS polls, guidance for on campus events, catering, communication, sanitation, distancing, and serving strategies.
- FDA, Best Practices for Retail Food Stores, Restaurants, and Food Pick-Up/Delivery Services During the COVID-19 Pandemic (April 21, 2020); Managing employee health, personal hygiene, operations, and food pick-up and delivery.
- National Restaurant Association, COVID-19 Reopening Guidance for the Restaurant Industry (April 22, 2020); Strategies for reopening include improving and updating training programs, utilizing automated technology systems that improve processes and limit contact.
- CDC, Considerations for Restaurants and Bars (May 18, 2020); Guiding Principles and Promoting Behaviors that Reduce Spread.
- Core Architecture + Design, Restaurants: Envisioning Safe Reopening (April 27, 2020); Operational advice for logistical challenges including food prep, PPE storage, guest experience standards, and seating and space planning.

## 10.4. Student Union

10.4.1. The student union activity is monitored by staff/volunteers who are responsible for safeguarding students and encouraging safe practices.

10.4.2. Student life officers equip common spaces, such as student unions, with health resources and safety measure policy materials to keep students informed and guided.

10.4.3. Student groups may register gatherings for any reason in student union and other communal facilities so long as they comply with the institution's current safety measures and policies.

10.4.4. The institution may remain closed, or open, or open with limited hours of operation depending on COVID-19 scenarios.

10.4.5. Capacity limitations are applied to the student union when necessary and are monitors by staff/volunteers.

# *11.* Athletics

## 11.1. Athletic Facilities

11.1.1. All athletic facilities and staff follow safety and sanitation guidelines outlined in the ‘Facilities’ cross-functional area.

11.1.2. Users of athletic facilities are to follow physical distancing guidelines outlined in the ‘Safety Measures & Policies’ cross-functional area.

11.1.3. Those responsible for managing athletic activity are oriented to new facility use policies including those outlined by cross-functional workgroups.

11.1.4. Those responsible for managing athletic activities assure that all participants follow appropriate facility-use guidelines including preparation, use, and cleanup.

11.1.5. Processes are in place to limit use of athletic facilities to those with permission.

11.1.6. A prioritized list of permissions has been developed to allow selective entry to athletic facilities.

11.1.7. Processes that limit use of athletic facilities may be adjusted to increase or decrease access.

11.1.8. The institution has evaluated methods to allow entry to those who have passed a temperature screen.

11.1.9. The institution has installed barriers between fitness machines to act as shields.

11.1.10. Sports equipment (including laundry) for varsity athletes is washed on a per-use basis, or according to guidelines/workgroup decisions.

11.1.11. The institution’s shared facility equipment (i.e. treadmills, dumbbells, yoga mats) are cleaned daily, or according to guidelines.

11.1.12. Athletic facilities, particularly gyms with exercise equipment, are engineered to improve safety measures.

11.1.13. The institution has established usage and cleaning protocols for locker rooms.

11.1.14. Sanitization products are available for use by all athletes and spectators.

11.1.15. Cleaning rules and guidelines are clearly displayed throughout the fitness center.

11.1.16. The institution has evaluated the feasibility of mask usage in the fitness center.

## 11.2. Athletic Activities

11.2.1. Athletics working groups coordinate with maintenance and facilities groups to ensure increased sanitization efforts are used for training facilities & dressing rooms.

11.2.2. **The institution can cancel team sports or group athletic classes/events that involve high respiration rates paired with contact between participants and inability to maintain physical distancing (such as contact sports).**

11.2.3. The institution has determined thresholds for resuming sports and activities that meet state/conference requirements.

11.2.4. **Where appropriate, the institution can make modifications to sports or athletic events so that adequate health safety measures are observed in a way that does not inhibit competition.**

11.2.5. Any public transportation for athletic competitions is cleared with transportation work groups, sport conference, and national restrictions.

11.2.6. **Athletes are cleared for group activity prior to all training and competition sessions through testing, screening, or symptom reporting.**

11.2.7. Coaches, staff, and officials follow all testing requirements for players and are equipped with additional safeguarding equipment where appropriate.

11.2.8. Spectators/referees/coaches are screened to the extent necessary given operating conditions.

11.2.9. **Sports, athletic activities, and exercise equipment may be moved outdoors to decrease risk.**

11.2.10. Teams may be quarantined upon positive testing of any individual athlete.

11.2.11. Training equipment is sanitized before or after any use.

11.2.12. The institution remains in compliance with all guidelines provided by their local conference and the NCAA.

11.2.13. **Audiences for events are seated in a socially distant manner or otherwise prohibited from spectating in person.**

Resources

- University Business, COVID-19 and the future of college sports (April 27, 2020); G5 commissioners who represent half of the conferences in NCAA Division 1 propose allowing a waiver to conferences and schools, allowing them to offer fewer programs.
- NCAA, DII Management Council recommends lowering contest maximums, minimums for 2020-21 (May 15, 2020); DII Management Council recommend a reduced maximum number of permissible contests and a lower minimum number of contests for champion selection and sport sponsorship.
- NCAA, DI Council allows football, basketball to have voluntary athletics activities starting June 1 (May 20, 2020); Division I football and basketball student-athletes can participate in on-campus voluntary athletics activities beginning June 1.
- NCAA, Core Principles of Resocialization of College Sport; Guiding principles and three phase approach to resuming college sports.

# *12.* Health Services

## 12.1. Health Services

12.1.1. The institution has established telehealth channels so that students may access health center services from remote.

12.1.2. The student health center provides ongoing support for patients who have tested positive for the coronavirus which may include:

- ☐ Frequent symptomatic telehealth check ins.
- ☐ Visits to patients' isolation location for medical support.
- ☐ Communication with academic advisors to provide academic materials and study support for students in isolation.
- ☐ Coordination of services (i.e. laundry, medications, delivery, trash) for students in isolation.

12.1.3. The student health center works with Outbreak Mitigation Protocols and Emergency Planning workgroups to help forecast demand for testing and ensure that there is enough testing capacity for symptomatic and exposed students at a minimum.

12.1.4. The student health center works with Outbreak Mitigation Protocols and Emergency Planning workgroups to determine the viability of universal testing on campus.

12.1.5. The student health center works with Outbreak Mitigation Protocols and Emergency Planning Workgroups to develop and implement an appropriate, accurate, and comprehensive contact tracing plan for students believed to be exposed to COVID-19.

12.1.6. The student health center is sufficiently stocked with PPE such that it may provide students with free PPE , should they need more. Health services should define the type and rationale for PPE requirements e.g. cloth masks vs. surgical vs. N95 masks. These supplies should be monitored to prevent stockouts.

12.1.7. Health center treatment capacity may be increased in anticipation of or reaction to high demand scenarios with the help of trained EMTs, contract nurses, local on-call physicians, or otherwise.

12.1.8. The health center has established differential protocols for students seeking COVID-19 testing or thought to have been exposed to COVID-19 (e.g. alternative entryways, specified waiting and examination rooms). An additional consideration is whether to have designated staff for the COVID vs non-COVID cases to minimize spread via healthcare personnel.

12.1.9. The student health center's communications give students the confidence that they may safely enter the health center for health complications other than COVID-19.

12.1.10. The student health center operates by appointment-only in order to appropriately manage building ingress and egress.

12.1.11. The student health center is organized to allow for separation of well patients from sick patients (possibly further segmenting by students suspected of Covid-19)

either physically via space allocation or through scheduling of well patient visits at restricted times or both.

12.1.12. The student health center is cleaned and disinfected frequently in accordance with protocols set out by Safety Measures and Policies workgroup.

12.1.13. The student health center is working with local healthcare officials to report COVID-19 cases and symptoms among the student body.

12.1.14. The student health center has contracted with local hospitals and EMT transport services for students with urgent medical needs. Local hospitals and EMT transport services have communicated their capacity limitations in the event of outbreak surge.

Resources

- ACHA, Considerations for Reopening Institutions of Higher Education in the COVID-19 Era (May 7, 2020); ACHA lists student health services among the most central aspects of coronavirus response.

## 12.2. Mental Health Services

12.2.1. Students have access to one-on-one mental health consultation services through the institution or an institutional vendor.

12.2.2. Students can communicate with mental health services regardless of operating scenario (including distancing and remote environments).

12.2.3. Students have access to virtual services regardless of operating scenario.

12.2.4. Students have access to group therapy sessions through the institution or an institutional vendor.

12.2.5. The institution has actively promoted mental health services and offers platforms to support students seeking mental health resources.

12.2.6. A member of the institution has been able to reach out to each student on a personal level to assure that the students' needs are being met.

12.2.7. The institution has established peer mentorship programs.

12.2.8. The institution offers guidance and opportunities to promote healthy activities (meditation, exercise, diet, relationships).

12.2.9. The institution facilitates communication with advisors, peers, and professors outside of the academic environment.

## 12.3. Counseling

12.3.1. The institution has integrated opportunities for counseling services into the remote experience.

12.3.2. The institution has established a process to track students that do not complete assignments/attend class sessions.

12.3.3. The institution acts on indicators of students being at risk of failure or withdrawal.

12.3.4. The institution has established a process to understand and provide support to students experiencing a challenge or emergency (illness, job loss, family emergency).

Resources

- Active Minds, COVID-19 Impact on College Student Mental Health (April, 2020); a survey of 2,086 students found that 80% of college students say that COVID-19 has negatively impacted their mental health, while 20% say their mental health has significantly worsened.
- Inside Higher Ed, Low Income Students Top Presidents' COVID-19 Worry List (April 27, 2020); as of April 36% of schools had invested in mental health resources, up from 18% in March, 2020.
- McLean Hospital, Webinar: Supporting College Student Mental Health During COVID-19 (May 8, 2020); Direct response tools for supporting students who are suffering during COVID-19.
- eCampus News, 7 mental health resources to help college students during the coronavirus pandemic (April 14, 2020); suggestions for school mental health response and a list of 7 tools and applications to improve student mental health.
- Tyton Partners, College Parents Weigh in on Fall Enrollment (April 22, 2020); a survey of 464 parents of enrolled college students and college-bound high school seniors show that parents are most concerned about their child's well-being and mental health (36%).

# 13. Information Technology

It is important for Campus IT to provide a robust technology infrastructure that scales to support the move to online learning and working while ensuring the security of remote operations. Institutions may fall on a spectrum from centralized to decentralized IT but should establish structures that ensure communication across all IT units and are consistent with IT policies and services related to the pandemic.

## 13.1. IT Infrastructure

13.1.1. IT has helped source, create, implement, and or enhance platforms that support online communication for faculty-faculty, student-student, and faculty-student academic relationships.

13.1.2. IT has helped source, create, implement, and or enhance training modules that support online communication and collaboration for staff working in a remote or hybrid environment.

13.1.3. IT has worked with vendors to ensure that online platforms will scale sufficiently to support the full extent of activity in an online or hybrid environment.

13.1.4. IT and has developed a process for diagnosing and reporting problems that may arise remotely.

13.1.5. IT has identified essential personnel and protocols for on-site work to address network and data center problems while the campus is operating in a remote or hybrid environment.

13.1.6. IT has established a system to join the community network from remote locations in the event that new students, faculty, and staff have to begin in a remote environment.

## 13.2. IT Security & Privacy

13.2.1. IT has configured systems (LMS, videoconferencing, etc.) to use secure setting by default.

13.2.2. The institution has developed a set of recommendations and training for faculty, staff, and student on safe computing practices in an online, remote environment.

13.2.3. The institution has developed and shared policies on the recording of online classes and business meetings and set retention policies for any such recordings.

## 13.3. IT Services

13.3.1. IT has scaled help-desk offerings to accommodate for increased demand.

13.3.2. IT has partnered with departments on campus to ensure that student services such as financial aid services, health & mental health services, registrar services, career services, and student affairs are available in an online, remote environment.

13.3.3. The institution has developed policies and programs to support the needs of students and staff with limited access to technology for remote activities by offering computers or access to the internet in creative, cost effective and efficient manners.

13.3.4. IT acts as a resource for addressing supply chain problems in ordering equipment to support online learning and remote work.

13.3.5. IT has developed materials to help onboard institutional stakeholders to new programs, systems and networks from remote locations.

13.3.6. IT has developed protocols for cleaning equipment when providing IT support or for areas where equipment is shared and communicated them to all IT units across campus.

13.3.7. IT has worked with the communications team to prepare distribution materials to help standardize online resources, services, and tools to be used.

### 13.4. Student Information Systems & Learning Management Systems

13.4.1. The institution has adapted its Student Information System (SIS) to its online instructional models.

13.4.2. The institution has adapted its SIS to include allowable health information related to COVID-19, quarantine, or health vulnerabilities, ensuring appropriate privacy and consent controls.

13.4.3. The institution has adapted its Learning Management System (LMS) to its online instructional models.

13.4.4. The institution has developed and provided training to faculty on using the LMS in different instructional models.

Resources

- EduCause, How Technology Can Support Student Success During Covd-19 (March 24, 2020); Student success data warehouse and student success analytics dashboards are only implemented in roughly half of institutions. Though policies and practices to safeguard data are in 78% of institutions, fewer institutions report having the data they need and capabilities to share across systems (e.g. SIS, LMS)
- UNESCO, Distance Learning Solutions; A list of resources for psychosocial support, learning management systems, mobile phone-based learning solutions, MOOC platforms, and collaboration, video, and digital learning content solutions.
- Phil on Edtech, Massive Increase in LMS and Synchronous Video Usage Due to COVID-19 (April 2, 2020); a blog post about the uptake and continual reliance of cloud-based LMS for higher education.
- Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center, Coronavirus: Key Preparedness and Response Considerations (March 9, 2020); Continuity of operations planning for education agencies.

# *14.* Campus Infrastructure

## 14.1. Campus Security

14.1.1. The institution has traffic and security plans for controlling and monitoring campus access points, ensuring all visitors are screened, tested, or logged to manage campus ingress and egress.

14.1.2. All on-campus events are cleared by the office of security or a similar group, properly educated on the health and safety guidelines.

14.1.3. Security/Safety staff are actively involved in efforts surrounding event planning, design and monitoring.

14.1.4. **There are increased efforts to monitor high traffic areas.**

14.1.5. Security staff have control of campus ingress and egress to the extent possible.

14.1.6. Entry access to all buildings can be limited to individuals with permission.

14.1.7. Entry access may be adjusted for individuals based on operating scenarios and changes in permissions.

14.1.8. The institution has established a record system to document all individuals who enter and leave campus and/or campus buildings.

14.1.9. The institution has calculated campus population limits based on physical distancing recommendations and determined methods to enforce campus population limits.

Resources

- Johns Hopkins School of Education: Center for Safe and Healthy Schools, What Campus Police and Security Officers Need to Know and Do in Response to the Novel Coronavirus (COVID-19) (March 29, 2020); How campus security should be equipped for personal protection, accurate information sharing, service calls and operations, quarantine, groups, and special circumstances.
- International Association of Campus Law Enforcement Administrators, COVID-19 Resources and Information for Campus Public Safety (Feb 13, 2020); Public resources that pertain to campus law enforcement including access to best practices and up to date information

## 14.2. Logistics

14.2.1. Suppliers are pre-approved for campus entry.

14.2.2. Delivery of food and supplies utilizes shortest physical routes and at times of least student traffic.

14.2.3. Delivery persons observe physical distancing, PPE and other regulations of the campus. This includes persons involved in moving students into residence halls, such as family members.

Resources

- Material Handling and Logistics (MH&L), How Supply Chain Can Mitigate COVID-19 Disruptions (May 21, 2020): this article outlines ways in which supply chains are disrupted during COVID-19, highlighting demand surges as the largest threat to logistics.
- PYMNTS.com, What COVID-19 Means for Logistics, Now and In The Future (April 15, 2020); As logistics landscapes change, many businesses are utilizing digital tools like electronic signatures and shipment tracking. Businesses are also building backup supply chains and flexible business processes for emergency scenarios.

## 14.3. Returning to Campus

14.3.1. The institution has determined if students and faculty returning to campus from areas of high COVID-19 transmission shall quarantine for a predetermined period of time.

14.3.2. The institution has determined the capacity (incl. staff, equipment, and locale) to welcome students to campus in accordance with Outbreak Mitigation Protocols.

14.3.3. The institution has identified location(s) with which to welcome students back to campus, including testing and quarantining facilities if applicable.

14.3.4. For return to campus events, the institution has estimated and accrued the appropriate amount of equipment including diagnostic tests, thermometers, and PPE and sanitization equipment.

14.3.5. The institution has a sufficient number of staff or volunteers to assist in return to campus procedures (i.e. testing, screening, quarantining, orientation).

14.3.6. The institution has developed a plan to allow students back to campus either together or staggered over periods of time.

14.3.7. Students, faculty, and staff returning to campus are screened or tested prior to entry.

## 14.4. Campus Transportation

14.4.1. **The institution can restrict the use of public transportation on campus and through campus so that only students, faculty and staff with special permissions may use public transit. Note that this has the potential to impose a significant burden on some students, faculty, and staff. The institution should work to ensure permissions or alternatives for individuals where this creates an undue burden or inequitable environment.**

14.4.2. For institutions with campus transportation, appropriate physical distancing, PPE, and sanitation guidelines and equipment are provided for transportation staff and riders.

## 14.5. Traveling Off Campus

14.5.1. **The institution has communicated clear guidance and restrictions for local and non-local travel.**

14.5.2. **When deemed appropriate, off campus travel can be limited to essential travel.**

14.5.3. **There is a process for granting special permissions and essential travel exceptions regardless of travel restrictions.**

14.5.4. There are plans for when and how to manage travel restrictions based on operating scenarios.

14.5.5. Non-local travel (both individual and group travel) require self-isolation and/or testing upon return to campus.

Resources:

- The New York Times, College Calendars in the Pandemic: No Fall Break and Home by Thanksgiving (May 19, 2020); Some schools are finding ways to shorten the fall semester. Part of shortening the semester involves eliminating breaks in  to reduce travel and threat of disease spread.

## 14.6. Campus Exit & Evacuation Protocols

14.6.1. The institution can require some or all students, faculties, and staff to quarantine and/or social distance when the campus is temporarily closed. Safety measures and protocols are clearly communicated in these scenarios.

14.6.2. The institution can require some or all students, faculties, and staff to temporarily vacate residencies. The institution has communicated that as a possibility

14.6.3. The institution may require students to fully vacate residencies and has communicated that as a possibility.

14.6.4. The institution has established housing or contracted with local hotels or other vendors for individuals to stay in the case of an emergency. This may include parents attending to or picking up their student(s).

14.6.5. The institution can adequately forecast the demand for on campus and local refuge, understanding that certain students will want to go home depending on the scenario.

14.6.6. The institution has contracted with local storage facilities to support the needs of students who cannot vacate with all of their personal belongings under extenuating circumstances.

## 14.7. Supply Chain

14.7.1. The institution has forecasted cost and demand for screening and testing products, factoring in protocols and operating scenarios (i.e. cost of testing/screening multiplied by the number of people being screened multiplied by the frequency with which they will be screened).

14.7.2. The institution has identified and contracted suppliers for sufficient thermal monitoring equipment.

14.7.3. The institution has contracted with laboratories to meet its testing requirements.

14.7.4. **The institution has forecasted demand for PPE, factoring in protocols and operating scenarios (e.g. number of masks per week/month multiplied by number of students, faculty, staff, administration, and campus visitors).**

14.7.5. **The institution has forecasted demand for sanitization products (e.g. hand sanitizer, sanitizing wipes, sanitizing spray) to be used for cleaning activities (i.e. janitorial services, group cleaning of exercise spaces) as well as general hygiene (i.e. cleaning hands after commute to class).**

14.7.6. The institution has identified and contracted suppliers to supply sufficient amounts of PPE and sanitation equipment to students, faculty, staff, and contractors on campus.

14.7.7. The institution has calculated the quantity of supplies needed to support frequent testing in line with medical guidelines and university planning.

14.7.8. The institution has identified its supply needs in the event of outbreak.

14.7.9. The institution's purchasing department has been empowered to act swiftly in the event of outbreak.

14.7.10. The institution has set aside financial resources to meet its PPE and treatment needs in the event of outbreak.

Resources

- CDC, Strategies to Optimize the Supply of PPE and Equipment; guidance for supply of PPE equipment with recommendations on stockpiling respirators, decontamination and reuse strategies, and PPE burn rate calculator tools.

## *15.* Government Affairs

15.1.1. The institution has regular contact with governmental and health authorities at the community, county, state, and federal levels.

15.1.2. Senior leadership and trustees have direct contact with state legislators and local politicians to ensure early information about support services and regulations.

15.1.3. The institution distributes updates to internal stakeholders regarding changes in information and government policy.

15.1.4. The institution leadership regularly meets with legal counsel to ensure compliance with applicable regulations.

Resources

- National Association of County and City Health Officials (NACCHO), Directory of Local Health Departments

## *16.* Clinical Learning Experiences

Clinical learning and practicum activities are an essential aspect of development for future healthcare workers including nursing, medicine, therapy, and dentistry students.

16.1.1. The Institution has assessed the availability of clinical learning experiences for students.

16.1.2. The institution has determined the criteria planned to evaluate the safety of the clinical learning and practicum activities.

16.1.3. The institution has determined the criteria that will be used to trigger a withdrawal of students from clinical/practicum settings. Similarly, the institution should determine the criteria to trigger a return of students to clinical/practicum settings.

16.1.4. The institution has assessed the need to advocate to state legislators for a declaration of students in essential healthcare field programs to be declared "essential workers."

16.1.5. The institution has assessed the willingness of the clinical agency to accept faculty on site, student group experiences, students in preceptor experiences, and students in internship experiences.

16.1.6. The institution has developed capability to accomplish N95 mask fit testing as required for faculty and students attending clinical learning experiences.

16.1.7. The institution has assessed their capability of providing appropriate PPE to faculty and students in the clinical learning environment, and the willingness/capability of the clinical agency to provide appropriate PPE to faculty and students.

16.1.8. The institution has assessed the willingness and capability of clinical agencies to provide preceptor experiences in place of group clinical learning experiences.

16.1.9. The institution has assessed the willingness and capability of clinical agencies to provide paid or unpaid clinical internship experiences, where the student is an employee of the agency, and has developed contractual arrangements to accomplish this learning partnership.

16.1.10. The institution has assessed the human resources required to make curricular changes based on changes required in clinical learning activities. For instance, assess if there enough faculty bandwidth to create learning opportunities for students in preceptor or internship activities instead of group learning activities.

16.1.11. The institution has assessed the capability of providing COVID-19 testing for faculty and students as required by clinical agencies.

16.1.12. The institution has collaborated with the clinical agencies to prioritize imminent program graduates, based on workforce need rather than type of program, for limited clinical learning experiences.

16.1.13. The institution has developed testing and isolation plans for faculty and students exposed to COVID-19 during a clinical learning experience.

16.1.14. The institution has partnered with local health department to investigate implementing a robust contact tracing program.

16.1.15. The institution has assessed their capability of providing virtual clinical simulation experiences and or socially distanced, high fidelity in-person clinical simulation experiences in place of a portion of in-person clinical learning experiences. This includes working with the state board of nursing to ensure compliance with regulatory requirements.

16.1.16. The institution has assessed the need to provide substantive change reports to the program accreditor and college/university regional accreditor, based on changes in curriculum, enrollment, and educational sites.

Resources

- US Department of Labor, OSHA Fit Testing Procedures
- National Council of State Boards of Nursing (NCSBN). Policy Brief: U.S. Nursing Leadership Supports Practice/Academic Partnerships to Assist the Nursing Workforce during the COVID-19 Crisis

# Appendix A: Glossary

| Term | Description |
|---|---|
| Asymptomatic | Individuals who have contracted the virus who do not have symptoms and will never get symptoms from infection. Though asymptomatic individuals may still transmit COVID-19, they are less likely to do so than symptomatic or pre-symptomatic individuals. |
| COVID-19 | The disease caused by the novel coronavirus. |
| COVID-19 Screening | Screening is a way of identifying individuals with symptoms that might be related to COVID-19. Use of thermometers or student/staff surveys are both relatively low cost and potentially high frequency measures to reduce risk of community transmission. Given the prevalence of pre-symptomatic, asymptomatic, and paucisymptomatic individuals, COVID-19 screening alone should not be considered a sufficient risk-mitigation effort. |
| Epidemiologic Testing | Epidemiologic Testing is used to determine the extent of community transmission. |
| Immune Protection | A state where safe and effective tools are able to mitigate the risk of infection including broad surveillance, therapeutics which can rescue and prevent serious illness, or a safe and effective vaccine. |
| Isolation (CDC) | The process of separating sick people with a contagious disease from people who are not sick. |
| Medical Testing | Medical Testing is used when an individual has COVID-19 symptoms and the test identifies if they have contracted the SARS-CoV-2. |
| Paucisymptomatic | Individuals who have very mild symptoms. Paucisymptomatic individuals may be most likely to spread the virus during the 48 hours prior to emergence of symptoms. |
| Physical distancing (CDC) | Physical distancing, also called “social distancing,” means keeping space between yourself and other people outside of your home. |
| Pre-symptomatic | Individuals who have contracted coronavirus and are at a stage of incubation before symptoms have spread. CDC suggests 40% of coronavirus transmission happens before people feel sick. |
| Quarantine (CDC) | Separating and restricting movement of people exposed or thought to be exposed to a contagious disease to see if they become sick. Individuals that contract COVID-19 develop symptoms between five and twelve days after exposure. |
| $R_0$ | A formula that measures how infectious a disease is. The $R_0$ for COVID-19 has been estimated between 4 and 7 without restriction measures, meaning everyone person infected may infect an additional 4-7 people. Also pronounced R naught. |
| SARS-CoV-2 | The specific virus known to cause COVID-19. |
| SARS-CoV-2 Antibody Test | Antibody tests identify individuals who have previously contracted COVID-19. Tests of blood serum identify individuals who have built up antibodies against SARS-CoV-2 virus. |

| Term | Description |
|---|---|
| SARS-CoV-2 Viral Test | Viral tests identify individuals that are currently carrying the SARS-CoV-2 virus. Samples are taken from the respiratory system (most commonly nasal swab) and can be offered as point of care (less than an hour) or can be confirmed in a lab in 1-2 days. |
| Universal Testing | Universal Testing is designed to systematically and periodically identify individuals within a group, community, or population who are positive for SARS-CoV-2. |

# Appendix B: Illustration of Activities by Alert Level

The following tables are illustrative of how an institution can create operational guidelines by Alert Level. Each institution should create its own approach based on its unique situation. The following examples are drawn from a variety of sources and should not be considered as definitive public health or legal guidance. CDC, federal, state, and local government or health authority guidance will supersede these suggestions.

Note that federal/state/and local guidelines supersede the following examples.

| Activities | (Most restrictive) **Very High Alert Level Only Essential Ops** | **High Alert Level Low Density Operations** | **Moderate Alert Level Medium Density Operations** | (Least restrictive) **Low Alert Level High Density Operations** |
|---|---|---|---|---|
| **Orientation, Pre-arrival travel** | N/A, only essential students & staff on campus. | Students with COVID-19 OR flu like symptoms, or students arriving from areas of high-COVID-19 transmission self-isolate or quarantine for a pre-determined period of time. | Students with COVID-19 OR flu like symptoms, or students arriving from areas of high-COVID-19 transmission self-isolate or quarantine for a pre-determined period of time. | Any student with COVID-19 or flu like symptoms self-quarantines for a pre-determined period of time. |
| **Orientation, Residence Halls move-ins** | N/A, only essential students & staff on campus. | Students may move into dorms in small groups (e.g. 10 or less) with physical distancing in place. | Students may move into dorms in medium sized groups (e.g. 50 or less) with physical distancing in place. | Students may move into dorms as usual. |
| **Orientation, Residence Halls move-ins (equipment)** | N/A, only essential students & staff on campus. | Move-in equipment is checked out by students and disinfected after each use. | Move-in equipment is checked out by students and disinfected after each use. | Move-in equipment is checked out by students and disinfected after each use. |
| **Orientation, In-person activities** | N/A, only essential students & staff on campus. | Limit any in-person activities to small sized groups (e.g. 10 or less) with physical distancing in place | Limit any in-person activities to medium sized groups (e.g. 50 or less) with physical distancing in place | No limits on in-person activities. |

| Activities | (Most restrictive)<br>**Very High Alert Level**<br>**Only Essential Ops** | **High Alert Level**<br>**Low Density Operations** | **Moderate Alert Level**<br>**Medium Density Operations** | (Least restrictive)<br>**Low Alert Level**<br>**High Density Operations** |
|---|---|---|---|---|
| **Classrooms, Class enrollment/size** | N/A, students not on campus. Instruction is fully remote/virtual. | Classes of 50+ should be fully online/remote. Classes of less than 50 students should be held in classrooms where physical distancing is possible such as large lecture halls. | Classes of 100+ should be fully online/remote. Classes of less than 100 students should be held in classrooms where physical distancing is possible such as large lecture halls. | All classes may return to full occupancy. |
| **Classrooms, Lecture halls** | N/A, students not on campus. Instruction is fully remote/virtual. | Lecture halls should be utilized for classes of less than 50 students, but only if appropriate physical distancing can take place. Each institution should determine the number of appropriate students for each category based on their circumstances. Federal/State/Local mandates supersede institutional planning. | Lecture halls should be utilized for classes of less than 100 students, but only if appropriate physical distancing can take place. Each institution should determine the number of appropriate students for each category based on their circumstances. Federal/State/Local mandates supersede institutional planning. | All lecture halls may return to full occupancy. |
| **Classrooms, Specialized** | N/A, students not on campus. Instruction is fully remote/virtual. | In-person access on a restricted basis requiring approval; increased health safety protocols in place. | Small group access on a limited basis following institutional distancing policy; increased cleaning protocols in place. | Near or at full capacity. |
| **Religious Services** | Virtual only. | Virtual or in small groups abiding by health safety protocols. No contact or sharing between individuals. | Small group religious services may be held so long as they abide by health safety protocols. Larger services may be held outdoors or in large venues provided appropriate social distancing and clear guidance on entry and dismissal. | Religious services may resume in full. |

| Activities | (Most restrictive)<br>**Very High Alert Level**<br>**Only Essential Ops** | **High Alert Level**<br>**Low Density Operations** | **Moderate Alert Level**<br>**Medium Density Operations** | (Least restrictive)<br>**Low Alert Level**<br>**High Density Operations** |
|---|---|---|---|---|
| **Events (Assemblies, Info Sessions, Meetings, etc.)** | Virtual only. | Virtual or in small groups abiding by health safety protocols. | Large events may be held outside or in venues that allow for appropriate social distancing practices. Clear guidance on entry and dismissal is established | No restrictions on event size or cadence. |
| **Shared Office Spaces** | Essential workers may continue work in shared spaces with health safety measures observed. | Capacity limitations are established. Most work remains remote and essential use of shared spaces is planned to not exceed capacity limitations. | Capacity limitations are established. Most work remains remote and health safety practices are honored for those in the workspace. | No restrictions on shared office spaces. |
| **Research Labs** | Essential employees only, abiding by health safety protocols with increased PPE. | Managed through approved PI plans; 1 person per 400 sf of gross lab area. | Managed through approved PI plans; capacity limits will be revisited. | No restrictions on capacity or interaction with equipment. |
| **Library Spaces** | Some digitizing of materials; curbside drop-off of books to be returned plus cleaning protocols; curbside pickup of circulating books. | Staff continue digitizing needed materials for researchers; curbside drop-off of books to be returned plus cleaning protocols; curbside pickup of circulating books; in-person access to non-circulating collections for small numbers of graduate students and faculty | Staff continue digitizing and in-person access for instructors; and as time slots are available for researchers and instructors from the broader community. | Access provided for non-institutional affiliates who rely on the institutions collections for other purposes; use of the space in research collections for in-person classes and the general public. |
| **Classroom Buildings, Hallways** | N/A, students not on campus. Instruction is fully remote/virtual. | Classes should be scheduled with increased breaks between class so that students can leave classrooms without crowding hallways. High-touch surfaces should be sanitized regularly (e.g. multiple times a day). | Classes should be scheduled with sufficient breaks between class so that students can leave classrooms without crowding hallways. Consider dismissing students in groups of 10. High-touch surfaces should be sanitized regularly. | Normal health safety protocols. |

| Activities | (Most restrictive)<br>**Very High Alert Level**<br>**Only Essential Ops** | **High Alert Level**<br>**Low Density Operations** | **Moderate Alert Level**<br>**Medium Density Operations** | (Least restrictive)<br>**Low Alert Level**<br>**High Density Operations** |
|---|---|---|---|---|
| **Residence Halls, Occupancy levels** | 1 student per room, dorms are only open for students who must stay on campus due to visa requirements or home situations. | If the institution has capacity, limit to 1 per room, not to exceed 2 students per room. | If the institution has capacity, limit to 2 to 3 students per room. | No restrictions on room occupancy. |
| **Residence Halls, Common areas** | Common areas closed. | Common areas are closed. | Minimum of 6-foot distancing measures are in place in all common areas. | Students may use common area as usual, but consider increased cleaning measures. |
| **Residence Halls, Laundry facilities** | Implement pick-up/drop-off laundry services. | Students must sign up in advance for individual slots to do laundry. | Students must sign up in advance for slots of 2-4 people to do laundry, physical distancing is in place. | Students may use laundry facilities as usual but consider increased cleaning measures. |
| **Residence Halls, Cleaning** | N/A, most students not on campus. | New cleaning protocols in place; no shared surfaces, such as desks, keyboards, phones; common areas closed. | Cleaning protocols remain; limited shared surfaces; some common areas reopen with distancing rules. | Routine cleaning of residence halls. |
| **Residence Halls, Packages** | N/A, most students not on campus. | Mailrooms are open to students who sign up in advance to pick up packages, with physical distancing in place. | Mailrooms are open to students who sign up in advance to pick up packages, with physical distancing in place. | Packages are accepted and mailrooms are open. |

| Activities | (Most restrictive)<br>**Very High Alert Level**<br>**Only Essential Ops** | **High Alert Level**<br>**Low Density Operations** | **Moderate Alert Level**<br>**Medium Density Operations** | (Least restrictive)<br>**Low Alert Level**<br>**High Density Operations** |
|---|---|---|---|---|
| **Dining,**<br>**Occupancy level approach** | N/A, students not on campus. Any students still on campus should have food delivered to their rooms. | Dining services available on a to-go basis only, or with adequate physical distancing, signage, and cleaning protocols. | Dining facilities are limited to 25% capacity with physical distancing maintained. | Dining facilities at or near room occupancy levels. |
| **Dining,**<br>**Cohort dining approach** | N/A, students not on campus. | Dining services available on a to-go basis only, sign up in advance to pick up food and will be notified when food is ready or with limited seating and adequate physical distancing. Outdoor eating areas established where feasible. | Students dine in pre-selected groups at pre-selected times. Students should be grouped by residence. (i.e. students living in the same 'household' should be grouped together). | Students dine as per usual, but more frequent cleaning/sanitizing measures should be in place. |
| **Dining,**<br>**To-go options** | N/A, students not on campus. | Students may enter dining facilities to pick up food in groups of 10 or less. Students must follow physical distancing guidelines while waiting in line. | Students may enter dining facilities freely but must follow physical distancing guidelines while waiting in line. | Students can pick up food freely during set hours of the day, while maintaining physical distancing guidelines. |
| **Dining,**<br>**Serving style** | N/A, students not on campus. | Self-service/buffet stations should be closed or converted. All condiments should be single-use and disposable. All plates, cups and utensils should also be disposable. | Self-service/buffet stations should remain closed or converted. Consider re-opening condiment and soda fountain stations with extra cleaning between use. All plates, cups and utensils should also be disposable. | Self-service stations may reopen with increased cleaning between patron use. Consider installing sneeze guards at all self-service stations. Return to reusable plates, cups and utensils. |
| **Dining,**<br>**Facility optionality** | N/A, students not on campus. | Students are assigned one dining hall or facility for the duration of the semester. | Students are assigned to three or fewer dining halls or facilities for the duration of the semester. | Students may choose between all available on-campus dining options. |

| Activities | (Most restrictive)<br>**Very High Alert Level**<br>**Only Essential Ops** | **High Alert Level**<br>**Low Density Operations** | **Moderate Alert Level**<br>**Medium Density Operations** | (Least restrictive)<br>**Low Alert Level**<br>**High Density Operations** |
|---|---|---|---|---|
| **Athletics, Athletic Activities** | N/A, students not on campus. | Individual sports or activities that can be executed in a socially distant manner may be allowed. | Athletic activities may resume with testing and screening protocols for participants. | All athletic activities may resume without restriction |
| **Fitness Facilities, Weight room** | N/A, students not on campus. | Weight room should be closed or consider moving weights outside to maximize airflow. If outside, enforce wipe down of weights after each use and physical distancing. | Stagger or spread exercise equipment to maintain distance of at least 6 feet. Students must sign up in advance to use cardio machines and should wipe down machines after each use. Physical distancing should be in place. | Weight room can function as normal, with encouraged increase in cleaning after each use. |
| **Fitness Facilities, Cardio room** | N/A, students not on campus. | Cardio room should be closed. | Stagger or spread exercise equipment to maintain distance of at least 6 feet. Students must sign up in advance to use cardio machines and should wipe down machines after each use. Physical distancing should be in place. | Cardio room can function as normal, with encouraged increase in cleaning after each use. |
| **Fitness Facilities, Sports courts e.g. basketball, volleyball, etc.** | N/A, students not on campus. | Sports courts should be closed. | Students must sign up to use sports courts in advance and courts should be operating on a limited schedule. | Sports courts can operate as usual. |
| **Fitness Facilities, Water fountains** | N/A, students not on campus. | Water fountains should be closed, patrons should bring their own beverages. | Water stations should be cleaned frequently. | Water stations can be used but should be cleaned regularly. |
| **Fitness Facilities, Locker room** | N/A, students not on campus. | Locker rooms should be closed. | Locker rooms should be regularly and frequently sanitized. Physical distancing should be in place in locker rooms. | Locker rooms can be used as normal, but physical distancing should be encouraged. |
| **Fitness Facilities, Laundry facilities** | N/A, students not on campus. | Fitness center laundering capabilities are shut down. | Laundering facilities open for athletic department purposes only. Physical distancing in place in the laundry rooms. | Fitness center laundry facilities can operate as usual. |

| Activities | (Most restrictive)<br>**Very High Alert Level**<br>**Only Essential Ops** | **High Alert Level**<br>**Low Density Operations** | **Moderate Alert Level**<br>**Medium Density Operations** | (Least restrictive)<br>**Low Alert Level**<br>**High Density Operations** |
|---|---|---|---|---|
| **Fitness Facilities, Pool** | N/A, students not on campus. | Students must sign up in advance to use the pool. Pool usage should be limited to 1 swimmer per lane. | Students must sign up in advance to use the pool. Pool usage should be limited to 3 swimmers per lane. | Pool can operate as usual. |
| **Fitness Facilities, Climbing wall facilities** | N/A, students not on campus. | Climbing wall facilities should be shut down. | Students must sign up in advance for individual or partner spots at climbing walls. Facilities should be cleaned between each use. | Physical distancing should be encouraged at climbing walls and facilities should be cleaned between each use. |