

THINKING AHEAD...

TO DELIVER
peace of mind

PLAN, PREPARE AND RESPOND TO COVID-19

ADAPTED FROM THE INTERIM GUIDANCE FOR ADMINISTRATORS OF INSTITUTIONS OF HIGHER EDUCATION FROM THE CENTERS FOR DISEASE CONTROL

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

Members of university communities, including fraternity/sorority members and volunteers, should work together with local health departments to assist in slowing the spread of diseases, and protecting vulnerable students, staff, and faculty to help ensure a safe and healthy learning environment. We all have an important role to play.

In this document, guidance is organized into three categories based on the level of community transmission: 1) when there is no community transmission (preparedness phase), 2) when there is minimal to moderate community transmission, and 3) when there is substantial community transmission. Guidance is also provided for when a confirmed case has occurred on property.

Health officials are currently taking steps to prevent the introduction and spread of COVID-19 into US communities. Through collaboration and coordination with local health departments, fraternity/sorority leaders should take steps to disseminate information about the disease and its potential transmission within their community and should prepare to take steps to prevent the spread of COVID-19 among their members should local health officials identify community transmission.

WHO ARE YOUR PARTNERS TO ASSIST?

Throughout this document, we will refer you to your “partners.” In making decisions, partners might be information from the CDC website, local health officials, Institution of Higher Education (IHE), guidance/mandates from your State leadership, International/National organization or Holmes Murphy Fraternal Practice. Partner is the term to help you understand that for every question or incident, you need to think through the partners, resources and expectations.

WHEN THERE IS NO COMMUNITY TRANSMISSION (PREPAREDNESS PHASE)

The most important thing to do now is plan and prepare. Leaders should reinforce healthy practices among their members. As the global outbreak evolves, leaders should prepare for the possibility of community-level outbreaks in their communities. Here are some strategies:

- ✓ **Intensify cleaning and disinfection efforts.**
 - Routinely clean and disinfect surfaces and objects that are frequently touched. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, classroom sink handles, countertops). Clean with the cleaners typically used. Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered household disinfectants should be effective.
 - A list of products that are EPA-approved for use against the virus that causes COVID-19 is available here: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
 - Provide disposable wipes to staff and faculty so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be wiped down before use.
 - Ensure adequate supplies to support cleaning and disinfection practices.

- ✓ **Reinforce healthy hygiene practices.**
 - Ensure handwashing strategies include washing with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
 - CDC offers several free handwashing resources that include health promotion materials (<https://www.cdc.gov/handwashing/materials.html>) and information on proper handwashing technique (<https://www.cdc.gov/handwashing/when-how-handwashing.html>).
 - Ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.
 - Create handwashing stations.

- ✓ **Ensure continuity of meal programs.**
 - Consult with local health officials or your food service providers to determine strategies for modifying food service offerings.
 - Consider alternative ways to distribute food to members and have a plan ready. Consider options such as "grab-and-go" meals, no buffet lines, etc.

- ✓ **Create plans to communicate accurate and timely information.**
 - Include strategies for sharing information with members, parents, partners. Keeping the community informed with accurate information can counter the spread of misinformation and reduce the potential for fear and stigma.
 - Have accurate contact information of members and parents for communication.

- ✓ **Develop a plan for your facility. Assume someone tests positive.**
 - Do you have the ability to provide a “sick room” and separate bathroom for the individual?
 - Is there a safer alternative (ex. member goes home; university is providing housing for those that have tested positive)?
 - Do you have active cleaning and disinfecting program in order for someone to remain in the facility?
 - Do you have the supplies needed?

WHEN THERE IS MINIMAL TO MODERATE COMMUNITY TRANSMISSION

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

- ✓ **Implement multiple social distancing strategies.** Select strategies based on feasibility given the unique space and needs of the community. Not all strategies will be feasible for all organizations. Leaders are encouraged to think creatively about all opportunities to increase the physical space between members and limit interactions in large group settings. You may consider strategies such as:
 - Cancel large gatherings.
 - Cancel or modify meetings where members are likely to be in very close contact.
 - Consider if and how existing dining services should be scaled back or adapted. For example, an organization may close its open kitchen and offer delivery or grab-and-go options to discourage members from gathering in group settings. Self-serve stations that require multiple members to touch the same equipment (e.g. cereal dispensers, ice cream dispensers) should be scaled back.
- ✓ **Consider ways to accommodate the needs of members and staff at higher risk of severe illness with COVID-19.** Consider if and how to honor requests of members or staff who may have concerns about being in the facility, at events, or on campus due to underlying medical conditions or those of others in their home.
- ✓ **Ensure continuity of safe housing.** Work in close collaboration with partners to make all decisions related to your housing.

WHEN THERE IS SUBSTANTIAL COMMUNITY TRANSMISSION

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

- ✓ **Continue to coordinate with partners.** If local health officials have determined there is substantial transmission of COVID-19 within the community, they will provide guidance to leaders on the best course of action for the organization.
- ✓ **Cancel in person events.**
- ✓ **Review meal program and distribution of food.**
- ✓ **Implement strategies to continue support for members.**
 - Review continuity plans, including plans for the continuity of recruitment, new member education and chapter operations.
 - Consider the following approaches:
 - Use of existing infrastructure and services (e.g., Blackboard, Skype, Zoom) to support efficient transition of organizational activities from in-person to distance-based formats. This may include using strategies such as advisor check-ins, recorded and live meetings, and virtual social events.
 - Check with partners on resources available for members and ensure the information is widely distributed.
 - Additional resources:

JED Foundation Resources

<https://www.jedfoundation.org/>

JED exists to protect emotional health and prevent suicide for our nation's teens and young adults.

National Suicide Prevention Lifeline

800-273-TALK (8255)

<https://suicidepreventionlifeline.org/>

The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones.

Lifeline Chat

Text HOME to 741741 from anywhere in the U.S. to text with a trained Crisis Counselor.

Text 686868 in Canada

<https://suicidepreventionlifeline.org/chat/>

Find Substance Abuse and Mental Health Treatment

800-662-HELP (4357)

www.samhsa.gov/find-help/national-helpline

This Helpline provides 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery.

WHEN A CONFIRMED CASE HAS BEEN IN YOUR FACILITY?

A protocol should be established by the group/entity that owns the decision (e.g. Housing Corporation, National organization, etc.) in collaboration with partners.

The CDC recommends that someone who tests positive should stay home and self-isolate from other people and pets. This is known as home isolation and members should remain in a “sick room” and use a separate bathroom. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html>

If the member lives in the facility, some thoughts to consider:

- Do you have the ability to provide a “sick room” and separate bathroom for the individual?
 - Is there a safer alternative (ex. member goes home; university is providing housing for those that have tested positive)?
 - Do we have active cleaning and disinfecting program in order for someone to remain in the facility?
- ✓ **Clean and disinfect thoroughly.**
- Close off areas used by the member that has tested positive. Open outside doors and windows to increase air circulation in the area and then begin cleaning and disinfection.
 - Cleaning staff should clean and disinfect all areas (e.g., bathrooms, and common areas) used by the COVID-19 patient focusing especially on frequently touched surfaces.
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - For disinfection, most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available here: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
 - Additional information on cleaning and disinfection of community facilities such as chapter facilities can be found on CDC’s website here: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.
- ✓ **What is the difference between cleaning versus decontamination?**
- Cleaning refers to the removal of germs, dirt and impurities from surfaces. It does not kill germs but by removing them, it lowers their number and the risk for spreading infection. Disinfecting refers to using chemicals, for example, EPA-N list registered disinfects, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of infection. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>
 - List N: Disinfectants for Use Against SARS-CoV-2: All products on this list meet EPA’s criteria for use against SARS-CoV-2, the virus that causes COVID-19. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

- ✓ **Questions to ask a professional decontamination company.**
 - Is your company certified/trained to deal with infectious diseases? If so, by whom (e.g. GBAC.org, IICRC.org)?
 - What is training and certification background of the technicians?
 - What EPA N list product will they use? (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>)
 - Will the product color fast or corrode the household goods?
 - What personal protective equipment (PPE) will they be wearing during the decontamination?
 - What type of system will they utilize to disperse the chemical (e.g. fogger, electrostatic sprayer)?
 - What is the contact time (how long does it take to kill the virus)?
 - When is reentry possible after the treatment?
 - What is the price per square foot?

- ✓ **Communicate with members.**
 - It is critical that you update members.
 - Consider communicating to parents.
 - Ensure you have updated information for all members and parents.
 - In a circumstance where there is a confirmed COVID-19 case that has been in your facility, it is critical to maintain confidentiality of the student or staff member as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act, as applicable.

- ✓ **Make decisions about extending event and activity cancellation.** Temporarily suspending activities or in person events is a strategy to stop or slow the further spread of COVID-19.

Holmes Murphy Fraternal Resources: <https://www.holmesmurphy.com/fraternal/resources/resources-sororities-fraternities/>

Please check the following CDC website periodically for updated interim guidance:
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>.