

COVID-19 Reopening Guidance for Universities and Colleges

**Philadelphia Metropolitan Area
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I. Introduction

The Philadelphia Department of Public Health (PDPH) has developed this guidance document to help colleges, universities and other institutions of higher education plan for the reopening of their institutions in the setting of the COVID-19 pandemic. As disease activity decreases, workplaces and schools may resume activity, but social distancing practices may still be required to prevent a significant resurgence in cases. PDPH recommends that colleges and universities update their existing pandemic plans to reflect this current information. Because COVID-19 is caused by a novel coronavirus about which we are still learning, it is unclear how long the pandemic will persist. Guidance is also likely to change as more scientific knowledge about transmission properties and immune response emerges. As such, colleges and universities should prepare to readily respond to changes in recommendations.

During a pandemic, decisions about which strategies to implement should balance the goal of reducing the number of people who become seriously ill or die from COVID-19 with the goal of minimizing educational and social disruption. This document is meant to serve as a planning tool and the recommendations provided are not compulsory. General principles and disease control recommendations presented in this document may apply to a variety of infectious disease agents beyond COVID-19. There are also some important key concepts that should be considered with plans for reopening:

1. Colleges and universities are at high risk for disease transmission due to shared living spaces, frequent opportunities for in-person socializing and classroom instruction.
2. Recommendations for reopening emphasize a gradual resumption of activities to minimize a resurgence in cases.
3. Resumption of activity will need to be accompanied by widespread availability of testing services, contact tracing infrastructure and sufficient ability to implement isolation and quarantine.
4. Adherence to social distancing, hand hygiene, enhanced disinfection and respiratory etiquette by all persons on campus.
5. Adoption of active surveillance practices through symptom monitoring may be needed.

College and university administrators are advised to use this guidance with an expectation that situation will continue to evolve. This document is intended to supplement other important planning tools, such as:

- [Interim Guidance for Administrators of U.S. Institutions of Higher Education](#)
- [Considerations for Institutions of Higher Education](#)
- [Guidelines: Preparing for COVID-19 by the American College Health Association](#)
- [Considerations for Reopening Institutions of Higher Education in the COVID-19 Era by the American College Health Association](#)

II. How the COVID-19 Pandemic Has Unfolded

According to the World Health Organization (WHO), a pandemic can start when three conditions have been met:

- A new virus emerges;
- It infects humans, causing serious illness; and
- It spreads easily and sustainably among humans.

SARS-CoV2, the virus that causes COVID-19, was first identified in Wuhan City, China in late December 2019 and since that time has spread globally, affecting nearly every country. Disease activity has significantly decreased in China but is now widespread in Europe and the U.S., which has the highest number of cases, hospitalizations and deaths worldwide.

Symptoms of illness caused by COVID-19 are similar to, but sometimes more severe than other respiratory viruses. Common symptoms include fever, dry cough and shortness of breath. Infected persons may also present with sore throat, headache, diarrhea, and new onset loss of taste and smell. Most infected persons recover from their illness at home with no sequelae but approximately 20% of cases develop more severe disease and require hospitalization due to complications including pneumonia and acute respiratory distress syndrome. Stroke, clotting disorders and a pediatric multisystem inflammatory disorder have also been described in COVID-19 patients. The latter is especially pertinent to student health services on college and university campuses as the syndrome has been seen in patients 21 years of age and younger.

In a pandemic, colleges and universities will not only be impacted as individual institutions, but they can also become sites of transmission due to dormitory style living arrangements, classroom environments, social functions and international travel programs. For these reasons, it is especially important that colleges and universities take steps to be as prepared as possible and reopen with practices in place to protect students and staff. Subsequent waves of COVID-19 are expected to occur as has been seen in other pandemics. Because of this, decisions to restart academic programs and reopen campus facilities must be well-informed and made cautiously so that subsequent waves of illness are mitigated.

PDPH Response to COVID-19

PDPH has a written plan to guide institutions, workplaces, schools and communities as movement restrictions are lifted. The goal of this plan is to minimize the resurgence of COVID-19 through continued social distancing to reduce opportunities for disease transmission, rapid identification of cases, contact tracing and containment through quarantine of exposed persons. University and college campuses will play a role in all aspects of these activities.

III. Planning and Coordination

PDPH acknowledges that local colleges and universities vary in significant ways (e.g., student population, residential life, educational programs, research capabilities, affiliation with local hospitals), so it is difficult to fully anticipate all the unique pandemic planning issues each will have to address. As much as possible, this guidance concentrates on reopening and response issues common to all institutions.

Planning and Response by College and Universities - General Approaches

PDPH recommends that colleges and universities take the following steps to ensure that their approach to planning is comprehensive. The following recommendations are based on guidance from CDC and the American College Health Association recommendations for Institutions of Higher Education with input from local college and university pandemic planners.

Recommendation: Identify a pandemic coordinator with defined roles and responsibilities for preparedness, response, and recovery planning.

Recommendation: Ensure that the COVID-19 plan addresses both strategic and operational goals, and outlines specific activities, timelines, desired outcomes, staffing and resource requirements, and performance measures.

Recommendation: Ensure that the COVID-19 plan is a subset of and consistent with the existing college/university emergency operations plan, and the plan is coordinated with the city/community health department and state higher education agency.

Recommendation: Tailor plans to specific campus community. When developing or revising a plan, ensure there is representation from administration officials, faculty and staff, and students. This will allow the plan to be more realistic for implementing on the campus.

Recommendation: Identify and plan to activate a critical response team, a cadre of key personnel representing all relevant departments and services, who will be needed to manage the pandemic response and recovery.

Recommendation: Work with state and local public health and other local emergency management authorities to identify legal authority, decision makers, trigger points, and thresholds to implement strategic response and recovery actions.

The nature of the pandemic situation will determine when and for how long a critical response team should be activated and which member will serve as Incident Commander (IC) to oversee the university's response. Members of the critical response team should provide contact information in advance (including cell phone, home phone, e-mail address and home address) to be kept in an easily located dataset and backup paper copy. To guide reopening, the critical response team should include leaders from various departments and operations, such as the following:

- Administration
- Risk management
- Occupational and environmental safety
- Resident life

- Public safety / security
- Communications
- Health services
- Finance / budget office
- Human resources / employee relations
- Facilities management / maintenance / grounds
- Counseling services
- Provost's office
- Dining services
- Information technology services
- Admissions
- Legal
- Student leadership / student government

A list of backup personnel should also be named, in the event that the primary team members cannot participate.

Regional Coordination Among Colleges and Universities

As COVID-19 or other public health situation emerges nationally or internationally, college and university health and safety response personnel would benefit from cross-institutional communications to share issues and concerns and to coordinate a more unified response as appropriate. College and university student health directors should leverage existing collaboratives in the region to promote such coordination and information sharing.

A. Communication

Communication is very important to staff, students, parents, and local health authorities during recovery from the COVID-19 pandemic. Universities and colleges should identify all communication channels utilized by students, staff and families to quickly disseminate information about COVID-19, current activity in the community and requirements and procedures for reopening. Universities and colleges are likely to experience large increases of questions from the public, especially parents, on what they are doing to reopen safely.

Recommendation: Tailor your reopening plan specific to your campus community. When developing or revising your plan, ensure there is representation from administration officials, faculty, staff and students.

By involving administration officials, faculty, staff and students into the campus' reopening plan, it will be more realistic for implementing because these groups will already be familiar with the plan and what the response may be.

Recommendation: Educate the campus community on COVID-19 and how to prevent disease transmission to reinforce the adoption of public health and prevention practices.

It is important to educate the campus community on COVID-19 as knowledge about the disease emerges and what to expect as campuses reopen. The more prepared the campus community is for changes to campus life during reopening, the smoother recovery will be. Examples of education opportunities are:

- Organize a chat or brown-bag lunch (virtually if needed) with pertinent departments including academics, resident life, dining services, and maintenance. Education topics include hand hygiene, mask use, respiratory etiquette, social distancing, sanitation, alternate meal arrangements, alternate housing, and student absenteeism.
- Use the student health advisory council to promote hygiene and public health practices. Student health advisory council members can give presentations or develop media tools to disseminate within the student body.
- Work with various student-led peer groups to promote hygiene and public health practices. For example, resident assistants would be useful in disseminating messages to their floor residents.

Recommendation: Ensure that the college/university has a well-developed crisis communication plan, which is fully integrated into the overall recovery plan.

As part of the crisis communication plan, colleges and universities should:

- Maintain contact information (including back-ups) for local and state public health officials, local emergency management and other government officials, and the state's higher education officials.

Internal Communication

Recommendation: Develop policies and strategies to provide and receive messages during and through recovery from a pandemic to all of the school's internal audiences.

Internal communications are those that occur between the school and its staff, faculty, students, and parents of students. The following are specific activities that colleges and universities should consider to maintain ongoing communications throughout a pandemic:

- Explore social media tools that will reinforce messages and encourage information sharing, such as widgets, e-cards, social networking sites, mobile information, online videos, podcasts, RSS feeds, etc.
- Identify the school's internal audiences, such as all students (undergraduate, graduate, international, study abroad, online and continuing education, summer school, high school students taking college courses); parents and students' emergency contacts; faculty and staff (including those who may not have access to e-mail); visitors and clients of the school; and alumni.
- Outline a method to consult and inform school officials, including the provost, the university physician or medical team, university housing staff, human resources and benefits. These key officials will be integral in developing and relaying messages to internal audiences.
- Update lists of contact information for all essential and non-essential staff and faculty, enrolled students, students' families, and alumni. Contact lists should be updated regularly, or at least annually, and include phone numbers, e-mail and home street address.
- Retest multiple methods (in case the Internet is not available or cellular phones are not functioning) of reaching internal audiences including:
 - E-mail.
 - Text messaging.
 - Telephone phone trees.
 - Reverse 911 phone systems.
 - Websites.
 - List serves.
 - Social networking websites (e.g., Facebook, Twitter).
 - Letters sent via the postal mail service.
 - Newsletter.
 - The public announcement (pa) system.
 - Closed-circuit television monitors.
 - University cable television channels.
 - Posters or flyers in common areas.
 - Campus newspapers.
 - Campus radio.
 - 800 numbers / hotlines.
 - "On Hold" messages / pre-recorded messages that play while someone is waiting for the phone to be answered.
 - Verbal messages from resident advisers or student leaders.
- Determine if there is a need to translate any of the communication messages into other languages.
- Ensure that messages are culturally and reading-level appropriate for the target audience.
- Determine if special communication strategies are needed to reach students with a disability.

Recommendation: Develop (or obtain from CDC, state and local health department) messages for internal audiences in advance so they are ready to distribute at necessary times during recovery and reopening.

The Philadelphia Health Information Portal (<http://hip.phila.gov>) offers many communication materials, flyers and brochures that colleges and universities may use.

External Communication

Recommendation: Prepare to maintain ongoing communication with organizations, groups, and individuals outside the institution's formal structure.

External audiences may include local government agencies (health department, police, emergency management), the media, partner businesses and organizations, others in the higher education community (e.g., neighboring colleges and universities) and citizens of the local community. To communicate effectively during a reopening, colleges and universities should:

- Appoint essential employees who are responsible for coordinating with relevant government agencies and ensure that mutual contact information is shared.
- Designate spokespersons (and backup representatives) to conduct interviews with the media.
- Identify a college/university representative who can serve as a liaison with a designated contact person at the local health department.
- Participate in regional conference calls with university and college student health service directors during recovery.

Communication with the Local Health Department

Philadelphia colleges and universities can expect to continue to receive critical information from PDPH during recovery from the COVID-19 pandemic. PDPH will provide support with surveillance, contact tracing and educational materials. PDPH is able to contact student health officials directly through its Health Alert Network (HAN), which includes e-mail, text alert and fax notification.

PDPH posts current information and resources on infectious disease and public health emergency preparedness topics for health care professionals on the PDPH Health Information Portal website (<http://hip.phila.gov>). The site offers late-breaking news, epidemiological data, and in-depth guidelines for diagnosis and management of diseases and conditions. For information about the Health Information Portal (HIP) or the Health Alert Network (HAN), including how to become a member, please contact PDPH at hip@phila.gov or 215-685-6841.

In addition, PDPH disseminates information to the public through a variety of methods, including the health department website (<https://www.phila.gov/programs/coronavirus-disease-2019-covid-19/>); the City's emergency preparedness website (www.readyphiladelphia.org); the City's call center 311, which provides access to live operators 24 hours a day; and the media.

B. Human Resource Management and Support

In order for colleges and universities to carry out the overarching disease prevention strategies during recovery, they must ensure that human resources policies are in line with these efforts.

Recommendation: Review, and revise if necessary, all relevant human resources policies, including policies regarding exclusion, sick leave and absences.

It is important that colleges and universities uphold exclusion policies and support the CDC recommendation for the duration specified for persons infected with or exposed to COVID-19. This is a crucial aspect of preventing transmission on campus when cases are identified. The following will help facilitate this recommendation and ensure that students' academic concerns do not prevent them from staying home while ill or prompt them to return to class while symptomatic and potentially infectious:

- Relax policies on missed classes, missed examinations and late assignments.
- Relax policies that correlate class attendance with grades.
- Do not require students to provide a doctor's note to validate their illness (since doctor's offices and medical facilities may become extremely busy and not able to provide documentation in a timely way).
- Administration officials should work with faculty and staff, especially professors, on the importance of encouraging students to not attend class if they are ill.

The following will help facilitate this recommendation for faculty and staff:

- Allow sick leave time, vacation leave time, and personal leave time to be used for pandemic-related absences (whether due to employee illness or family care needs).
- Allow employees to take unpaid sick leave if they exhaust their paid leave options.
- Do not require staff to provide a doctor's note to validate their illness (since doctor's offices and medical facilities may become extremely busy and not able to provide documentation in a timely way.)
- Do not count pandemic-related absences toward termination or against qualification for tenure.

Recommendation: Assess employee payment policies, including hazard or bonus pay, for non-exempt or exempt workers who are required to continue working when campus operations are reduced.

Recommendation: Consider opportunities to allow staff to continue telecommuting, when possible, and the necessary mechanisms to support off-site employees.

Recommendation: Plan to offer psychosocial support services to students, faculty and staff, as needed during recovery from a pandemic, to help cope with the fear, exhaustion, stress, isolation and loss they may feel.

To supplement the available services, colleges and universities may consider the following:

- Use the Employee Assistance Program (EAP).
- Train student counseling services staff to provide pandemic related behavioral health counseling, grief counseling and other disaster mental health counseling and debriefing techniques.
- Identify and partner with local community-based and nongovernmental organizations that specialize in psychological support services and training.
- Provide follow-up support to people who use mental health services.
- Provide materials on mental health issues for students, staff and families.

IV. Public Health Measures

To safely reopen campuses, colleges and universities must promote and facilitate recommended respiratory etiquette practices and plan to implement social distancing strategies to reduce opportunities for transmission. These actions can be undertaken while resuming in person class and other campus activities. The following are steps that colleges and universities should encourage everyone to take to limit the spread of COVID-19 on campus and in the community.

Recommendation: Post and promote prevention strategies including frequent handwashing, mask use for all students and faculty when in shared space, staying at least 6 feet away from others, disposing of tissues and cleaning high-touch surfaces.

- Reinforce handwashing with soap and water (or hand sanitizer with at least 60% alcohol) for 20 seconds.
- Reinforce messages to cover coughs and sneezes with a tissue or the inside of the elbow. Hand washing should follow all coughs and sneezes.
- All students, faculty and staff should use cloth face coverings in all situations in which social distancing is not feasible (in common areas, classrooms, campus transportation, etc.)

Recommendation: Post and promote messages to ensure students, faculty and staff know the signs and symptoms of COVID-19 and what to do if symptomatic. Key messages include:

- Stay home when you are sick and notify student health services (students) or your supervisor (staff).
- Alert your healthcare provider's office in advance of an office visit.

Recommendation: Procure, store and provide sufficient and accessible infection prevention supplies (e.g., masks, soap, alcohol-based hand sanitizer, tissues and receptacles for their disposal).

- A cloth mask should be provided to all students, faculty and staff for utilization while on campus.
- Hand sanitizer dispensers should be mounted in all dormitory and classroom building hallways and campus common areas.

Recommendation: Practice enhanced routine cleaning.

- Frequently clean bathrooms and other commonly-used areas with disinfectants [EPA approved](#) for coronaviruses.
- Ensure that soap, paper towels and disinfectant wipes are available in bathrooms.
- Provide no-touch wastebaskets and ensure they are emptied as needed.
- Ensure that high-touch surfaces are regularly cleaned, e.g., doorknobs; handrails; elevator buttons; desks; tables; chairs; counters/surfaces in cafeterias, meeting rooms and offices.
- Limit use of shared objects (i.e. lab and computer equipment) or clean between use.
- Campus transport vehicles should be regularly cleaned and disinfected as recommended in guidance for [bus transit operators](#).

Recommendation: Explore innovative methods for maintaining social distancing while continuing to meet their educational goals.

- Restructure work and classroom environments, when possible, to increase space between people to a distance of at least 6 feet. Possible options to increase the amount of space between students include moving desks farther apart, taping off seats and rows to allow for vacant seats between students, holding classes outdoors or holding smaller classes in larger rooms. The number of students per classroom should be consistent with criteria for the maximum allowable size of group gatherings in place at the time of campus reopening.
- Require students and faculty to wear cloth masks while travelling across campus and when in classrooms and other common areas.
- Avoid handshaking as a greeting.

- Consider staggering class times or continuing virtual lectures, especially for large classes for which distancing would be difficult to implement or for faculty who are at high risk for severe COVID-19 infection. Faculty can also consider offering both in-person and virtual options for all lectures.
- Limit non-essential gatherings, e.g., meetings, social events, sorority / fraternity events, sporting events, extra-curricular activities in alignment with social distancing directives from public health authorities. This may include limiting gatherings to a certain number of persons or holding sporting events without spectators.
- Limit the number of persons in public spaces, e.g., libraries, cafeterias, computer labs, to maintain six feet of distance between persons. Depending upon the size of each public space, this may require limiting occupancy to 25% of maximum capacity or 5 persons per 1,000 square feet.
- Install partitions on tables / study desks in libraries and computer labs to promote distancing and prevent spread of respiratory droplets in situations in which distancing is difficult to maintain.
- Discourage large gatherings that are not sponsored by the institution, such as fraternity parties and tailgate parties.
- Close spaces such as game rooms, exercise rooms and student lounges OR restrict the number of persons allowed in such areas at one time. Allowable occupancy should ensure that social distancing can be maintained.
- Provide [information](#) to students about strategies to follow social distancing in dormitories.

Recommendation: Take steps to promote distancing within shared-living facilities in colleges and universities with on-campus housing.

- Restructure on-campus housing options to reduce the number of students in shared living spaces, i.e. limit number of students who share dormitory rooms so that beds and desks can be placed 6 feet apart. If at all possible, identify options for single-occupancy dormitories This may require limiting the number of students on campus for in-person instruction.
- Limit number of students who can use shared kitchen facilities so that social distancing can be maintained (i.e. assign staggered times to use kitchen facilities).
- Remove chairs, tables and / or desks from common study areas to limit the number of students that can use space at one time and ensure social distancing.
- For additional guidance, see the CDC's [guidance for Shared or Congregate Housing](#).

Recommendation: Restructure on campus food services to minimize opportunities for transmission.

- In cafeterias, provide individually plated meals. Avoid use of self-service stations and install barriers such as sneeze guards between staff serving food and cafeteria patrons.
- Provide grab and go options for all meals
- Use disposable food service items where possible. If non-disposable dishes and utensils are used, ensure that all items are handled with gloves and thoroughly washed with hot water and soap or in a dishwasher.
- For food service at events, use pre-packaged boxes or bags.

Infection Control Considerations for College/University Workplaces and Student Health Services

To safely reopen, colleges and universities must prepare staff to resume not only their primary campus responsibilities but also to engage in practices that prevent opportunities for COVID-19 transmission. This requires assurances that faculty and staff have access to protective measures along with appropriate training.

In all campus workplace settings:

- Educate employees about protective behaviors and hygiene habits (e.g., cough etiquette).
- Instruct employees to avoid office gatherings and break rooms.
- Instruct employees to wear a mask or face covering in all public spaces.
- Monitor employees or encourage self-monitoring for COVID-19 symptoms.
- Ensure the work environment promotes respiratory etiquette. This includes the provision of masks, tissues, no-touch trash cans, hand soap, hand sanitizer, disinfectants and disposable towels (or disinfectant wipes) to clean

work surfaces. Post signs with instructions on infection control measures (hand washing, mask use, social distancing, cough and sneeze etiquette) at building entrances and in waiting rooms and common areas.

- Ensure housekeeping is provided with [appropriate PPE and guidance](#) for cleaning and disinfecting common areas
- Consider a phased return of employees to no more than 30% of the workforce at a time every 2-4 weeks.
- Consider staggering shifts and single occupancy workrooms where possible.
- Consider having staff work in teams that do not interact with each other to reduce potential exposure risk.
- Conduct virtual meetings. If in-person meetings are required limit participation to 10 persons or less.
- Encourage persons at increased risk for severe disease to continue working remotely as campus reopens.

Engineering Controls:

- Install barrier protections, such as sneeze guards, between people or over food serving stations. Do not allow self-service buffets (see food service recommendations above).
- In student health services and campus healthcare settings, install partitions in triage areas and other public spaces to reduce exposures by shielding personnel and other patients.

Personal Protective Equipment (PPE):

- In all [workplace settings](#) where use of PPE is applicable:
 - PPE must be selected based upon the hazard to the employee.
 - PPE is effective only if used throughout potential exposure periods.
 - PPE must be regularly maintained and replaced as necessary.
 - PPE must be properly removed and disposed of to avoid contamination of self, others or the environment.
- In student health services and campus healthcare settings:
 - When performing high-risk aerosol-generating procedures, staff must use particulate respirators (N95 or FFP2 equivalent), eye protection, gown and gloves. Procedures must be conducted in an airborne precaution room that is naturally or mechanically ventilated.
 - Request that patients with any respiratory symptoms wear a surgical mask while in waiting areas or when being transported. Patients with symptoms concerning for COVID-19 should be escorted to a patient room as soon as possible.

Environmental Cleaning

SARS-CoV2 is a respiratory virus that spreads through respiratory droplets, similar to influenza. The virus may also be spread when a person touches an environmental surface (e.g., doorknob, desktop or other surface) that has been recently contaminated by contact with a sick person.

Recommendation: Student health services should coordinate with environmental services staff to ensure effective cleaning methods are used to help limit the spread of the SARS-CoV-2 virus.

- Disinfect surfaces with a common disinfectant (e.g., bleach or ammonia-based cleaning products). Or use another EPA-registered disinfectant in accordance with the manufacturer's instructions. A list of all registered disinfectants can be found at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Clean surfaces that are visibly contaminated with potentially infectious materials (respiratory secretions, vomit).
- Clean commonly touched surfaces, such as:
 - Doorknobs or handles.
 - Handrails.
 - Elevator buttons.
 - Shared computer keyboards and mice.
 - Shared counters or desks.
 - Shared telephones, headphones and remote controls.
 - Sink faucet handles and hand contact areas of drinking fountains.
 - Chairs, desks, study carrels.

Recommendation: Provide disposable wipes so that students, faculty and staff may wipe down commonly used surfaces (see above) before and after each use.

Recommendation: Encourage students to frequently clean their living quarters.

V. Disease Surveillance and Control

PDPH advises colleges and universities to balance the goal of reducing the number of people who may become seriously ill or die from COVID-19 with the goal of minimizing educational and social disruption. As campus operations restart, colleges and universities should plan to identify, manage and isolate stable cases and quarantine contacts. Current guidance for isolation and quarantine of persons infected with or exposed to COVID-19 are as follows:

- Student, faculty and staff should be isolated from others upon symptom onset / diagnosis and may return to work or school when they meet BOTH of the following criteria:
 - at least 3 days after resolution of fever (off fever reducing medications like acetaminophen (Tylenol) or ibuprofen) **and** improvement in respiratory symptoms **and**
 - at least 10 days have passed since the symptoms started
- Students, faculty and staff who are contacts of a confirmed COVID-19 case must [stay home and self-isolate](#) for 14 days after their last contact with the case even if they do not develop symptoms. Close contact is defined as:
 - Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (10 minutes or longer)
 - Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

Recommendation: Review the college/university's legal responsibilities and authorities for executing infection control measures, including case identification, reporting information about ill students and employees, isolation, movement restriction, and provision of healthcare on campus.

Recommendation: Student health services administration, along with college/university administration, should coordinate with the local health department for case management and disease control guidelines.

In general, student health services staff will have an important role in response to a pandemic and should be prepared to:

- Perform or refer for diagnostic tests for students, faculty and staff as directed by the local health department. Student health services should be aware of all testing resources available to students, faculty and staff in their community.
- Report cases to the local health department to facilitate contact tracing activities.
- Isolate ill students as able and support quarantine of contacts on campus.
- Provide case management of persons with and exposed to COVID-19 who are in isolation and quarantine to ensure that basic needs, psychological support and symptom monitoring takes place.
- Participate in syndromic surveillance activities using electronic health record data.
- Consider utilization of serologic testing as reliable testing becomes available.
- Ensure adequate supplies of personal protective equipment (e.g., masks, gowns) to appropriate populations and educate on proper usage.
- Plan for administration of vaccine to students and staff when available.

Patient Management

- Transfer acutely ill patients / patients with severe or life-threatening illness to hospitals.
- To minimize the number of students from coming to student health services when it is not needed:
 - Develop a telephone triage plan to screen students before coming to student health services.
 - Create a hotline phone number for students and parents to call for information.
 - Use telemedicine visits or telephone consults when appropriate.
- Screen all patients and staff for respiratory symptoms and fever before entering clinic so that symptomatic persons can be rapidly isolated.

- Require all patients and staff to wear face masks.
- Avoid procedures that can generate aerosols. If aerosol generating procedures are performed, ensure the use of appropriate PPE.
- Develop processes to limit contact with student health services computers (i.e. use of patient portals to submit forms).

Facility Management

- Ensure that common areas are regularly cleaned, and surfaces are disinfected.
- Segregate waiting rooms for ill and well patient visits and reconfigure waiting areas to promote physical distancing.
- Ensure availability of hand sanitizer, face masks, tissues and disposal bins in waiting rooms for patient use.
- Provide plexiglass barriers between reception staff and waiting areas.

Case Identification

Because rapid case identification will be a key element of containment as campuses reopen, Student health service should take steps to increase their ability to identify cases:

- Educate students, faculty and staff to recognize the symptoms of COVID-19 and signs of severe infection.
- If useful, design or modify forms to identify cases.
 - Self-evaluation forms for use by students, faculty and staff.
 - Triage screening forms for use by clinicians in student health clinics.
 - Screening forms for use by students who have traveled.
- Encourage students to report illness to student health services. Refer suspect cases to student health or a local hospital for evaluation if severely ill.
- As cases occur, track student, faculty and staff absenteeism (including the reason for absence and symptoms of illness) and plan to share these data with the local health department upon request.
- Maintain a daily count of students seen by student health services and referrals to hospitals with a description of symptoms. Plan to share these numbers with the local health department on a weekly basis or as requested.

Management of Cases

Recommendation: Provide guidance and health education that emphasizes hygiene, self-isolation and self-care to students, faculty and staff.

Recommendation: Students, faculty and staff should be vigilant in identifying people who appear to be ill.

Recommendation: Suspect and confirmed cases of COVID-19 should be aggressively managed to minimize illness transmission on campus.

Case management may include these steps:

- Isolate patient from others to limit transmission.
- Supportive care with antipyretics (fever reducers) and rehydration.
- Student health services should monitor students in isolation and quarantine remotely via telehealth checks (temperature check and symptoms screen).
- Refer patient to a hospital if illness is severe or life threatening.

Isolation

Isolation means to separate an individual with an infectious illness from those who are healthy and have not been exposed to the contagion. Keeping sick people physically separated from others will help stop the spread of illness and protect healthy people from getting sick. People can be isolated at home or in a separate room in the hospital, depending on the severity of their illness and their need for medical care.

Recommendation: All symptomatic cases should be isolated to prevent the illness from spreading to others.

Self-Isolation Off-Campus

Faculty and staff with confirmed or suspect COVID-19 should be promptly sent home for isolation. Students with confirmed or suspect COVID-19 should be promptly referred to an isolation facility on-campus where possible (see below) or should remain in their home if they reside off-campus. Students may also travel to a family member's home for isolation if they can travel in a private car AND social distancing and [infection prevention recommendations](#) can be maintained in the home. Students should avoid going to a private home in which persons with high risk conditions reside.

Self-Isolation On Campus

If self-isolation is implemented on campus, the following steps should be taken:

- Develop a protocol for isolation and quarantine procedures.
- Isolation and quarantine rooms should be physically separated from other residential student rooms and have private bathroom facilities stocked with soap, hand sanitizer, tissues, sanitizing wipes and other toiletries.
- Isolation and quarantine spaces should be labeled to restrict access, but signs should not disclose reason for restricted access.
- Instruct isolated, infected students to promptly seek medical services if symptoms worsen or they have concerns about their infection.
- Meal delivery should be arranged through dining services and housing / residence life staff.
- Counseling services should be provided through telehealth.
- Student affairs / campus life staff should be identified and trained to provide isolated / quarantined students with personal needs (i.e. medication delivery).
- Custodial and maintenance staff are provided with and trained to use the appropriate PPE for cleaning and entering isolation and quarantine spaces.

Quarantine

Quarantine is the physical separation of asymptomatic contacts (people who have been exposed to a contagious disease but are not ill). Quarantine may be voluntary, done at home, or done in another restricted area. Quarantine can be highly effective in protecting the public from disease. When campuses reopen, quarantine may be recommended if COVID-19 cases are identified on campus.

Dormitories that have private rooms and bathrooms could potentially serve as quarantine sites. However, PDPH recognizes that not all campuses have these facilities, and confining asymptomatic students may pose logistical and enforcement challenges. Therefore, colleges and universities may consider a low threshold for dismissal of students from classes.

To facilitate quarantine efforts, PDPH will:

- Work closely with student health
- Identify people who have had close contact with a sick person / a significant exposure to the illness.
- Conduct interviews with contacts.
- Maintain a database of contacts for follow up (as pandemic demand allows).
- Support voluntary confinement.
- Educate contacts on infection control (e.g., hand washing, use of cloth masks) and how to recognize symptoms.
- Provide answers to common questions to help alleviate fears.

VI. Travel

Currently, the U.S. Department of State has issued a Level 4 Travel Advisory which recommends avoiding ALL nonessential international travel. However, as countries recover from the pandemic and movement restriction orders are lifted, travel restrictions may also change. As such, colleges and universities should plan for the resumption of at least some school-related international travel. Because there may still be a risk of exposure to COVID-19 during travel, policies should be in place for students, faculty and staff for travel planning and management upon return. Policies should:

Recommendation: Continuously assess the COVID-19 situation in countries where there are students in your study abroad/research programs.

Recommendation: Adopt CDC travel recommendations (www.cdc.gov/travel) and be able to support voluntary and mandatory movement restrictions, such as:

- Restricting travel to and from affected domestic and international areas.
- Recalling students and faculty on nonessential work or study travel in or near an affected area.
- Distributing health information to people who are returning from affected areas.

Recommendation: Review policies for study abroad/research programs, including:

- How students can access health services abroad.
- How illness will be reported back to the college / university.
- What resources are available for students abroad who are unable to travel back to the U.S.
- What health documentation travelers may need as they pass through customs (e.g., proof of vaccination or perhaps proof of illness and recovery).
- Any legal or liability issues.

Recommendation: Closely monitor student, faculty and staff school-associated travel and provide resources to promote risk-reduction practices.

- Maintain a database of all reported student, faculty and staff travel, especially noting travel to high-risk areas. (A high-risk area is one where a COVID-19 outbreak is present, and contact is possible. Affected regions may change as communities reopen.)
- Educate travelers about potential exposure, high-risk activities and risk-reduction measures prior to departure.
- Remind travelers that when a pandemic COVID-19 is circulating, the airport staff in the United States and many other countries may screen arriving passengers for symptoms of COVID-like illness. When entry screening is conducted, travelers may be checked for fever and other symptoms, and this may result in travel delays. Travelers may visit the website of the U.S. embassy, consulate or diplomatic mission (<http://www.usembassy.gov/>) for more information about screening procedures in foreign countries.
- Communicate with parents of students who are participating in study abroad/research programs sponsored by the institution. Encourage parents to advise their child to use good judgment and to take precautions against COVID-19 in the country where they are studying and living, as well as in any countries to which they may travel.
- **All travelers** should receive:
 - A fact sheet on travel-associated illness, including:
 - The symptoms of COVID-19.
 - How to avoid getting and spreading COVID-19.
 - A self-screening tool to complete upon return to the U.S., including:
 - Questions that prompt the traveler to check daily for any symptoms of COVID-like illness (body temperature of greater than 100.4° and cough, sore throat or respiratory distress).

Recommendation: Provide guidance to students, faculty and staff to perform symptom monitoring and self-quarantine after return from travel as per CDC guidance.

- Travelers who visited a high-risk area as defined by the CDC, may have had contact with COVID-19, and do not have symptoms of COVID-19 illness should:
 - Self-quarantine for 14 days after return and self-monitor for symptoms as per campus quarantine guidelines.

Appendix 1 - Recommendations

PLANNING AND COORDINATION

- Administrators are encouraged to maintain situational awareness of the COVID-19 pandemic and communication with state and local public health agencies to be prepared to implement appropriate control measures.
- Identify a pandemic coordinator with defined roles and responsibilities for preparedness, response, and recovery planning.
- Ensure that the pandemic plan addresses both strategic and operational goals, and outlines specific activities, timelines, desired outcomes, staffing and resource requirements, and performance measures.
- Ensure that the pandemic plan is a subset of and consistent with the existing college/university emergency operations plan, and the plan is coordinated with the city/community health department and state higher education agency.
- Identify and plan to activate a critical response team, a cadre of key personnel representing all relevant departments and services, who will be needed to manage the pandemic response.
- Work with state and local public health and other local emergency management authorities to identify legal authority, decision makers, trigger points, and thresholds to implement strategic response actions.
- Tailor your reopening plan specific to your campus community. When developing or revising your plan, ensure there is representation from administration officials, faculty, staff and students.

COMMUNICATION

- Educate the campus community on COVID-19 and how to prevent disease transmission to reinforce the adoption of public health and prevention practices.
- Ensure that the college/university has a well-developed crisis communication plan, which is fully integrated into the overall recovery plan.
- Develop policies and strategies to provide and receive messages during and through recovery from a pandemic to all of the school's internal audiences.
- Develop (or obtain from CDC, state and local health department) messages for internal audiences in advance so they are ready to distribute at necessary times during recovery and reopening.
- Prepare to maintain ongoing communication with organizations, groups, and individuals outside the institution's formal structure.
- Review, and revise if necessary, all relevant human resources policies, including policies regarding exclusion, sick leave and absences.
- Assess employee payment policies, including hazard or bonus pay, for non-exempt or exempt workers who are required to continue working when campus operations are reduced (i.e., the critical response team and essential personnel).
- Consider opportunities to allow staff to telecommute, when possible, and the necessary mechanisms to support off-site employees.
- Plan to offer psychosocial support services to students, faculty and staff, as needed during a pandemic, to help cope with the fear, exhaustion, stress, isolation and loss they may feel.

PUBLIC HEALTH MEASURES

- Post and promote prevention strategies including frequent handwashing, mask use, covering coughs and sneezes, staying 6 feet away from others, disposing of tissues and cleaning high-touch surfaces.
- Post and promote messages to ensure students, faculty and staff know the signs and symptoms of COVID-19 and what to do if symptomatic.
- Procure, store and provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol-based hand sanitizer, tissues and receptacles for their disposal).

- Practice routine cleaning in residential, classroom, office and common areas and encourage students to frequently clean their living quarters.
- Provide disposable wipes so that students, faculty and staff may wipe down commonly used surfaces before each use.
- Explore innovative methods for maintaining social distancing while continuing to meet their educational goals.
- Take steps to promote distancing within shared-living facilities in colleges and universities with on-campus housing.
- Restructure on campus food services to minimize opportunities for transmission.
- Identify possible exposure and health risks to employees in various university/college workplace settings, including campus healthcare settings. Implement the hierarchy of controls (methods that mitigate employees' risk of exposure to COVID-19 in the workplace).
- Student health services should coordinate with environmental services staff to ensure effective cleaning methods are used to help limit the spread of COVID-19.

DISEASE SURVEILLANCE AND CONTROL

- Identify and review the college/university's legal responsibilities and authorities for executing infection control measures, including case identification, reporting information about ill students and employees, isolation, movement restriction, and provision of healthcare on campus.
- Student health services administration, along with college/university administration, should coordinate with the local health department for case management and disease control guidelines.
- Suspect and confirmed cases of COVID-19 should be aggressively managed to minimize illness transmission in the region.
- All symptomatic cases should be isolated to prevent the illness from spreading to others.
- Establish a method for maintaining contact with students who are in self-isolation.
- Students, faculty and staff should be vigilant in identifying people who appear to be ill.
- Students should be instructed to promptly seek medical attention if they have a medical condition that places them at increased risk of COVID-19 complications, are concerned about their illness, or develop severe symptoms.
- Provide guidance and health education that emphasizes hygiene, self-isolation and self-care to students, faculty and staff.
- Students, faculty and staff who may be at higher risk for complications caused by COVID-19 should be encouraged to seek early treatment.
- Coordinate with local government agencies (PDPH, emergency management, police, fire, etc.) to help maximize the support and resources dedicated to pandemic response and management.

TRAVEL

- Continuously assess the COVID-19 situation in countries where there are students in your study abroad/research programs.
- Adopt CDC travel recommendations (www.cdc.gov/travel) and be able to support voluntary and mandatory movement restrictions.
- Review policies for study abroad/research programs.
- Closely monitor student, faculty and staff school-associated travel and provide resources to promote risk-reduction practices.
- Provide guidance to students, faculty and staff to perform symptom monitoring and self-isolate after return from travel to regions with widespread COVID-19 transmission as per CDC guidance.