

THINKING AHEAD...

TO DELIVER  
*peace of mind*

## CONSIDERATIONS FOR REOPENING INSTITUTIONS OF HIGHER EDUCATION IN THE COVID-19 ERA

During COVID-19, Holmes Murphy Fraternal Practice has been closely following the resources from the American College Health Association (ACHA). On May 7, 2020, ACHA released a 20-page document entitled "Considerations for Reopening Institutions of Higher Education in the COVID-19 Era." While the document is written for institutions of higher education (IHE), there is valuable information relevant and transferable to Holmes Murphy Fraternal Practice clients. To assist clients, we have created a version of the ACHA resource you may find useful as you develop a plan for a return to campus.

Note: We have not changed the content of the resource; however, it should be easy to translate based on the lens from which you read this document (e.g. Executive Director, Housing Corporation President, etc.)

If you would like to read ACHA document in its entirety, please visit:

[https://acha.org/documents/resources/guidelines/ACHA Considerations for Reopening IHEs in the COVID-19 Era May2020.pdf](https://acha.org/documents/resources/guidelines/ACHA_Considerations_for_Reopening_IHEs_in_the_COVID-19_Era_May2020.pdf)

Additional HMFP resources:

<https://www.holmesmurphy.com/fraternal/resources/resources-sororities-fraternities/>

### KEY CONCEPTS

- COVID-19, a novel coronavirus infection emerging in 2019, has led to an unprecedented infectious disease risk for all persons. The duration of this pandemic remains unclear, and the situation continues to evolve. COVID-19 will peak in different states at different times and will impact each IHE differently. Public health guidance, scientific knowledge, and clinical best practices will change, so these guidelines may require updates or risk quickly becoming obsolete. The single constant for each IHE is that the road to recovery will be long. We can anticipate restrictions and limitations in activities will be in place for the next 12–18 months, if not longer.
- Resumption of activities will be gradual and phased based on local public health conditions as well as contact tracing, and isolation/quarantine of ill and exposed individuals both on campus and in the community. Planners should prepare for the likelihood of a local rebound of infections

that may result in a return to more restrictive mitigation measures and physical distancing for periods of time.

- The high touch, highly interactive, mobile, densely populated living and learning environment typical of most campuses is the exemplar of a congregate setting with multiple risk factors for ready transmission of COVID-19.
- Protecting our most vulnerable populations (medically susceptible, undocumented, students of color, uninsured or underinsured, non-traditional, older, DACA, and homeless students, faculty, and staff members) is a moral and ethical obligation. Some vulnerable individuals may need to observe ongoing physical distancing for a more prolonged period of time.
- Meticulous adherence to public health practices including hand hygiene, physical distancing, proper cough/sneeze etiquette, frequent disinfection of common and high traffic areas, symptom assessment, temperature checks, and face covering in public is the campus' new normal. This should be widely communicated to students, employees, and all campus visitors.

### EMPLOYEE CONSIDERATIONS

Employees should be given the following instructions for protecting their health and reducing transmission:

- Avoid office gatherings, break rooms, and unnecessary visitors in the workplace.
- Monitor for presence of COVID-19 symptoms (see <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>).
- Stay home (or leave the workplace) and notify the supervisor if symptoms develop.
- Wear masks or face coverings in all public spaces and spaces used by multiple people.
- Know where to find local information on COVID-19 and local trends of COVID-19 cases.

### SUPERVISOR CONSIDERATIONS

Supervisors should be given the following instructions for protecting the health of their employees and reducing transmission:

- Conduct meetings electronically, even when working on campus. If meetings cannot be conducted virtually, keep participation to fewer than 10 participants and enforce appropriate physical distancing and wearing of masks or face coverings.
- Encourage those with increased risk of severe illness or over the age of 65 to continue working remotely and avoid gatherings of greater than 10 or other situations of potential exposures, including travel.
- Consider phased return of employees to no more than 30% of the workforce at a time, staggering every 2–4 weeks for full return. Depending on the size and needs of the workforce, the percentage may vary. Numbers of employees are also dependent upon availability of PPE, support for increased environmental cleaning, and availability of employee health care.
- Stagger shifts to reduce the number of people in the workplace at the same time.
- Gauge employee willingness to volunteer to be the first to return and prioritize those with the greatest ability/desire to return, while paying attention to individual risk factors.
- Allow those who can work effectively from home to be the last to return and/or delay their return to the campus.
- Encourage single occupancy in work rooms.
- Procure sufficient disinfectant products and cleaning supplies so employees can frequently clean their own workspaces.

- Ensure that housekeeping is provided PPE and guidelines on appropriate techniques (as per CDC guidelines) for cleaning and disinfecting common, non-clinical spaces.
- Post and promote prevention strategies:
  - Wash hands frequently.
  - Maintain physical distance: stay 6 feet apart at all times.
- Know the signs and symptoms of COVID-19 and what to do if symptomatic:
  - Stay home when you are sick (or leave work immediately) and notify your supervisor.
  - Call your health care provider's office in advance of a visit.
  - Limit movement in the community and wear a face covering in public.
  - Call your health care provider for instructions regarding return to work.

## FACILITY CONSIDERATIONS

The following recommendations should be provided to those on campus responsible for maintaining facilities or ordering materials and supplies:

- Maintain at least 6 feet between workstations/workers. Place plexiglass or other barriers in workspaces where people must face each other or unable to be 6 feet apart.
- Consider installing plexiglass barriers at high-visited areas such as reception desks and check-in points. Place appropriate signage at entrances indicating how to proceed.
- Remove chairs and desks to ensure proper physical distancing in conference and waiting rooms. Identify allowable occupancy in order to control workflow and/or establish maximum attendance.
- Make face coverings available throughout campus (e.g., at the bookstore, pharmacy, etc.).
- Post maximum occupancy in common break areas and configure to accommodate appropriate physical distancing.
- Provide sanitizing supplies for individuals to clean their areas before and after use.
- Eliminate reusable kitchen items (flatware, dishes, and cups) and cleaning tools (sponges, brushes, towels) and replace with single use options.
- Replace shared appliances with single use or no-touch options (coffee makers, ice/water dispensers).
- Remove high-touch items such as magazines, common pens, etc.
- Provide hand sanitizer at all entrances and high-traffic areas.
- Identify frequently touched areas (doors, cabinets, etc.) and investigate options to implement no/reduced touch options such as door removal, card access, foot-operated door pulls/pedals, or sensor-triggered doors.
- Monitor and secure inventories of PPE, hand sanitizer, wipes, cleaning products, and hand soap.

## HOUSING

Depending upon the size of the college/university, its residential housing inventory, and on-campus residency requirements, thousands to tens of thousands of students may live and dine on campus during periods of full in-person instruction. Students congregate, study, and socialize in these on-campus residential settings. Students often reside with two or more individuals per living space, with roommates from different parts of the country and world. In such settings, there will frequently be a mixture of individuals from low COVID-19 transmission areas and high-transmission areas living in a single space.

Clearly, it is difficult to maintain full physical distancing in on-campus housing, and even modified guidelines may be difficult to achieve. Considerations to decrease the risk for exposure within traditional residence halls, campus apartments/suites, campus fraternity/sorority houses, and other on-campus housing arrangements, include:

- Single resident per room and ideally per bathroom (if possible). This may be feasible only if the college/university has a limited number of students on campus for in-person instruction. When shared bathrooms are used, define the type and frequency of cleaning.
- Requirement of personal face coverings in common areas.
- Frequent reminders of proper hand hygiene (verbally, posters, videos) with hand sanitizer widely available in common areas and rooms.
- Enhanced cleaning in all common areas and high-touch surfaces, consistent with enhanced cleaning practices of other non-residential areas such as academic buildings. Custodial workers should be provided appropriate PPE and training consistent with their duties. See CDC guidelines for cleaning and disinfecting facilities (available at <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>).
- Widely shared/posted information in common areas about COVID-19 prevention. CDC provides communications resources such as posters, videos, and more at <https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html>. Posted information should be updated as appropriate or with significant changes.
- Training on public health measures and signs/symptoms of COVID-19 for all live-in professionals, graduate hall directors, residence advisors (RA), and others in similar roles.
- Restrictions on events and social activities as per current physical distancing guidance. Reconfiguring seating in common areas to ensure proper physical distancing. Establish allowable occupancy and develop plans to monitor and enforce.
- Restrictions on building access by non-residents, including outside guests, non-residential staff, and others. These restrictions may not apply to some people, such as personal care attendants for students with disabilities.

Students with medical conditions such as asthma, diabetes, immunosuppressive drug therapy including chronic systemic corticosteroid treatment, heart disease, HIV, and morbid obesity are at high risk for COVID-19 illness and complications. The IHE must address whether these high-risk individuals should return to residence halls and other on-campus housing in the early phases of reopening the campus or later.

Housing/residence life, custodial, and other support staff are frequently on-call and are often the first responders to the needs of residential students. They need access to PPE, appropriate exercise and break opportunities, defined work schedules with times off as appropriate, and access to psychological/counseling support.

## ISOLATION AND QUARANTINE

Inevitably, a residential student will contract or be exposed to COVID-19 and will require isolation or quarantine. Campuses must proactively identify appropriate residential spaces and reserve those spaces in the event of needed isolation or quarantine of a student(s). If on-campus housing is nonexistent, unavailable, or unfeasible, the college/university should identify off-campus options for the isolation and quarantine of residential students. It is unreasonable to expect IHEs to provide on-campus isolation and quarantine housing for students who live off campus, but it is recommended that the IHE develop a plan for fielding requests for isolation/quarantine housing for off-campus students.

Ideally:

- A protocol should be made available to all individuals involved in the management of isolation spaces and its procedures.
- The isolation and quarantine rooms should be physically separated from other residential student rooms.
- The rooms should have private bathroom facilities and be stocked with a thermometer, sanitizing wipes, tissues, soap, hand sanitizer, and toiletries.
- Spaces should be labeled externally with appropriate signage that states restricted access (e.g., "Private Quarters" or "Authorized Personnel Only") but does not state the reason for the restricted access due to concerns about potential for stigma and FERPA/ HIPAA violations. Any signage decisions should be reviewed with college/university general counsel. Minimally, a select group of individuals within housing/residence life, campus safety, and facilities should be aware of the rooms used for isolation.
- Adequate numbers of rooms should be pre-identified to accommodate an increase in need. CDC may later provide guidance on adequate numbers of rooms; if/when that guidance is released, these ACHA recommendations will be updated.
- Student health services staff should remotely monitor students on a daily basis (temperature checks and symptom screening) and transfer to an on- or off-campus site for a clinical evaluation if symptoms advance or the patient requests.
- For students on the campus meal plan, dining services should arrange food delivery in collaboration with housing/residence life staff. Student affairs or campus life, in collaboration with housing/residence life staff, could arrange for the purchase of a campus meal plan or coordinate meal delivery for those students who have not purchased the campus meal plan.
- Counseling services and/or the office of spiritual and religious life should be available remotely to students in isolation or quarantine as needed.
- To the degree possible, students should continue academic activities remotely or be provided with note takers.
- A team of designated student affairs/campus life staff should be appropriately trained and on call to assist students with their personal needs (medication pickup, delivery of hygiene supplies, etc.).
- Transportation is made available to and from the location if medical care is needed.
- Custodial and maintenance staff and live-in professionals are provided with and required to wear appropriate PPE (as per CDC guidelines) when cleaning or entering isolation and quarantine spaces (available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html>).

All IHEs may not have the resources to meet each of these ideal recommendations but at a minimum should assess their capability to provide these accommodations for residential students in isolation or quarantine.

*Many of these guidelines were developed in collaboration with the Association of College and University Housing Officers-International (ACUHO-I). Please visit the ACUHO-I website at <https://www.acuho-i.org/covid19> for additional COVID-19 resources for residence life administrators and staff.*

## DINING

On-campus dining services share many similarities with restaurants, but there are also a number of important differences that potentially impact the risk of COVID-19 transmission. In most campus dining services, students (faculty, staff, and visitors) queue up to enter, choose food options, and pay with cash, credit/debit cards or meal cards. Dining areas are often large and chaotic, with closely spaced tables and chairs and both sustained and episodic interpersonal interactions. As a result, significant changes will likely be necessary to institute physical distancing and other infection prevention and control measures. If a campus chooses to partially or fully resume campus dining services, they should consider:

- Requiring all dining facility staff to wear face masks and gloves at all times while working and interacting with the public.
- Providing custodial services with appropriate PPE for cleaning and disinfecting common, non-clinical spaces as per CDC guidelines (available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>).
- Requiring employees to follow infection prevention guidelines including:
  - Staying home when ill.
  - Practicing physical distancing whenever possible at work.
  - Practicing proper hand hygiene.
  - Avoiding touching the eyes, nose, and mouth with unwashed hands.
  - Cleaning and disinfecting frequently touched surfaces throughout the workday.
  - Undergoing temperature checks prior to shift.
- Requiring all customers/diners to wear face masks or coverings while in the facility. Since an individual cannot eat and drink while in a mask, masks should be worn during movement in the facility and can be removed when sitting and dining. This further emphasizes the need for physical distancing of patrons and additional discussions of providing only takeout options during the initial phases of re-opening.
- Limiting the number of individuals dining in a single facility at one time. The number should be chosen with the goal to achieve appropriate physical distancing of diners. Possible approaches include:
  - Access control: once the target number is reached, patrons are only allowed to enter when another customer leaves.
  - Cohort dining: established dining times admitting a specific group of customers/diners.
  - Physically spaced (6-foot) floor markers for waiting lines outside and inside the facility.
  - Appropriately spaced and limited numbers of tables and chairs per table.
- Eliminating buffet-style self-serve food or beverage stations and replacing with staff-served meal stations.
- Providing a bagged take-out meal option at every meal. Consider kosher, vegetarian, vegan, and gluten-free options, as requested or appropriate to the customer base.
- Arranging food delivery to students in isolation or quarantine.

## COMMUNICATION PLANS

Regardless of size, a college/university must develop a communications plan when reopening the campus. Given the high stakes associated with reopening any IHE during the ongoing COVID-19 pandemic, it becomes vitally important to carefully craft and vet all communications to the campus community. Communications must convey the institution's confidence in the information, contain the institution's brand identity, send a unified message, and align with the core mission and values of the IHE.

The campus COVID-19 planning and response committee, a communications sub-committee, or the central communication/public relations team should oversee all messages, including messaging from the SHS. Student health, counseling, and health promotion/well-being leadership should engage early and often with the communications oversight group, as well as senior campus leadership, as they develop health and wellness messaging.

Information must always be credible, trustworthy, and up to date. Ideally, any document containing medical, science-based, epidemiologic and/or infection prevention and control messages should be reviewed by an individual with appropriate credentials or expertise. Information and recommendations will continue to evolve rapidly, and it is crucial to "get the science part right" in all communications.

## ELEMENTS OF EFFECTIVE MESSAGING AND COMMUNICATION

Most or all IHEs have experience in crisis communications, and the basics of the approach will serve them well as they communicate about partial or full reopening in the face of the COVID-19 crisis.

Effective crisis messaging:

- Has unified content.
- Is consistent and reflects brand identity.
- Addresses the intended audiences' needs and (if appropriate) is delivered in multiple languages.
- Is appropriate in tone to the urgency of the communication. Calmness, confidence, and compassion should be evident in the message.
- Is timely, transparent, and clear.
- Is updated frequently and dated to reflect this timing.
- Resides on a single, easily accessible landing page on the institution's website.
- Is delivered through multiple platforms (website, social media, email, etc.).
- References additional resources (e.g., website, hot lines, FAQs for additional information).
- Is assessed and adjusted as necessary.

While there are many issues to consider for communication pieces, it can be helpful to address the basics of "Who, What, When, Where, Why, and How."

## WHO IS THE TARGETED AUDIENCE?

- All students or only a subset of students (e.g., only undergraduates, only health science students, only student athletes)?
- The entire campus community, including faculty and staff?
- Students and parents?
- Trustees?
- Alumni?

- Local hospitals, health department, urgent care clinics?
- Visitors to campus—visiting teams, prospective students, visiting scholars and faculty, vendors, conference attendees, etc.?
- Off-site partners, community service facilities, internship locations?
- Local and national media via a press release?

The level of parental concern about COVID-19 will be extraordinarily high when the campus reopens. Including parents in key messaging is an excellent strategy to address their concerns and can be accomplished by inclusion in the main message or via a parent-targeted version. The most effective approach will vary significantly depending upon the target audience.

### WHAT IS THE PURPOSE OF THE MESSAGE?

- Define the main message. Including too many key points into a single communication piece makes it overly complex and long, which risks reader fatigue, inattention, and loss of the message.
- Limit to three or four main messages per communication piece. For example, the key messages could be “We will continue to do in-person care, telehealth, and telemental health once the campus reopens;” “This is how to access care during and after office hours;” and “For questions, here is how you contact us.” If you also need to communicate about physical distancing in classrooms, residence halls and dining facilities, it is likely to be more effective in a separate message.
- Each message should include contact information for email and phone follow-up. Ensure staff are prepared to respond to concerns in a timely manner.

### WHEN SHOULD THE MESSAGE BE SENT?

- Some events will call for immediate notification of your audience(s), such as a sudden resurgence of COVID-19 illnesses on your campus.
- Urgent/important messages (e.g., a message in response to tragedy, such as the death of a community member) should be templated in advance, so that the language can be crafted, appropriately vetted, and available for immediate use.
  - The health services team should consider drafting key messages now for review and approval so they can be delivered to the campus in an orderly and timely manner.
  - The campus should consider developing a plan in advance for communicating about active cases as well as the death of a student, faculty, or staff member from COVID-19.
- Communications regarding policies, procedures, and strategies can be planned and scheduled for release more deliberately.
- Important messages should not be sent in the late evening, at night, or on Friday afternoon. Typically, questions regarding the communication will arise, and it is important to have someone available to respond.

### WHERE WILL THIS MESSAGE BE HOUSED?

Whether the message is an email, video, or press release, it should be featured in a format and location most readily accessible to the target audience, such as the campus website or social media sites.

## WHY IS THIS MESSAGE BEING SENT?

Communications will serve several purposes including:

- To delineate action steps the IHE is taking to progressively reopen the campus.
- To share important safety measures.
- To describe specific approaches/instructions for subsets of the campus population (e.g., residential students, student athletes, health sciences students).
- To reassure the message's recipients.

## HOW WILL FEEDBACK AND QUESTIONS BE ADDRESSED?

- Some messages, particularly those delivered urgently, may create a flurry of responses from the community, parents, and the media.
- Designate spokespersons in key areas to respond to media and individuals to answer phone and email inquiries using standardized and evidence-informed responses.
- Consider proactively engaging media (including campus, student, and local media), and prepare for contact from national press and communications organizations.
- Frequently asked questions (FAQs), or perhaps even recently asked questions (RAQs), can provide helpful, quickly accessible predetermined responses and should be posted prominently on the IHE's webpage.
- It is difficult to manage inaccurate information and rumors, particularly those circulating on social media. While some IHEs monitor key sites for misinformation and malicious content, many have concluded that the task is simply too big and social media is impossible to control. It is, however, worthy of discussion with the communications team.

## CONCLUSION

COVID-19 has changed the health and safety of our nation and our college campuses dramatically. Easing the mitigation and physical distancing restrictions too soon will offset the progress we are starting to see in the U.S. and may precipitate an increase in spread of the virus, cause unnecessary deaths, overwhelm health care facilities, and prolong the economic crisis. Until specific and effective therapies and vaccines are available and widely used, campuses may need to continue to loosen or reinstate public health control measures throughout the pandemic.

A careful risk assessment and staged approach is needed to balance the benefits and potential harms of adjusting these measures, so as not to trigger a resurgence of COVID-19 cases and jeopardize the health and safety of the campus community.