

# PLAYBOOK for COVID-19 Response & Reopening

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As a network of non-profit, independent colleges and universities we treasure the task of educating students in the learning communities that are our campuses. Our students chose our institutions for the opportunity to learn side by side with highly qualified faculty and staff. Each one of us also understands the critical role we have been obliged to play since Governor Whitmer issued the stay-at-home order. Many of our campuses continue to house students who have nowhere else to go. We have adapted our instruction to online modalities, provided take-out dining for students left on campus, and have implemented CDC disinfecting protocols for our facilities and residence halls. We have also set aside excess capacity in our housing and conference centers for the use of first responders and health care staff to rest, self-isolate, and rejuvenate away from their families.

Our eyes now look to the coming months, but there is no playbook for this. Higher education has not faced a global pandemic since 1918. We recognize that our state needs a sustained decline in the number of infections before restrictions can be reasonably lifted, and we will continue to do our part to support this goal. Each of our members has expressed a strong desire to chart a path for opening our campuses in ways that adapt to the new realities we face in the next phase. This document represents our association's effort to develop a resource with our institutions to aid in their own plans and protocols for a safe return to learning on campus. We believe we can do this because we are large enough to have the resources needed to conduct a safe return of our students. We believe we can do it because our educational communities are small enough that we know one another by name, which allows us to train and develop students, faculty, and staff with the guidance necessary to adapt to this new reality.

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# INTRODUCTION

*Michael K. Le Roy, Ph.D.  
President, Calvin University  
Board Chair, Michigan Independent Colleges and Universities*

We, the membership of the Michigan Independent Colleges and Universities (MICU), recognize that these are trying times for every person, business, civic, and social institution in our society. The emergence of COVID-19 has been challenging for independent higher education, but we also observe that the members of Michigan Independent Colleges and Universities (MICU) have adapted quickly and well to these less than ideal circumstances.

Our members have been fully compliant with the executive orders that have been implemented over the last two months. We are all doing our part to slow the spread of the virus, give time for our health care providers and first responders to meet the demands of our current circumstances, and provide our resources to meet the needs of public servants and the vulnerable. This playbook represents our best effort to identify resources and approaches for our member institutions that may be used to develop plans in collaboration with local public health authorities.

MICU represents 25 non-profit institutions of higher education in our state. Our members educate nearly 100,000 students and award one of every four higher education degrees in Michigan each year. We provide 26,000 jobs to Michiganders—17,000 of whom are directly employed, and 9,500 of whom provide institutional support in the surrounding communities and serve as one of the state's largest employers.

Our institutions include those which are residentially based undergraduate-only, nursing and health-sciences-focused, engineering-focused, arts and design-focused, and institutions whose instruction delivery options range from exclusively in-person to completely online.

MICU members contribute \$2 billion in direct spending in Michigan communities, provide jobs, that result in \$1.4 billion in income for Michigan families.

Because we provide comprehensive care and support for our students in distinctive communities, we are uniquely equipped to help lift the burden of care from our towns and counties, and to support the public health and safety efforts of these same communities.

In contrast to some of the larger state institutions in Michigan, MICU members demonstrate different strengths and face different operational realities. For instance, our institutions tend to have:

- Smaller class sizes, and fewer faculty and staff, and smaller campus populations;
- The ability to implement campus-wide changes quickly;
- Lower population density that allows for reconfiguration and alternative uses of space;
- Strong community collaboration and relationships; and,
- Ability to control service standards due to smaller scale operations.

These strengths and realities of our institutions will allow us to develop and implement strong plans for repopulating campuses, monitoring the health of our campus populations, containing the disease when infection is detected, and shutting down our campuses if warranted.

As of May 8th, the infection rate curve was beginning to flatten in Michigan but had not yet exhibited the sustained decline required to move to the next phase of reopening. Current stay-at-home orders were not issued with the belief that they would end the pandemic. Rather, they were instituted out of a serious concern that the health system could not absorb an exponential increase of the illness.

It was only as of the week of April 20 that testing availability was adequately available to most people, although personal protective equipment (PPE) and other medical supplies are still in short supply.

The implications of this state of affairs for MICU members and students are significant. Essential employees are the only employees permitted on campus, all instruction has been moved online, and residence halls and take-out dining continue to be available for more than a thousand of our students who have nowhere else to go.

In her *MI Safe Start* plan, Governor Whitmer outlines six phases of re-engagement. As of May 8th, the State of Michigan was in phase three, “Flattening”. Institutions of higher education may resume live instruction with strict mitigation measures when we reach phase five, “Containing”. The criteria to move from phase three to phase five are when the cases and deaths in the state decline more sharply and are at low absolute rates per capita, when health system capacity is very strong, and when robust testing, contact tracing, and containment protocols are in place. As of May 8th, the State of Michigan remains under stay-at-home orders and the five-day rolling average of new cases in the U.S. is only beginning to show signs of a downward trajectory.

Widely available testing and contact tracing will be critical for our institutions to move to the next phase. It is not clear how long this will take, but it is also clear that the county and state need to add substantial capacity to public health staff for this to take place.

These circumstances have already required the postponement of commencement and many on-campus events through the month of June, and the change of many summer courses to an online delivery format.

### ***A Safe Return to Learning in Place***

While our semesters wrap up this spring, the leadership of our institutions have been hard at work to incorporate the best science, medical advice, and public health practice to develop concrete plans for educating our students in the coming months.

MICU’s member institutions want to be sure that our efforts are aligned with the state’s public health goals and that our approach to operations does not undermine the good progress that has been made to mitigate the spread of the virus in Michigan. In addition, we feel a deep obligation to deliver the on-campus community-based living and learning that we believe works best for our students.

**The models and protocols that follow assume that opening in the coming months is not a return to normal that we knew in January 2020.** Instead, this playbook is the product of the adaptive and innovative work that is characteristic of our sector at its best. The safe return playbook outlined below is grounded in four essential principles:

- The health, safety, and well-being of students, faculty, and staff.
- The mitigation of the risk of spread of COVID-19 in the campus communities we call home.
- The fulfillment of our institutional missions of academic excellence, research, scholarship, and community service.
- The sustainability of academic institutions that provide important public service and employment in the state at minimal taxpayer expense.

As in other aspects of our economic and social life, a safe return to learning in phase five involves continuing some level of physical distancing to limit risk of non-essential congregate behaviors.



This phase allows the vast majority of schools and businesses to open, while focusing on ways to mitigate the risk of spreading the virus. Moving toward this phase must be managed with cautious actions by decision makers at all levels. ***The playbook that follows recognizes that MICU members should follow CDC guidance, collaborate with local health departments, and adapt to different modes of operation and educational delivery if the risk of community spread rises.***

As in phase three, phase five assumes that anyone who is symptomatic is placed in isolation and close contacts are placed into quarantine to avoid an outbreak on campus.

It will be crucial for campuses to be able to demonstrate their capacity to house residential students properly to meet the current isolation and quarantine standards, with anticipation that COVID-19 will likely still be prevalent in the community. Without herd immunity, a vaccine, or medical therapy widely available, the main form of mitigation risk during phase five will be careful planning to encourage physical distancing and limit risk of nonessential congregate behaviors. It is also worth noting that many reports describe social interaction during this phase as still highly regulated, which raises questions about what it will be like to return to college and university life in the coming months if we are able to open.

Phase five will present significant complications for opening, but our member institutions express a strong preference for finding a way to do so. ***The challenge for colleges and universities in this state will be to re-imagine our operations so that education can continue for students and be delivered safely by faculty and staff.***

In addition, our institutions' capacities to monitor and track the health status of faculty, staff, and students living in a variety of circumstances will serve to support the over-stretched efforts of our public health professionals in each county.

The challenge of running colleges and universities under these phase five conditions is formidable. It will require a variety of modes of delivery and the capacity for each college or university to adapt to changing government orders, student needs, and public health conditions. The member institutions of Michigan Independent Colleges and Universities recognize that success in phase five is not a given. Renewed outbreak of the disease could result in a return to the conditions of earlier phases and require our institutions to adapt to less desirable educational and operational strategies.

Because of this, we are highly invested in all current efforts to mitigate the spread of the virus and reduce rates of infection.

#### ***Our Commitment***

This playbook will serve as a resource for our member institutions as they make plans to return to community-based living and learning.

In compliance with Governor Whitmer's Executive Order No. 2020-91, each member institution will develop a COVID-19 preparedness and response plan, consistent with guidance developed by the Occupational Health and Safety Administration, within two weeks of resuming in-person activities.

This plan will comply with the measures outlined in the executive order. This playbook is consistent with Executive Order No. 2020-91 and provides tangible examples, models, and checklists for institutions to utilize as they develop their individual plans. Each member institution will need to adapt these possible models to fit its mission, unique contexts, and the needs of its students, faculty, and staff.

This document seeks to provide a comprehensive overview of the areas that may need to be addressed. Member institutions may use this document as a basis for further conversations with their local health departments, and to develop their own plans for resuming face-to-face interactions on campus.

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# Pandemic Response Team

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Each institution should identify a Pandemic Response Team (PRT) which will be cross-functional in nature. The form, organizational structure, and titles may vary from institution to institution, but clear roles should be defined. The executive team of the institution will be responsible for ensuring a plan is in place for adaptive pandemic response that is consistent with guidelines from agencies including FEMA, CDC, the MDHHS, and local health departments. The PRT will be responsible for developing institution-specific protocols, monitoring the adoption of the plan, and responding to new developments in the pandemic as they arise.

In accordance with Executive Order No. 2020-91, the team will be responsible for designating the Institutional coordinator(s). An Institutional coordinator(s) must remain on-site at all times faculty and staff are on site. The coordinator(s) will also be responsible for implementing, monitoring, and reporting on the COVID-19 control strategies.

## Some potential PRT positions may include:

- **Sanitation and disinfection lead:** Manages daily and periodic disinfection logistics, including routine and deep cleaning and disinfection processes in accordance with current CDC and EPA disinfection and cleaning guidelines.
- **Virus prevention and protocols lead:** Oversees the development of the institution's pandemic preparedness and response plan; develops and monitors protocol related to virus prevention including, but not limited to, symptom monitoring, access to testing, and contact tracing. Works closely alongside institutional access lead to develop and monitor physical distancing protocol.
- **Education and training lead:** Oversees all pandemic related communication and ensures all communication is scientifically accurate and vetted through relevant channels; oversees all pandemic related training processes including both preparedness and response for faculty, staff, students, and other members of the institutional community as necessary (e.g., board of trustees).
- **PPE and materials lead:** Identifies necessary types and quantities of preventative materials and personal protective equipment; ensures procurement of preventative materials and PPE; may use the CDC PPE burn rate calculator to determine amount of PPE necessary.
- **Communication lead:** Responsible for vetting all COVID-19-related communications for the institution; ensures all communication accurately reflects current scientific knowledge and current state and local guidance; oversees development/identification of communication channels; ensures communication is delivered in a timely and efficient manner.
- **Quarantine lead:** Oversees the management and care of quarantined and isolated individuals; works with the local health department and other department leads to address non-medical needs of quarantined and isolated students.
- **Team leader:** Responsible for the overall implementation of the institutional pandemic preparedness and response plan; ensures the institutional response is consistent with current local, state, and federal guidelines and orders.
- **Institutional access lead:** Oversees protocol ensuring recommended physical distancing including, but not limited to, classroom configurations and operations, laboratory logistics, common campus arrival and departure times, on-campus residential hall protocol, dining hall and other food service set-ups, and configuration of common areas such as libraries and computer labs. Develops and oversees any access control measures such as limiting who can be on campus and/or when people can be on campus at any given time.
- **Community partner lead:** Liaises and coordinates with key players including the local health department, local health systems, and the state health department.



Aquinas College

# SECTION ONE: STUDENT HEALTH, SAFETY, AND WELLNESS

## Guiding Principles & Goals

- Ensure the health, safety, and well-being of all students.
- Provide students with the education and training needed to live and learn in a university environment under phase five conditions.
- Mitigate the risk that students will be a conduit for community spread of the virus.
- Allow the safe return of students to college university learning environments.

## Public Health Strategies

This section includes strategies that member institutions can consider for their campus needs, focused on the overall health, safety, and wellness of students. Separate sections discuss needs around residence life, dining halls, and the instructional environment. Student health, safety, and wellness is the primary concern of institutions, particularly as it relates to those who are high risk, those who have tested positive for COVID-19, and those who face emotional and/or mental health needs related to COVID-19.

### Providing scientifically sound training and communication

Extensive health and safety training is essential for students prior to their return to campus. Components of training should include current campus-specific policies and procedures, including symptom monitoring, hygiene practices (e.g., handwashing, cough etiquette, frequent disinfection of surfaces, and how to ask questions), physical distancing, and testing, isolation, and quarantine procedures.

Additionally, implementation of signage regarding hygiene practices, room/building capacity, distancing, masks, and other public health measures is recommended.

### Development of quarantine/isolation Protocol

Institutions with residential facilities should demonstrate the capacity to provide appropriate isolation and quarantine for residential students. Protocols should be established on campus for students who have tested positive for COVID-19 including the designation of isolation rooms and provision of basic needs for those students including food, laundry, and other services.

Additionally, protocols should be developed for students who have been exposed, including quarantine protocols and provision of basic needs.



### High-risk Populations and Students in Quarantine/Isolation

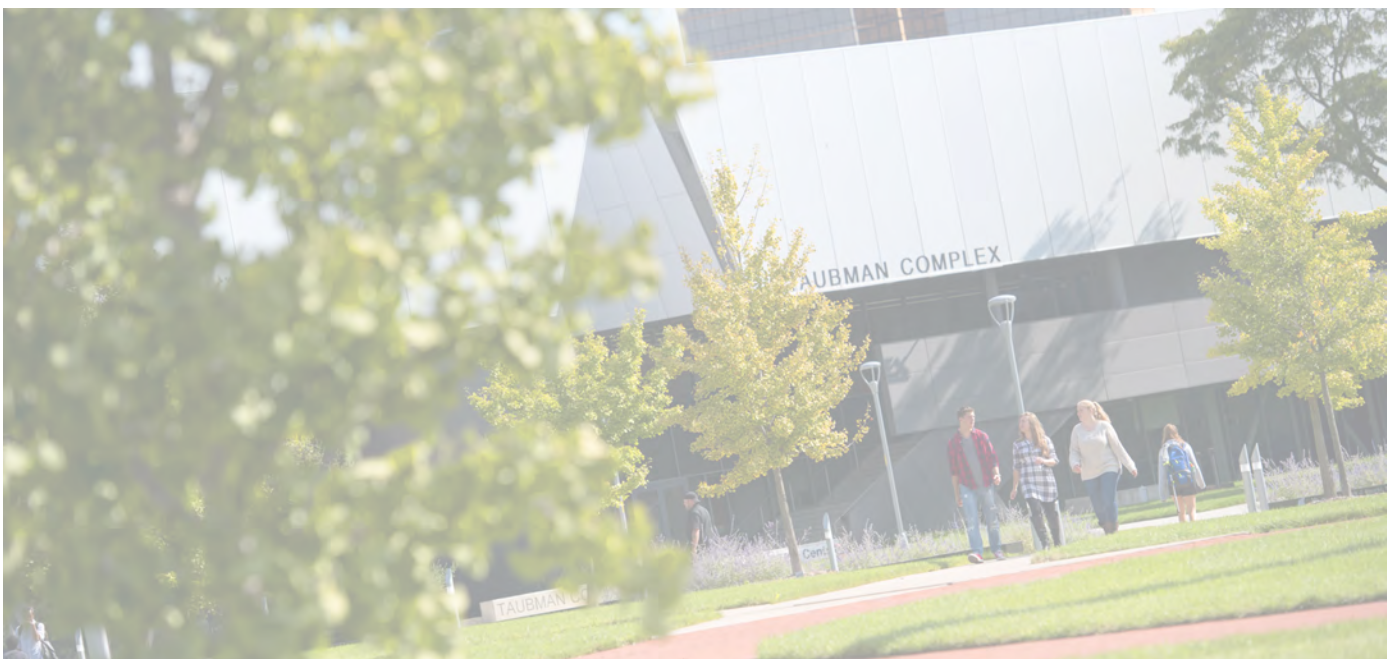
Institutions of higher education are committed to providing uninterrupted education to their students. To the extent practical, virtual instruction options, real-time, and/or recorded digital access to classes should be provided for students in isolation, quarantine, or high-risk populations. Student support services including library materials, academic and career advising, tutoring, and counseling should continue to be made available online and in other formats, as practical.

### Stigma, Mental, and Emotional Health Needs

Institutions should prepare for increased services addressing stigma and mental and emotional health needs. Some students may face stigma and discrimination due to COVID-19. These groups may include people who are of Chinese or Asian descent, as well as some individuals who have traveled from hot spot areas, have served as emergency responders, or have been exposed to or tested positive for COVID-19. Further, the uncertainties around COVID-19 and the physical isolation students may experience as a result of distancing efforts may cause or heighten other mental health needs such as depression and anxiety.

It is important for institutions to provide accurate and timely information about COVID-19 to students, staff, and faculty to minimize the potential for stigma on college and university campuses. Institutions should be prepared to provide mental health support to promote resilience among those groups affected by stigma and other mental health needs related to COVID-19.

All mental health services should be provided in accordance with protocols developed by the institution around distancing, disinfection, and mitigation of risk around COVID-19. As such, protocols should be developed to outline how these services can be provided safely while also complying with professional confidentiality guidelines.



*Lawrence Technological University*

### Potential Models for Student Health

- Develop training modules for new students as part of first-year orientation.
- Encourage students who have symptoms of COVID-19, tested positive for COVID-19, or have been exposed to someone with COVID-19 to follow CDC recommendations to stay home or self-isolate before returning to class or campus.
- Utilize existing student listservs for regular COVID-19 updates.
- Work with the student government or similar organizations, along with communications department, to develop an effective communication plan.
- Work proactively to increase supports in the wellness center and/or work with community mental health partners to anticipate an increased need for mental health services.
- Partner with local anti-stigma and mental health organizations (e.g., Be Nice) to develop anti-stigma messaging.
- Develop a reporting system for stigma-related incidents on campus and/or concerns about student mental health.
- Encourage students to use personal protective equipment and hand sanitizer when using public transportation.
- Implement flexible sick leave & absence policies and practices that enable students to stay home or self-isolate when they are sick, have been exposed, or caring for someone who is sick.
- Examine and revise policies for excused absences and virtual learning.
- Develop policies for returning to classes after COVID-19 illness.
- Discourage sharing of items that are difficult to clean or disinfect.
- Limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
- Discourage students from sharing electronic devices, books, pens, and other learning aids.

# Checklist: Student health, safety, and wellness

COMPLETE   IN PROGRESS   NOT STARTED   NOT APPLICABLE

Develop comprehensive student training program.

Establish a system for on going communication with students around new protocols and/or developments around COVID-19 and the response to COVID-19.

Develop protocols for students who identify as high risk, who are living with individuals who are high risk, or who are in quarantine or isolation due to COVID-19.

Prepare for increased mental health needs among students.

Develop protocols for delivery of emotional and mental health services including both individual and group counseling.

# SECTION TWO: EMPLOYEE HEALTH, SAFETY, AND WELLNESS

## Guiding Principles & Goals

- Ensure the safety, health, and well-being of all faculty and staff.
- Provide employees with the education and training needed to work in a university environment under phase five conditions.
- Mitigate the risk that faculty and staff become a conduit for spread of the virus.
- Adapt the work environment, workflows, meetings, and congregating spaces to mitigate virus transmission and ensures college and university operations.
- Provide faculty and staff with protocols and necessary personal protective equipment (PPE) to reduce exposure and work safely.

## Public Health Strategies

As our campuses reopen, member institutions will consider best practices for ensuring employee health, safety, and wellness. Given the variety of settings and contexts, these will vary widely. Public health strategies that institutions will want to consider include training, risk mitigation, communication, and accommodations for those with extenuating health needs and/or health concerns.

In order to promote safety, health, and well-being prior to returning to work, faculty and staff should receive comprehensive training that minimally addresses COVID-19 risk factors and protective behaviors (e.g., handwashing, cough etiquette, use of face masks, workplace infection-control practices, frequent disinfection of surfaces, methods to control occupational exposure, how to ask questions or report unsafe working conditions, and the proper use of PPE, donning and doffing of PPE, limitations of PPE), as well as additional campus-specific safety requirements, protocols, and expectations (e.g., the steps an employee must take to notify the institution of any symptoms of COVID-19 or any suspected or confirmed diagnosis of COVID-19) to ensure everyone and their communities stay safe and prevent the spread of COVID-19.

Trainings should be consistent with COVID-19 guidelines issued by OSHA, CDC, and relevant regulatory bodies. On going training should be provided when new or modified tasks or procedures are developed as well as to reinforce the initial messages.

A protocol should be developed to mitigate the risk that faculty and staff become a conduit for community spread (refer to section on “Monitoring, Testing, Contact Tracing, and Surveillance”). Institutions should require face coverings to be worn when faculty and staff cannot consistently maintain six feet of separation from other individuals in the workplace and consider the use of face shields for those whom cannot consistently maintain three feet of separation. Institutions also should continually re-examine faculty and staff travel policies in accordance with national, state, and local recommendations and guidelines.

Executive Order No. 2020-91 requires institutions to restrict all non-essential travel for faculty and staff, including in-person conference events. Institutions should identify communication channels to provide faculty and staff with up-to-date information around COVID-19 and the institutional response and protocols.

Policies and procedures should be developed to promote remote work to the fullest extent possible. These procedures should provide reasonable accommodations for working from home for faculty and staff who are in high-risk medical categories, living with people in high-risk medical categories, or who are currently in quarantine or isolation for COVID-19.

Special attention should be given to work environments specifically identifying ways to limit the number of people on campus at once, in-person meetings and/or develop protocols for safe in-person meetings, discourage congregating on campus at any time, and pay special attention to common spaces and equipment (e.g., departmental offices, copy machines, laboratories).

### Potential Models for Employee Health, Safety, and Wellness

- Develop a series of trainings to be held prior to returning to work, the first day of work, and on going as protocol or the COVID-19 context changes.
- Encourage faculty and staff who have symptoms of COVID-19, tested positive for COVID-19, or have been exposed to someone with COVID-19 to follow CDC recommendations to stay home or self-isolate before returning to campus.
- Utilize existing communication channels to convey information (e.g., emergency alert systems, daily e-mail listservs).
- Inform faculty and staff which communication channels should be used for information around COVID-19.
- Promote remote work to the fullest extent possible.
- Develop a system for approving in-person meetings for faculty and staff and/or develop criteria for in-person meetings.
- Require face coverings in shared spaces, including during in-person meetings and in restrooms and hallways.
- Limit the number of people on campus by staggering start times, adopting “shifts” or a rotational schedule, or assigning on-campus hours that include evenings and weekends.
- Designate spaces for specific groups of people (e.g., limit access to individual laboratories or department offices to a specific subset of people). For instance, adjust policies to limit access to department offices only to faculty and staff members from that office along with maintenance and facilities staff.
- Design new ways of providing services on campus that limit physical contact including library, mail, and print services.
- Encourage faculty and staff to use personal protective equipment and hand sanitizer when using public transportation.



# Checklist: Employee health, safety, and wellness

COMPLETE    IN PROGRESS    NOT STARTED    NOT APPLICABLE

Develop comprehensive employee training program in compliance with Executive Order 2020-91.

Establish a system for on going communications with faculty and staff around new protocols and/or developments around COVID-19 and the response to COVID-19.

Develop protocols for employees who identify as high-risk or who are living with individuals who are high-risk, or who are in quarantine or isolation.

Develop policies and procedures to address the work environment including workflow, faculty/staff meetings, and shared spaces.

Establish a system for the distribution of PPE to on-campus employees where needed.

Develop a plan that requires face coverings to be worn when faculty and staff cannot consistently maintain six feet of separation from other individuals in the workplace.

Follow Executive Order 2020-36, and any executive orders that follow it, that prohibit discharging, disciplining, or otherwise retaliating against employees who stay home or who leave work when they are at particular risk of infecting others with COVID-19.

## SECTION THREE: COMMUNITY SAFETY AND WELLNESS

### Guiding Principles & Goals

- Ensure the institution does its part to promote safety, health, and well-being in the neighborhoods, schools, towns, and cities where our member institutions carry out its educational mission.
- Provide clear communications and instructions for all visitors to campus with appropriate registration, screening, and prevention protocols needed to preserve the health and safety of the campus community.
- Mitigate the risk that faculty, staff, and students become a conduit for community spread of the virus both within and beyond campus spaces.
- Adapt the work environment, workflows, meetings, and congregating spaces to mitigate virus transmission and ensure the safety of college and university operations.

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### Public Health Strategies

Institutions of higher education often serve and rely on members of the community. Historically, these opportunities included public lectures, plays, and concerts; guest lecturers; and sporting event spectators. Our institutions recognize that these kinds of events may need to be adapted, limited, postponed, or canceled altogether to help mitigate the risk of transmission of COVID-19.



Finlandia University

**“Mitigate the risk that faculty, staff, and students become a conduit for community spread of the virus both within and beyond campus spaces.”**

Each institution will want to think about their community presence and what strategies they can adopt to promote health within the broader community. In the current environment, protocols should be developed to limit and register campus visitors. Protocols also should include elements of temperature and symptom monitoring.

Although models of interaction will change, institutions should continue to invest in their communities through student internships (with proper protocols in place), online opportunities (e.g., lectures, community classes), and critical partnerships with community organizations (e.g., faculty and staff participation on community advisory boards, collaborative community research and evaluation projects). These interactions should occur with safe and healthy precautionary measures in place, such as developing hazard assessments for each setting in which students are placed.

The success of the strategies outlined in this document rely on well-established partnerships and close collaboration with local health departments and health systems. These communication channels need to be established and/or strengthened to ensure community health and well-being.

### *Potential Models for Community Safety & Wellness*

- Work with the local health department to develop a set of guidelines as to what needs to be the status of COVID-19 in the community and what set of criteria need to be demonstrated at the institution prior to holding community events.
- Develop innovative clinical internships that interact with the community without face-to-face contact (e.g., teletherapy models) in conjunction with guidance from professional accrediting bodies, the CDC, and other relevant organizations.
- Solicit the community for ways the institution can support its COVID-19 response such as assisting with research and evaluation, providing professional support for contact tracing efforts, manufacturing PPE and hand sanitizer, or serving in other critical volunteer roles.

# Checklist: Community safety and wellness

COMPLETE   IN PROGRESS   NOT STARTED   NOT APPLICABLE

Develop policies and procedures to limit and register on-campus guests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop protocols for monitoring symptoms and temperatures of on-campus guests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify low-risk ways to continue to provide high-quality engagement with the broader community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop strong partnerships with local health systems and the local health department.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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# SECTION FOUR: MONITORING, TESTING, CONTACT TRACING, AND SURVEILLANCE

## Guiding Principles & Goals

- Determine self-monitoring and quarantine guidelines in accordance with current recommendations from the CDC and local health department prior to reopening the campus.
- Monitor all members of the institution who come to campus to ensure a healthy start to the academic year.
- Identify students, faculty, and staff with symptoms, manage asymptomatic carriers when more is known about this population, manage the isolation and care of individuals with positive test results, and manage the needs of individuals in quarantine due to recent exposure to a COVID-19 case to prevent community spread of the virus.
- Assist the local health department, as needed, in contact tracing work to inform and quarantine those who may have been exposed to the virus.
- Develop a system of on going communications and information exchange with the local health departments and health systems to ensure an accurate understanding of the state of COVID-19 in the community.

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## Public Health Strategies

Member institutions will want to work with their local health departments to determine their role in monitoring, testing, contact tracing, and surveillance. The level of involvement will vary greatly based on the institutional capacity and the presence of a fully staffed health center on campus. Some institutions may rely more on the resources of the local health departments and health systems while others may be able to play a more active role in these processes and procedures.

When a faculty member, staff member, or student is identified with a confirmed case of COVID-19, the institution will notify both the local public health department and anyone on campus who may have come into contact with the person with a confirmed case of COVID-19, within 24 hours.

### Temperature and Symptom Monitoring Protocol

Temperature checks and symptom monitoring protocols should be developed for residential students, faculty, and staff as well as those students living off-campus.

A process for daily symptom monitoring should be implemented in accordance with the current CDC or health department requirements and Executive Order 2020-91 that should include all current symptoms of COVID-19 and suspected or confirmed exposure to people with possible COVID-19. The process should ensure feedback to the faculty, staff, or student on how to proceed. Additionally, measures should be instituted to review and monitor symptoms to identify potential cases, identify and investigate trends, and to assist in contact tracing.

If visitors are permitted on campus, the institution should consider a plan to screen the temperature and symptoms of visitors before they enter campus spaces. Institutions should consult with their local health departments who may already have plans in place for reopening safely, such as the *Kent County Back To Work Safely* plan.



Reopening campuses and remaining open is contingent upon protocols to safely isolate and quarantine their communities in order to prevent rapid spread.

Early strict isolation for a minimum of 72 hours after the onset of any, even mild, symptoms is foundational. Then consideration should be given to testing for COVID-19 after the completion of the 72 hours of isolation to ensure an abundance of caution was used when the person could have been most contagious. During the 72-hour isolation, testing could occur for persons with symptoms of potential COVID-19 infection. Current symptoms include fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, new vomiting or diarrhea, and/or sore throat.

#### Availability of and Capacity to Perform Molecular Testing

The institution should establish an adequate molecular testing plan (*in this document, molecular testing refers to testing that identifies viral nucleic acids within a biological sample, not serology testing*) for symptomatic students and employees. Protocols also should be developed for tracking and testing faculty, staff, and students traveling from high-risk areas. Ideally, the test sample for COVID-19 should be collected on campus, limiting symptomatic persons from potentially transmitting the virus to the broader community. If on-campus collection is not feasible, there should be a plan in place for molecular testing approved by the local health department. The tests should be conducted at a CLIA-certified laboratory to ensure that positive tests are clinically actionable. Institutions need to adjust testing protocols as the types of tests and recommendations for testing change.

Institutions should rely on information from the state and local health departments and private laboratories regarding the availability of molecular testing. The institution should demonstrate access to sufficient capacity for molecular testing with rapid turnaround times.

#### Surveillance

Institutions should work closely with local health departments to identify best practices and data needs.

Minimally, institutions should have surveillance data which includes symptom monitoring, number of tests completed and percentage testing positive, and rates of transmission.

#### Contact Tracing

Contact tracing is an integral part of outbreak control. The institution should work with its local health department to identify the level of involvement the local health department would like them to take in contact tracing. The role of the institution in the contact tracing process will vary depending on the institution's clinical capacity and ability to abide by HIPAA standards.

If the local health department chooses to partner with the institution in the contact tracing process, the protocol should minimally include:

- comprehensive training for those who will engage in contact tracing,
- development of a survey document to use with those who were exposed,
- a system to follow up with those who were exposed who are and become symptomatic,
- a process for supporting the quarantine of those who were exposed,
- a plan for appropriate follow-up, and
- a plan for sharing information with the local health department.

All of this needs to occur while maintaining the privacy of the person. These processes will rely on a strong partnership with the local health departments who already have these processes and procedures laid out. It is anticipated that the institutions can ease some of the burden of the local health department by facilitating contact tracing within the institution.

#### On-going Reporting

All efforts in monitoring, testing, contact tracing, and surveillance should be done in collaboration with the local health department. As noted in sections above, institutions should work closely with local health departments and health systems to determine best practices in this area, differentiate the roles/responsibilities of both entities in these areas, and develop a plan reporting any case of COVID-19 to appropriate health officials that meets regulations outlined in HIPAA, FERPA, ADA, and other relevant policies.

### Potential Models for Monitoring, Testing, Contact Tracing, and Surveillance

- Gather daily symptom monitoring (e.g., gathered through apps or other methods).
- Establish temperature checkpoints to be set up across campuses.
- Collaborate with nursing departments to add public health rotations to nursing clinical rotations. These rotations could assist with functions such as temperature checks, reviewing symptom monitoring data, and assisting with non-medical needs of students in quarantine and isolation.
- Employ population screenings for COVID-19 as individuals come to campus. By conducting tests of the entire population in addition to symptom monitoring, it may identify asymptomatic and/or cases with lack of awareness of symptoms. Population screening/testing will allow the institution to carry out immediate quarantine and isolation methods. It will also aid in decision making and assessment of need. Based on current public health guidelines, the entire population may be rescreened after 7 to 14 days to ensure against false negatives on the first round of testing.
- Contract with private laboratories to fulfill testing needs. It is imperative that these laboratories are CLIA certified.
- Work with the state and local health departments to define roles. For instance, in Connecticut, they are authorizing institutions of higher education to engage in contact tracing efforts.
- Under guidance from a local health department, an institution may adopt a variety of methods of contact tracing including utilizing existing technological resources to convey information quickly.
- Universities with nursing and other allied health programs may be able to develop clinical rotations in public health that train students to engage in symptom monitoring and contact tracing efforts. On going surveillance models will likely evolve as testing becomes more widely used.

# Checklist: Monitoring, testing, contact tracing, and surveillance

COMPLETE   IN PROGRESS   NOT STARTED   NOT APPLICABLE

Protocols developed for daily entry self-screening of all employees or contractors entering the workplace that includes symptom monitoring and suspected or confirmed exposure to people with possible COVID-19.

Protocols developed for temperature and symptom monitoring of all faculty, staff, students, and visitors.

On-campus capability to obtain/provide testing.

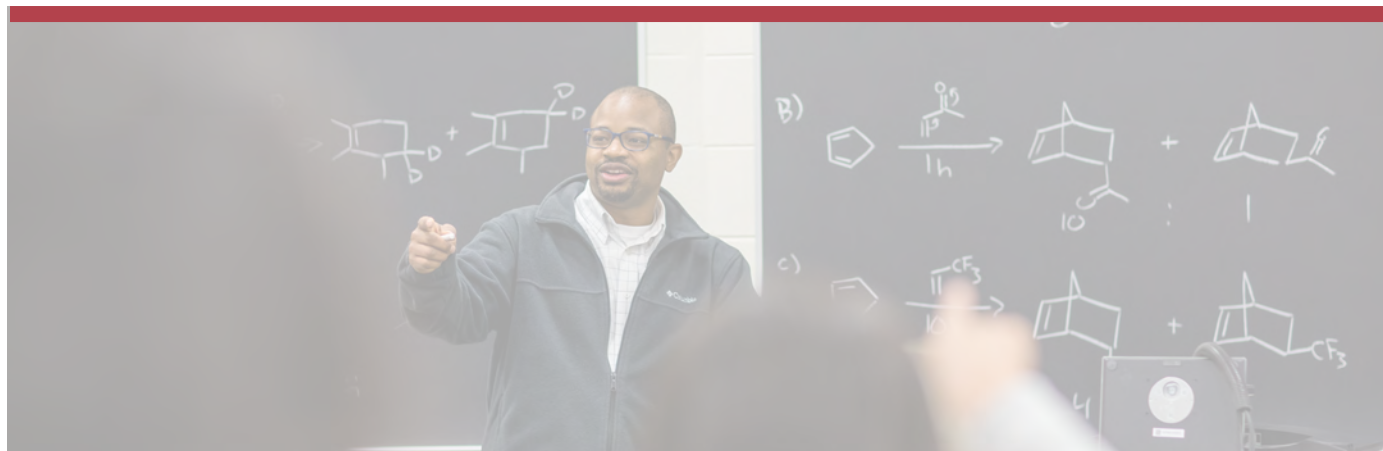
Testing agreements are in place with a CLIA certified laboratory.

Expanded contact tracing through local health departments to identify and isolate positive institution-related cases.

Protocols developed in conjunction with the local health department and other relevant bodies to develop a reporting system in compliance with Executive Order 2020-91.

Institutional liaison to local health authority to assist with contact tracing.

Collection of surveillance data in collaboration with the local health department.



Kalamazoo College

## SECTION FIVE: INSTRUCTION, CLINICAL TRAINING, AND LEARNING SPACES

### Guiding Principles & Goals

- Ensure a safe return to campus with community-based learning and adaptive face-to-face instruction.
- Leverage institution's commitment to high-quality education in the context of smaller class sizes.
- Provide faculty and staff with the development, training, and technology to adapt to the changing conditions caused by the virus and the directives of state and local authorities.
- Promote safety and well-being among all students, faculty, staff, and community members by ensuring proper physical distancing, disinfection strategies, and preventative measures.

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### Public Health Strategies

Campus life will be different upon our return, perhaps most noticeably in the instructional environment. Each institution will need to consider the best strategies for in-person learning that fit its instructional environments. While no one size fits all, some common changes should include reductions in the density of groups in classrooms, seating arrangements in classrooms, instructional design, laboratory settings and protocols, and hybrid course offerings (i.e., various combinations of face-to-face and online instruction).

Classroom and laboratory occupancy and density should be consistent with current guidelines on square footage per student. Careful thought should be given to maximizing the educational experience while minimizing the risk of transmission. This may also include considering making changes to the academic calendar including earlier start dates, later start dates, rolling starts, continuing through holidays and other breaks, and/or changing the length of terms.

Multiple physical distancing strategies should be implemented per the CDC guidelines, including:

- Canceling or modifying courses where students are likely to be in very close contact, such as lecture courses with close seating, or music or physical activity classes where students are likely to be in close proximity.
- Implementing current CDC guidelines for physical distancing seating arrangements and instructor lecture areas. Where possible, rearranging desks to maximize the space between students or designating which seats can be used in lecture halls to increase space between students. Turning desks to face in the same direction (rather than facing each other) to reduce transmissions caused by virus-containing droplets (e.g., from talking, coughing, sneezing).
- Limiting the number of students in laboratory settings and implementing physical distancing measures. This may be done through shortening lab times and increasing lab sections or decreasing the frequency of in-person lab sessions.

Disinfection strategies should be developed and employed for all shared classroom spaces, including sanitation of desks after use, and regular sanitation of classroom doorknobs, light switches, and shared computer equipment. Similarly, stringent disinfection protocols should be implemented in all laboratory settings.

Current preventative materials should be used in all in-person settings, as determined in consultation with the local health department and current recommendations from the state health department and CDC. For instance, face masks may be required in all classroom and laboratory environments.

Strategies should be developed to accommodate the needs of students and staff at higher risk of COVID-19, for those living with individuals at higher risk, and for those who are in isolation due to a positive COVID-19 test result or in quarantine due to exposure to someone who tested positive.

Potential strategies include:

- Live streaming of all in-person lectures, allowing students to attend in-person or online.
- Providing faculty in high-risk categories, or living with individuals at high-risk, to offer their courses in an online environment or provide them with alternate responsibilities.
- Develop more flexible course drop policies and/or course incompletes for students who test positive for COVID-19.

Strategies should be in place for developing and maintaining a strong online presence for each course to ensure that students have the tools for a high-quality education regardless of how they are able to participate.

While not directly related to public health, promoting a strong online presence may prevent students and faculty from hiding symptoms and should help ensure they follow symptom reporting and quarantine guidelines. Preparing hybrid courses (with both an online and in-person format) should also make it easier for institutions to more quickly suspend in-person classes as necessary with minimal disruption for students.

Professional programs (e.g., nursing, education, recreation therapy, speech pathology, social work) should work with accrediting bodies to develop clinical internships that both meet the requirements of the accrediting organization and promote overall health and safety.

Courses and programs that require academically-based service learning should suspend that pedagogy until effective strategies for engaging in such learning can be implemented.



### Potential Models for Instruction, Clinical Training, and Learning Spaces

There are a variety of ways public health strategies can be fully incorporated into in-person instructional settings that will vary based on the type of course and the unique setting/context of the institution.

In order to fully comply with strategies outlined by the CDC and in consultation with the local health department, some models may include:

- Prioritize in-person instruction for courses with academic outcomes that cannot be measured or achieved virtually, such as laboratory and clinical experiences.
- Implementation of close monitoring and tracking of in-person attendance and seating arrangements to facilitate contact tracing in the event of an exposure.
- Implement smaller class/lab sizes and adding more sections.
- Block off the first row of seats to provide additional space between instructors and students.
- Use larger gathering spaces on campus to provide appropriate physical distancing for class sections.
- Develop cohort models of learning. These cohorts could take all the same classes, live on the same floors, and be assigned the same dining times. The cohorts may be divided by class level or major or some other variable.
- Create hybrid courses which allow subsections of students to attend in-person/online on any given day. For example, if a course were offered on T/Th, group one could attend in-person on Tuesdays and online via live streaming on Thursdays versus group two who could attend online on Tuesdays and in person on Thursdays.
- Implement targeted curriculum, with more limited numbers of courses that permit flexible formats or appropriate physical distancing structures.
- Implement split curriculum, with all students taking some online courses to facilitate social distancing, or HyFlex, with courses designed for simultaneous online and in-person learning.
- Implement resident virtual learning, with students residing on campus having access to virtual classes.

### Potential Models for Instruction, Clinical Training, and Learning Spaces (continued)

- Waive residency requirements, with students combining intensive periods of faculty interaction on campus with periods at home.
- Offer modified tutorials, with faculty teaching small groups of students at increased intervals.
- Provide clinical internships that serve public health needs such as a nursing rotation in public health that includes assistance with contact tracing, symptom monitoring, and surveillance efforts.
- Create structured experiences for learning off-campus for small groups of students.
- Implement calendar changes including earlier start dates, delayed starts, rolling starts, altering break schedules to limit student travel, and/or changing the length of terms.
- Develop attendance and excuse policies that acknowledge and support students who become ill without creating barriers and without requiring unnecessary visits to health facilities for documentation of illness.



Siena Heights University

# Checklist: Instruction, clinical training, and learning spaces

COMPLETE    IN PROGRESS    NOT STARTED    NOT APPLICABLE

Physical distancing protocols in place for all in-person instructional spaces.

Disinfection protocols in place for all instructional spaces.

Disinfection sprays and wipes available in all instructional spaces.

Clear communications and trainings are provided regarding in-person instructional expectations.

All in-person courses are offered in a hybrid format to allow students at risk, living with a person at risk, and/or quarantined to successfully continue/complete their courses.

Faculty at risk or living with someone at risk are given (1) the option to teach a course exclusively online, or (2) an alternative assignment.

In-person instructional models should be developed in consultation with the local health department and/or with other non institutionally-affiliated public health experts.

# SECTION SIX: RESIDENCE HALLS & OTHER RESIDENTIAL SPACES

## Guiding Principles & Goals

- Ensure a safe return to on-campus living and learning in place in college and university housing.
- Build supportive student communities to advance academic excellence and learning goals aligned with the mission of each college or university.
- Promote health, safety, and well-being among all student residents by ensuring proper training, disinfection strategies, and preventative measures for community living.
- Work in partnership with campus health officials and community health providers to develop adaptive strategies to prevent, monitor, detect, and trace infection outbreak among residents.

## Public Health Strategies

For those member institutions with residential housing, thought will need to be given to the housing environment. The plans employed will vary greatly due to the variation in types of housing and density of housing on our campuses. Major goals of residence life efforts are community and relationship building in the campus environment. These facets of residence life spill into residential housing options and are designed to facilitate social gathering and community-building.



College for Creative Studies

“**Ensure a safe return to on-campus living and learning in place in college and university housing.**”

In response to COVID-19, many of the practices that are intentionally designed for residence halls and other residential buildings will have to be modified/adapted or abandoned.

The institution should work with the local health department to determine if and when residents can return to on-campus housing. When this determination is made, safe on-campus housing should be provided based on adherence to CDC guidelines and in consultation with the local health department.

Some public health strategies may include:

- Developing regular messaging to residents about public health guidelines and hygiene practices.
- Monitoring symptoms and temperatures of residents.
- Designating isolation and quarantine rooms for those with symptoms and ordering case management services including food delivery, psychological support, and other essential support).
- Limiting occupancy in residential facilities to decrease density and promote distancing.
- Establishing procedures for how to re-house roommates of those who are sick.
- Working with local public health officials to take additional precautions if cases of COVID-19 have been identified among residents of on-campus housing. Individuals with COVID-19 may need to be moved to temporary housing locations. These individuals will need to self-isolate and monitor for worsening symptoms according to the guidance of local health officials.
  - Close contacts of the individuals with COVID-19 may also need temporary housing so that they can self-quarantine and monitor for symptoms.
  - Protocols should be established in consultation with local health officials to determine when, how, and where to move ill residents.
- Working with local public health officials to determine appropriate housing for those who need to be in isolation or quarantine. Residents with COVID-19 or identified as contacts of individuals with COVID-19 should not necessarily be sent to their permanent homes off-campus. Sending sick residents to their permanent homes could be unfeasible, pose logistical challenges, or pose risk of transmission to others either on the way to the home or once there.
- Ensuring any staff remaining to support students in on-campus housing receive necessary training to protect themselves and residents from spread of COVID-19. Staff should also be trained on how to respond if a resident becomes ill. Adequate cleaning and personal hygiene supplies should be made available.
- Cleaning and disinfecting shared areas (such as exercise room, laundry facilities, shared bathrooms, and elevators) and frequently touched surfaces using EPA-registered disinfectants more than once a day, if possible.
- Considering any special needs or accommodations for those who need to take extra precautions, such as staff and students of any age who have serious underlying medical conditions. Special housing arrangements should be provided for students with these needs who opt to live on campus.
- Limiting staff entering residents' rooms or living quarters unless it is necessary. Use virtual communications and check-ins (phone or video chat), as appropriate.
- Limiting the presence of non-essential volunteers and visitors in residential facilities.
- Using physical barriers, such as sneeze guards, or extra tables or chairs, to protect front desk/check-in staff who will have interactions with residents, visitors, and the public.
- Providing COVID-19 prevention supplies for staff and residents in common areas such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, and, if possible, cloth face coverings that are washed or discarded after each use.

### Potential Models for Residence Halls & Other Residential Facilities

- Close off all common gathering areas and/or designate common gathering areas per floor.
- Develop an in-house laundry service or assign laundry times to students and develop cleaning protocols for shared laundry facilities.
- Designate sinks, bathrooms, and showers for specific rooms/people. Provide cleaning caddies for each room and student. Develop cleaning instructions and schedules for student rooms and shared bathrooms.
- Implement structural changes in residential and dorm rooms such as removing bunk beds and identifying modes for physical distancing in rooms.
- Reduce occupancy in rooms and buildings (two students instead of three, or two per suite rather than four).
- Provide “health kits” to each student upon check-in for symptom monitoring.
- Designate units and/or buildings for isolation and quarantine, possibly separate from other residential spaces.
- Develop and implement student training on “doing your part” to clean up after meals, bathroom visits, etc. Ensure the entire responsibility for mitigating risk is not on staff but the entire campus community.
- Move residential staff in higher risk populations out of residential life jobs and into other jobs with less face-to-face interaction.
- Implement no-visitor or limited-visitor policies (requiring visitors to fill out health forms ahead of entering buildings).
- Develop protocols for shifting student housing or removing students from campus should the health situation or state policy require it.
- Provide comprehensive services for students in isolation or quarantine, including: delivery of meals, counseling and/or spiritual services remotely as needed, develop and train a team of staff and students to provide on-call assistance for personal needs (e.g., medication pick-up, delivery of hygiene supplies), provide transportation to medical care if needed.



# Checklist: Residential halls & other residential spaces

COMPLETE    IN PROGRESS    NOT STARTED    NOT APPLICABLE

Identify isolation and quarantine locations on campus.

Close or develop physical distancing protocols in common lounges and gathering places in residence halls and other residential facilities.

Require face coverings outside of living quarters (e.g., dorm rooms, on-campus suites and apartments).

Regularly disinfect common areas.

Develop protocols regarding room configurations.

Work in close collaboration with local public health officials to make all decisions related to on-campus housing.

Develop housing protocols for students who have been exposed to someone who has tested positive for COVID-19.

Develop protocols for shifting student housing or removing students from campus, should the health situation or state policy require it.

## SECTION SEVEN: DINING HALLS & OTHER FOOD SERVICES

### Guiding Principles & Goals

- Implement safe preparation and delivery of food services, developed in-house and/or in collaboration with contractors and vendors.
- Promote safety and well-being among all students, faculty, staff, and community members by ensuring proper physical distancing, disinfection strategies, and preventative measures in on-campus dining settings.
- Mitigate the risk that food service staff become a conduit for community spread of the virus.

### Public Health Strategies

Public health strategies in the area of dining services will largely be dependent on plans developed by dining services vendors. However, it is important to coordinate with those vendors to ensure that the health and safety of students, faculty, and staff are being considered. Dining services should operate under regulations set by the local and state health departments.

When dine-in service is possible, it should include distance spacing between tables and seats, implement limited hours, and include increased hygiene for staff and cleaning of shared dining spaces.



Adrian College

**“Mitigate the risk that food services become a conduit for community spread of the virus.”**

Further, dining facilities should include extensive signage and availability of sanitation stations. Options should be explored for developing a greater range of premade and to-go options to limit in-person contact. Since dining services are often contracted out, it is imperative that the institutions are active in the design and implementation of these policies and procedures.

Protocols should be developed based on community risk and presence of COVID-19 on campus.

When there is a case of COVID-19 on campus, minimally, protocol should include, at minimum:

- Consultation with local health officials to determine strategies for modifying food service offerings to the institution's community.
- Consideration of ways to distribute food to students, particularly those who may remain on campus, while classes or other events and activities are dismissed.
- Consideration of how meals can be provided to students who have been relocated to temporary housing and work with local public health officials to determine strategies for providing meals to residents with COVID-19 or who are being monitored because of contact with persons with COVID-19.
- Development of strategies to ensure commuting students or faculty/staff who have tested positive for COVID-19 or are placed in quarantine due to exposure have access to health services and basic needs.
- Ensure any staff remaining on campus to support food services receive necessary training to protect themselves and those they serve from spread of COVID-19. Training should include appropriate use of PPE in conjunction with food safety guidelines, food safety health protocol (e.g., cleaning between customers), and how to manage symptomatic customers upon entry or in the restaurant.
- Require all employees to monitor symptoms and maintain a symptom log.
- Develop a system to notify food service staff if the institution learns an individual with a confirmed case of COVID-19 has visited the dining hall/dining services area.

When there is mild to moderate community risk:

- Consider if and how existing dining services should be scaled back or adapted. For example, an institution may close some of or all its cafeterias/cafes and exclusively provide food offerings through meal delivery or grab-and-go options to discourage students, staff, and faculty from gathering in group settings.
- Eliminate all self-service buffet options.
- Design strategies to avoid food distribution in settings where people might gather in a group or crowd. Consider options such as "grab-and-go" bagged lunches or meal delivery.
- Require all employees to monitor symptoms and maintain a symptom log.
- Install portable hand-washing and sanitation stations by dining hall entrances.
- Only reopen food service areas when there are adequate systems for monitoring social distancing and establishing and enforcing maximum capacity.
- Distribute utensils individually with food.



Alma College

### Potential Models for Dining Halls & Other Food Services

- Install physical barriers, such as sneeze guards and partitions at registers, host stands. Develop table shields to allow different groups to interact over a meal.
- Work with the National Association of College and University Food Services (NACUFS) and the restaurant industry to develop best practices.
- Develop and expand grab-and-go options that include kosher, vegetarian, vegan, and gluten-free options, as requested or appropriate to the customer base.
- Implement on-campus mobile ordering and meal delivery services. Explore ways to implement food ordering through existing online management systems such as Blackboard or Moodle.
- Work with the institutional food service vendor to design and implement policies and protocol.
- Eliminate shared food or drink options such as buffets, salad bars, pizza bars, sandwich stations, beverage stations, etc.
- Require six feet of separation between groups by spreading out tables, using every other table, or removing chairs that are not in use.
- Limit the number of individuals dining in a single facility at one time to 50 percent of normal seating capacity using access control (once capacity is reached only allowing in additional diners as others leaves) or instituting cohort dining (established dining times for customers).
- Install physically spaced floor markers and/or signage for waiting lines inside and outside the facility.
- Post signage at entrances informing individuals not to enter if they are sick or recently were sick. Signage should also indicate masks should be worn until they are seated at a table.
- Require staff to wear face coverings and gloves in the kitchen areas where handling food, consistent with recommendations from the Food and Drug Administration.
- Limit shared items for customers (e.g. condiments) and clean high-contact areas after each customer (e.g. tables, chairs, condiments).

# Checklist: Dining halls & other food services

COMPLETE   IN PROGRESS   NOT STARTED   NOT APPLICABLE

Develop protocols for dine-in services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Install signage and sanitation stations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborate with contracted dining services provider to develop staff policies and procedures specific to COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implement mobile ordering/delivery or other methods of food distribution.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# SECTION EIGHT: EVENTS & LARGE GATHERING SPACES



Madonna University

## **Guiding Principles & Goals**

- Acknowledge the important role institutions play in the engagement of the broader community.
- Identify when and how to safely engage the institutional and broader community through academic, cultural, and social events and gatherings.
- Engage with prospective and admitted students and their families in a safe way.

## **Public Health Strategies**

Institutions of higher education often hold large gatherings including convocations, commencements, sporting events, public lectures, concerts, religious services, conferences, and festivals. As noted by the Johns Hopkins *Guidance for Governors* report, what constitutes a mass gathering is largely based on the current national and local healthcare capacity and context.

Historically, mass gatherings have been sources of infectious disease outbreaks and contribute to the spread of disease. Each of our member institutions has different types of gatherings to consider and, as such, its plans will be individualized to its needs.



Institutions need to be aware of the contribution mass gatherings have on the spread of infectious disease. Even if precautions are taken to mitigate the spread of disease in these gatherings, the high density of people paired with the high probability of spread beyond the institution will add to the concerns of holding such gatherings.

Institutions should develop mass gathering protocols that comply with national, state, and local guidelines and restrictions, include COVID-19 specific risk assessments and mitigation tools, and include consultation with local health officials.

Depending on the type of event, institutions should reference relevant technical guidance documents including the World Health Organization (WHO), National Collegiate Athletic Association (NCAA), and the U.S. Olympic and Paralympic Committee (USOPC).

Although mass gatherings will not be held until safety measures are in place and allowed by executive orders, institutions must continue to engage with prospective and admitted students and their families.

The in-person processes of admissions, enrollment, and student services will look much different in our current context. However, protocols will be developed in these areas to allow for visits that adhere to current health and safety standards.

### Potential Models for Events

- Follow current guidelines and in consultation with local health officials, phase in events by pilot testing smaller events with lower density.
- Develop systems to register all visitors and event participants, allowing for symptom monitoring, temperature checks, and ease of necessary contact tracing post-event.
- Develop models for admissions and campus tours that consider current public health practices. Compared to larger admissions events held in the past, these may shift to individual counseling visits and small group or individual campus tours. More information may shift online such as virtual open houses or meetings with families about financial aid.

“**Acknowledge the important role institutions play in the engagement of the broader community.**”



Cornerstone University

# Checklist: Events & large gathering spaces

COMPLETE   IN PROGRESS   NOT STARTED   NOT APPLICABLE

Develop risk assessment and mitigation tools for holding group gatherings.

Develop protocols for holding large events.

Identify innovative ways to gather and hold “mass events” without in-person contact.

Develop protocols for meeting with prospective and admitted students and their families.

# SECTION NINE: STUDENT ACTIVITIES & VARSITY ATHLETICS

## Guiding Principles & Goals

- Acknowledge student well-being relies on community-building and engagement efforts.
- Develop and implement safe ways for students to interact socially, physically, and emotionally to promote a holistic approach to well-being.



Andrews University

“**...student well-being relies on community-building and engagement efforts.**”

## Public Health Strategies

Many of our member organizations promote a variety of student activities and sports in addition to their instructional offerings. Plans may be made within these institutions to address these areas of functioning and well-being.

## Student Activities

Student activities remain an important part of higher education. Protocols should be developed to maximize student interaction while minimizing physical contact. Some examples of changes in student activities should include designing safe ways to orient new students, providing guidelines and recommendations for student organization operations, limiting sizes of group gatherings based on current recommendations, and identifying creative ways to safely promote human interactions.

Resumption of intramural sports and club sports should be evaluated on a case-by-case basis and should involve a risk assessment, mitigation strategies, and consultation with local health officials.

## Varsity Athletics

Protocols should be developed for varsity athletics in accordance with guidance from the institution's athletic associations. These include the National Collegiate Athletic Association (NCAA), the National Association of Intercollegiate Athletics (NAIA), the National Christian College Athletic Association (NCCAA), Association of Christian College Athletics (ACCA), and other athletic associations and leagues.

Institutions should develop policies and procedures using guidelines provided by the institution's athletic association along with consideration given to recommendations from the National Athletic Trainers Association and the US Olympic and Paralympic Committee (USOPC).

In consultation with local health officials, determination of when athletes can resume normal training should occur, taking into consideration the risk of disease transmission and amount of physical contact.

Further, athletic travel and event planning should be done in consultation with the NCAA, NAIA or other institutional athletic association and the local health department(s) in accordance with local, state, and national guidelines.

### Potential Models for Student Activities & Varsity Athletics

- Adopt cohort models for orientation and/or other student activities—for instance, designing activities for a single residence hall floor rather than entire building.
- Assess recreation and sports programs for their potential for COVID-19 transmission (e.g., individual vs. team sports; high-intensity workouts with possible enhanced risk for aerosolization). Consider a phased return of sports and recreation programs based upon potential risk of transmission in a given activity.
- Start or continue to offer virtual recreation classes.
- Determine protocols for team training to occur. For instance, athletic team members could self-isolate for two weeks or the institution could opt to have all athletes test negative for the virus twice prior to beginning team training.
- Implement a phased-in opening of workout facilities by first opening these up to select groups of student athletes.
- Consider different athletic needs such as contact versus non-contact sports. For instance, perhaps a sport like golf could be safely introduced earlier with proper protocols in place. Use USOPC Sports Event Planning Considerations to assist with determining risk.
- Create a COVID-19 Athletics Action Team.
- Create an Athletics and Sports Medicine COVID-19 Action Plan utilizing resources from athletic associations, the USPOC, and the American College Health Association (ACHA).

# Checklist: Student activities & varsity athletics

COMPLETE   IN PROGRESS   NOT STARTED   NOT APPLICABLE

Protocols for new student orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guidance for student organizations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policies and procedures identified for use of training facilities by student athletes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policies and procedures for athletic practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protocols in place for athletic event scheduling and travel in accordance with institution's athletic association, and related guidance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# SECTION TEN: SUPPLIES & EQUIPMENT

## Guiding Principles & Goals

- Identify types and quantities of preventative materials and PPE needed for the institution to operate at capacity (or at certain percentages of capacity).
- Procure an adequate supply of preventative materials and PPE prior to reopening.
- Maintain an adequate supply of preventative materials and PPE.

## Public Health Strategies

The size and needs of member institutions vary greatly, thus, there will be a variance in the types and quantity of PPE and preventative materials needed to reopen safely.

The institution will need to determine what PPE and preventative supplies should be supplied by the institution versus what should be supplied by the individuals on campus for personal use.

The institution should procure an adequate supply of preventative materials including soap, disinfectant spray, hand sanitizer, paper towels, and tissues.

Additionally, the institution should minimally maintain an adequate supply of PPE including face masks, gloves, and glasses/shields for relevant staff. In the context of acute supply shortages, institutions should comply with CDC-recommended strategies for PPE extended use and reuse.

To increase individual investment in mitigating the spread of the disease, institutions may opt to require members of the campus community to provide some of their own preventative and PPE masks. For instance, students, faculty, and staff may be required to provide their own face masks or to have a personal supply of hand sanitizer.

## Potential Models for Supplies & Equipment

- Procure PPE and other supplies now in preparation for reopening and to account for limited supply chains.
- Order supplies from multiple vendors to increase the chances of procuring an adequate inventory.
- Consider maintaining a 30-day surplus of preventative materials and PPE necessary for the institution's daily operations.
- Create a "supply list" for students, faculty, and staff to provide such as provision of their personal face masks.
- Develop "welcome packages" for students that include items such as hand sanitizer, disinfectant wipes, and face masks, along with information about procuring cleaning supplies and following basic cleaning instructions. This may also assist in community engagement and support for campus cleaning.
- Support healthy hygiene behaviors by providing adequate supplies, including soap, hand sanitizer containing at least 60 percent alcohol, paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible), and no-touch/foot pedal trash cans.



# Checklist: Supplies & equipment

COMPLETE    IN PROGRESS    NOT STARTED    NOT APPLICABLE

Plan for distribution of PPE to staff and students and/or communications on what must be provided by the individual.

Adequate supply of preventative materials and PPE procured.

Plan for continued procurement of preventative materials and PPE.

Plan to provide non-medical grade face coverings to faculty and staff, with supplies of N95 masks and surgical masks currently reserved for health care professionals, first responders, and other critical workers.

Plan for providing cleaning supplies to faculty and staff at the workplace and for providing time for faculty and staff to wash and/or sanitize hands frequently.



Davenport University

# SECTION ELEVEN: FACILITIES OPERATIONS

## Guiding Principles & Goals

- Develop a cleaning and disinfection plan that is consistent with current CDC and EPA guidance.
- Ensure the institution is completely cleaned and disinfected prior to opening.
- Ensure the institution engages in on going cleaning and disinfection measures.
- Implement engineering controls such as high efficiency air filters and sneeze/cough barriers where reasonable.

## Public Health Strategies

### General Facilities Needs

Institutions may consider facility needs based on their unique settings and campus environments. Institutions of higher education are largely designed to facilitate interaction and exchange. Common spaces in buildings should be reconfigured to account for physical distancing and may involve removal of furniture or closing off sections. Protocols should be implemented that consider other shared spaces and equipment including, but not limited to, restrooms, locker rooms, copiers, and office kitchen appliances such as coffee makers. Water fountains should be turned off. To reduce the risk of Legionnaire's Disease and other waterborne diseases, steps should be taken to ensure all water systems (e.g. faucets, drinking fountains) are safe to use. The cleaning staff should follow label instructions for disinfectant dilution, appropriate surfaces, application method, length of time to leave wet (dwell time), etc. The label should also list precautions such as wearing gloves and making sure there is good ventilation during use of the product.

Facility cleaning and disinfection should be increased, especially on high-touch surfaces like door handles.

Current cleaning guidelines and practices may include:

- Normal routine cleaning with soap and water will decrease the amount of the virus on surfaces and objects, which reduces the risk of exposure.
- Disinfection using EPA-approved disinfectants can also help reduce the risk of COVID-19 exposure. Frequent disinfection of surfaces and objects touched by multiple people is important.
- When EPA-approved disinfectants are not available, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 60% alcohol solutions). Do not mix bleach or other cleaning and disinfection products together. This can produce toxic fumes that may be very dangerous inhalation hazards.

Disinfection practices and protocols should be continually adjusted through the frequent monitoring of new recommendations and emergent guidance.

The entire physical campus of the institution should be disinfected prior to anyone returning to campus. Additionally, institutions may opt to replace or clean/disinfect HVAC air filters. Protocols should be in place to ensure the campus establishes a sanitary baseline prior to reopening.

In institutions of higher education, special attention should be given to disinfecting to shared equipment and spaces including:

- Workstations and equipment
- Whiteboards, pens, whiteboard markers, and remotes
- Restrooms
- Food service areas
- Computer screens and keyboards
- Residence halls
- Library facilities
- Laboratory equipment and shared laboratory spaces
- Workout facilities
- Locker rooms
- Tools and equipment used by grounds crew and physical plant staff

During the cleaning shutdown there should be tight controls on who enters/exits the physical campus.

#### Engineering Controls

Additionally, engineering controls could be considered as appropriate to help reduce the spread of the virus.

- Installing high efficiency air filters
- Increasing ventilation rates in the work environment
- Installing physical barriers, such as clear plastic sneeze/cough guards
- Creating one-way walking patterns in hallways
- Limiting building entry to a single entry and separate single exit
- Installing touchless door entry systems
- Installing a drive-by window for customer service

#### Research Laboratories

Special consideration should be given to research laboratories including use of PPE, number of people permitted in labs at each time, protocols for disinfecting shared lab equipment, clear reporting process for symptomatic individuals and/or individuals who have tested positive for COVID-19.

#### Deep-Cleaning and Disinfection Protocols

General disinfection protocols are to be employed for reopening and routine disinfection of the institution. Deep cleaning and disinfection protocols should be implemented when an active faculty, staff, student, or other community member is identified as COVID-19 positive by testing. Institutions may opt, at their discretion, to employ elements of deep cleaning for presumed positives as well.

In the event that a faculty, staff, student, or other community member is identified as COVID-19-positive, the following protocols should be implemented:

- Close off areas visited by the individual. If possible, open outside doors and windows to increase air circulation in the area and then begin cleaning and disinfection. If it is not possible to open outside doors, delay entry into the areas until sufficient time has elapsed for enough air changes to remove potentially infectious particles.
- Clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the COVID-19-positive individual, focusing especially on frequently touched surfaces. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- Use only EPA-approved products for disinfection. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time).

Protocols should be adjusted as new guidance and recommendations emerge from the CDC, EPA, and other regulatory health officials.



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### Potential Models for Facilities Operations

- Assign dedicated entry point(s) for all faculty and staff to reduce congestion at main entrances.
- Use ground markings, signs, and physical barriers as appropriate to the area of the institution to keep everyone at least six feet from one another. This can include visual indicators of appropriate spacing for employees outside the building in case of congestion.
- Determine best methods for performing deep cleans on campus. Some institutions may opt to contract with private companies to conduct deep cleans prior to opening or following a COVID-19 positive case on campus.
- Adopt any additional infection control measures that are reasonable in light of the work performed in each area of campus and the rate of infection in the surrounding community.
- Adopt engineering controls in various parts of campus. For instance, the institution may opt to install clear plastic cough guards in front of all front desks such as in department offices.
- Remove chairs and desks to ensure proper physical distancing in conference and waiting rooms.
- Post maximum occupancy in common break areas and configure to accommodate appropriate physical distancing.
- Turn off water fountains.
- Eliminate reusable kitchen items (flatware, dishes, and cups) and cleaning tools (sponges, brushes, and towels) and replace with single use options.
- Identify frequently-touched areas (e.g., doors, cabinets) and investigate options to implement no/reduced touch options.
- Assign dedicated entry point(s) and/or times into laboratory buildings and/or spaces.
- Limit the number of people per square feet of floor space permitted in a particular laboratory at once.

# Checklist: Facilities operations

COMPLETE    IN PROGRESS    NOT STARTED    NOT APPLICABLE

All common/shared areas are assessed and adjusted to account for physical distancing of at least six feet.

Prior to opening, the entire institution is cleaned and disinfected in accordance with current CDC and EPA guidance.

Installation of physical barriers.

Increased ventilation rates where possible.

Air filters replaced, possibly with high efficiency filters.

Deep cleaning and disinfection plans are established for when there is a person who tests positive for COVID-19 on campus.

Cleaning and disinfection plans are continually updated to reflect changes in CDC and EPA guidance.

Develop and implement an on going cleaning and disinfection plan in accordance with current CDC and EPA guidance that pays particular attention to high-touch surfaces and shared equipment and areas.

Develop signage about the importance of personal hygiene.

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